4.06 BURNS

BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness. Position of comfort or **Spinal Restriction** as indicated, NPO, **Oxygen** as indicated, **Calculating Body Surface Area**

Thermal Burns	Chemical Burns	Tar Burns	Electrical Burns
Apply cool water (not ice) to affected area(s), cover with dry sterile dressing. Remove non-adhered clothing and jewelry. Leave blisters intact.	See **Protocol 3.04 Hazardous Materials.** Do not apply water to affected areas. Consider Base Contact.	Apply cool to tepid water (not ice). Do not attempt to remove tar or apply solvents.	Disconnect electrical source before touching patient. Apply dry dressing to affected area.

ALS

Advanced airway as indicated. Patients with the following **Criteria** shall be transported to St. Francis Hospital Burn Center

Normal Saline
IV/IO of Normal Saline TKO.

500mL bolus IV/IO for partial or full thickness burns >10% BSA.
Reassess and repeat if indicated.

Manage pain. Manage N/V.

Pain?

Nausea/ Vomiting?

Pain score 1-3

Ibuprofen
600 mg PO x 1 dose

Ketorolac
Dose: 15 mg IV/IO bolus x1 dose

--or--

30 mg IM x1 dose

Pain score 4-10

Ketamine
IV/IO 0.25mg/kg in 100 mL of NS/D5W slow infusion over 10 minutes

-or-

IN 0.5 mg/kg

Max dose for all routes is 30mg. Repeat dosing every 20 minutes, up to 2 doses
WITH BASE CONTACT

OR

Fentanyl
50 mcg IV/IO slow IV push (over 1 minute).

May be repeated every 5 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total.

--or--

100 mcg IN or IM (IN preferred).

May be repeated every 10 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total.

Ondansetron
4 mg slow IVP/IM over 2-5 minutes

- or -

4 mg ODT PO
All routes q20min up to total dose 12 mg PRN

Burn Center Criteria

1. Partial thickness burns > 10% of the total body surface area (TBSA)

2. Burns involving the face, eyes, ears, hands, feet, perineum or major joints

3. Full thickness or 3rd degree burns in any age group

4. Serious electrical burns

5. Serious chemical burns

6. Inhalation injuries (including burns sustained in a enclosed space or facial burns)

7. Pediatric burn patients who do not meet trauma triage criteria shall be transported to St. Francis Memorial Hospital

Mandatory reporting of any incident of suspected abuse to emergency department staff

Make Base Hospital Contact
If maximum dose of pain medication is reached and additional pain management is required
For chemical burns, consider contacting base hospital or California Poison Control Center for field decontamination direction

Effective: 10/01/24
Supersedes: 03/01/19

4.06 BURNS

BLS Treatment
• Assess **Vital Signs**, ABC's and responsiveness. • Position of comfort or **Spinal Restrictions** as indicated, • NPO • **Oxygen** as indicated. • **Calculating Body Surface Area** **Thermal Burns:** • Apply cool water (not ice) to affected area(s), • Cover with dry sterile dressing. • Remove non-adhered clothing and jewelry. • Leave blisters intact. **Chemical Burns:** • See **Protocol 3.04 Hazardous Materials**. Do not apply water to affected areas. **Tar Burns:** • Apply cool to tepid water (not ice). Do not attempt to remove tar or apply solvents. **Electrical Burns:** • Disconnect Electrical Source Before Touching Patient. • Apply dry dressing to affected area.
ALS Treatment
• Advanced airway as indicated. Patients with the following **Criteria** shall be transported to St. Francis Hospital Burn Center • **Normal Saline** IV/IO of Normal Saline TKO. • 500mL bolus IV/IO for partial or full thickness burns >10% BSA. • Reassess and repeat if indicated. • Manage pain. Manage N/V. • **Pain score 1-3:** • **Ibuprofen** 600 mg PO x 1 dose • **Ketorolac** Dose: 15 mg IV/IO bolus x1 dose or 30 mg IM x 1 dose **Pain score 4-10:** • **Ketamine** IV/IO 0.25 mg/kg in 100ml of NS/D5W slow infusion over 10 minutes or IN 0.5mg/kg Max dose for all routes is 30 mg Repeat dosing every 20 minutes, up to 2 doses WITH BASE CONTACT **OR** • **Fentanyl** 50 mcg IV/IO slow IV push (over 1 minute). May be repeated every 5 minutes if SBP >90mmHg. Maximum dose of 200 mcg total.

-- or--
100 mcg IN or IM (IN preferred). May be repeated every 10 minutes if SBP >90mmHg. Maximum dose of 200 mcg total.

- **Nausea/Vomiting:**
- **Ondansetron** 4 mg slow IVP/IM over 2-5 minutes or 4mg ODT PO
- All routes q20 minutes up to total dose 12 mg PRN

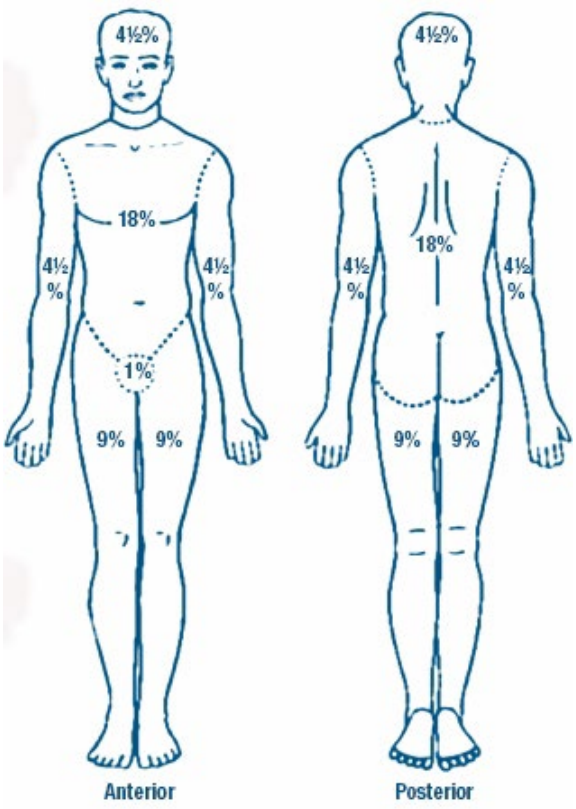
Comments

Patients with the following criteria shall be transported to St. Francis Hospital Burn Center:

1. Partial thickness burns **>** 10% of the total body surface area (TBSA)
2. Burns involving the face, eyes, ears, hands, feet, perineum or major joints
3. Full thickness or 3rd degree burns in any age group
4. Serious electrical burns
5. Serious chemical burns
6. Inhalation injuries (including burns sustained in a enclosed space or facial burns)
7. Pediatric burn patients who do not meet trauma triage criteria shall be transported to St. Francis Memorial Hospital

- Transport to Zuckerberg San Francisco General Hospital Trauma Center if the patient meets trauma triage criteria.
- Inhalation injuries are burn injuries and may cause delayed, but severe airway compromise.
- Do NOT apply ice or ice water directly to skin surfaces (additional injury will result).
- Lightning injuries may cause prolonged respiratory arrest.
- Assume presence of associated multisystem trauma from explosions, electrical shock, falls or with signs or symptoms of hypovolemia.
- Dysrhythmias may be present with electrical burns due to changes in K^+ levels.
- Mandatory reporting of any incident of suspected abuse to emergency department staff.

Make Base Hospital Contact

- If maximum dose of pain medication is reached and additional pain management required
- For chemical burns, consider contacting Base Hospital or California Poison Control Center for field decontamination direction

CALCULATING BODY SURFACE AREA