

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: BURNS

POLICY NUMBER: 9150

<p style="text-align: center;"><u>BLS</u></p>	<p style="text-align: center;"><u>ALS</u></p>
<p>Move patient to a safe environment Break contact with causative agent Ensure patent airway, monitor O₂ saturation, give oxygen and/or ventilate prn. Treat other injuries</p>	<p>Monitor ECG/Monitor O₂ saturation prn. SO Establish IV prn SO Morphine Sulfate 2-10 mg in 2 mg increments slow IV; may repeat per BH; titrate to pain relief, BP ≥ 90, and O₂ saturation > 94%</p>
<p><u>THERMAL BURNS</u> Burns < 10% BSA - cool saline soaks; Stop burning process with- non-chilled water or saline Burns 10% or greater - cover with dry dressings and keep warm</p>	<p>For patients with ≥20% 2nd or ≥5% 3rd degree burns and ≥ 15 years SO Normal Saline 500 ml fluid bolus IV, then TKO</p>
<p><u>CHEMICAL BURNS</u> Brush off dry chemicals Flush with copious amounts of water See Poisoning (Absorbed) Policy # 9230</p>	<p><u>RESPIRATORY BURNS (for wheezing)</u> SO Nebulized Albuterol 5 mg; may repeat SO</p>
<p><u>TAR BURNS</u> Cool with water; Do not attempt to remove tar</p>	<p><u>PEDIATRIC NOTE:</u> Refer to Pediatric Drug Guide SO For fluid replacement Refer to Pediatric Drug Guide BH Morphine IV; may repeat per BHP</p>
<p>DISPOSITION: STAT transport for critical burns (e.g., 2nd or 3rd degree burns involving > 20% BSA, suspected respiratory involvement, significant burns to face, hands, feet, perineum, chemical or electrical burns). Patients meeting previous criteria will be transported directly to the nearest burn center. Burn patients meeting critical trauma criteria will be transported to the nearest trauma center.</p>	

APPROVAL:



Bruce E. Haynes, M.D.
EMS Medical Director