

4.06 BURNS – EMSAC JANUARY 2024

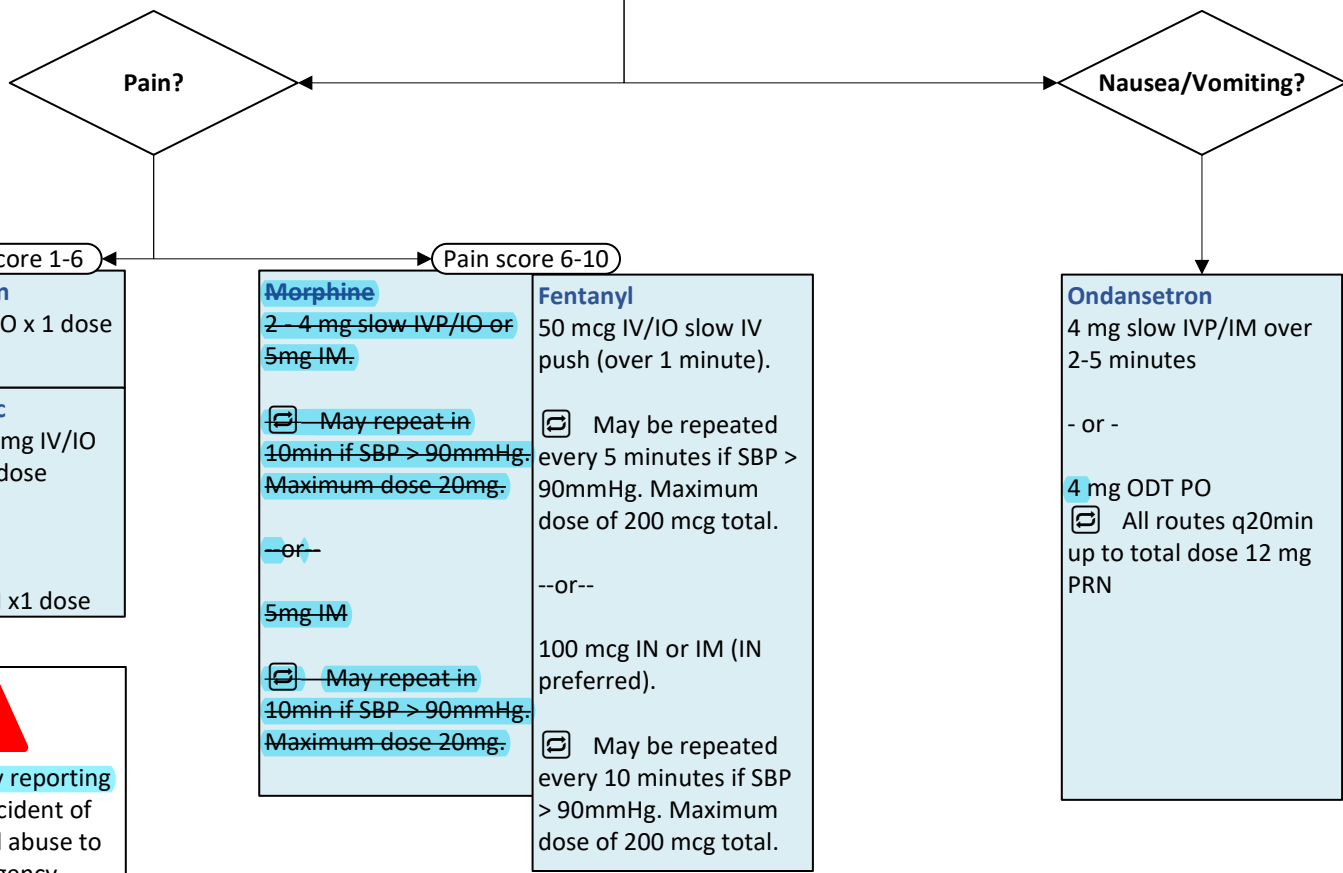
BLS – FAQ Link

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. Consider Base Contact.	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 checked="" type="checkbox"/> Reassess and repeat if indicated.
Manage pain. Manage N/V.

DRAFT
VERSION



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

Make Base Hospital Contact

If maximum dose of **pain medication fentanyl or morphine** 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: 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. Consider Base Contact.

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** 600 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 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.**

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

CALCULATING BODY SURFACE AREA

