

4.06 BURNS - PUBLIC COMMENT JANUARY 2024

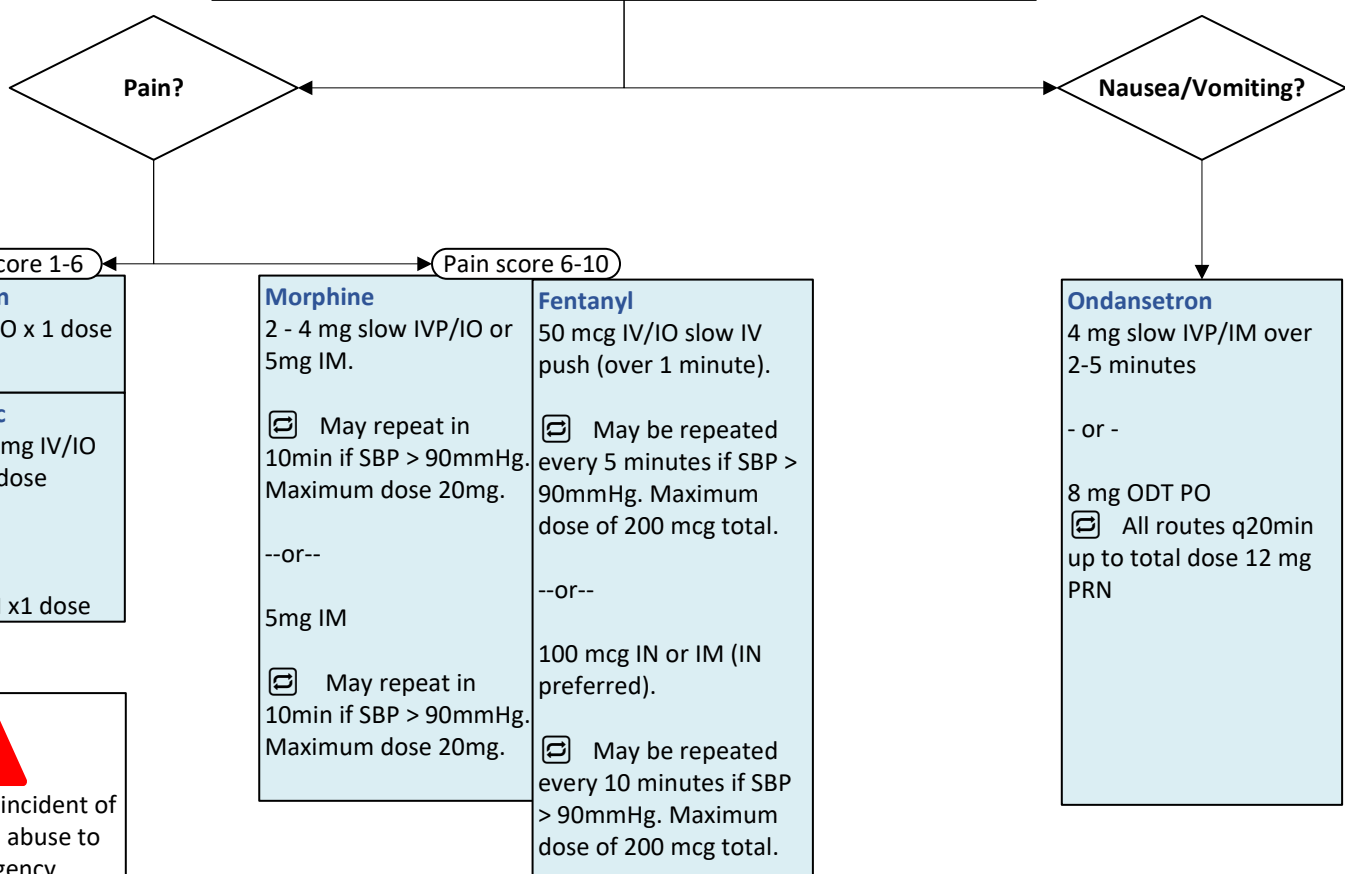
BLS – FAQ Link

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 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


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. <input type="checkbox"/> Reassess and repeat if indicated.
Manage pain. Manage N/V.

DRAFT
VERSION





Report any incident of suspected abuse to emergency department staff

 **Make Base Hospital Contact**
 If maximum dose of fentanyl or morphine is reached and additional pain management required

Effective: xx/xx/xx
Supersedes: 03/01/19

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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),
- ~~Remove jewelry and non-adhered clothing. Do not break blisters.~~
- Cover ~~affected body surface~~ with dry sterile dressing **or dry sterile sheet.**
- Remove non-adhered clothing and jewelry.
- Leave blisters intact.

Chemical Burns:

- Treat according to **See Protocol 3.04 Hazardous Materials.** Do not apply water to affected areas.

Tar Burns:

- ~~Cool~~ Apply cool to tepid water (not ice). Do **NOT not attempt** to remove tar or apply solvents.

Electrical Burns:

- ~~Disconnect electrical source before touching patient.~~
- **DISCONNECT ELECTRICAL SOURCE BEFORE TOUCHING PATIENT.**
- Apply dry ~~Dry sterile~~ dressing **on any exposed injured to affected** area.

ALS Treatment

- ~~Early advanced airway management for patients with evidence of inhalation injury.~~
- ~~IV/IO Normal Saline at TKO.~~
- ~~If partial or total thickness burns > 10% BSA, administer Normal Saline fluid bolus.~~
- ~~For pain: Use medication per appropriate pain protocol~~
- ~~For nausea/vomiting: may administer Ondansetron.~~
- **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.**

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- **Pain score 1-6:**
- **Ibuprofen 400 mg PO x 1 dose**
- **Ketorolac**
Dose: 15 mg IV/IO bolus x1 dose or 30 mg IM x 1 dose
- **Pain score 6-10:**
- **Morphine 2-4 mg slow IVP/IO or 5 mg IM. May repeat in 10 min if SBP > 90mmHg. Maximum dose 20 mg.**
- **--or--**
- **5 mg IM. May repeat in 10 min if SBP >90mmHg. Maximum dose 20 mg.**
- **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 8mg 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.**
 - **Report any incident of suspected abuse to emergency department staff.**

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- **Make Base Hospital Contact if maximum dose of fentanyl or morphine is reached and additional pain management required**

CALCULATING BODY SURFACE AREA

