

POLICIES AND PROCEDURES

POLICY: 554.81 TITLE: Burns

EFFECTIVE: 04/10/19 REVIEW: 04/2024

SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

171OL. 1 01 2

Burns

I. <u>AUTHORITY</u>

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II <u>PURPOSE</u>

To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.

III. PROTOCOL

STANDING ORDERS	
MOVE PATIENT	To a safe environment
ASSESS	CAB
COOLING PROCESS	
	Tar Burns: Cool with water and transport. Do not attempt to remove tar.
	Thermal Burns: Cool with water for up to 5 minutes to stop the burning process.
OXYGEN	Oxygen delivery as appropriate
SECURE AIRWAY/	Consider EARLY intubation if ineffective ventilation/oxygenation, or if patient is

INTUBATE

unconscious. Otherwise, use the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Beyond BLS airway management refer to General Protocol 554.00

IV/IO ACCESS Superficial Burns: TKO

Partial and full-thickness burns: 0.5 ml times patient weight in kg times % of burn = IV/IO fluid per hour. If systolic BP less than 90mmHg, give 250 ml boluses until systolic BP 90-100. Reassess patient after each bolus.

Major Burns: Two 14-16 gauge IV/IO in patients with major burns (greater than 9%) TKO. If systolic BP less than 90mmHg, give 250 ml boluses to systolic BP 90-100. Reassess the patient after each bolus.

IV site in order of preference:

- 1. unburned upper extremity, or external jugular
- 2. unburned lower extremity
- 3. burned upper extremity
- 4. burned lower extremity

MONITOR Treat rhythm as appropriate.

DRESS BURNSCover with dry dressing and keep patient warm. **PAIN MANAGEMANT**Refer to Pain Management Protocol 554.44

TRANSPORT To nearest facility if patient is unstable (airway difficulty, hypotension) or according to

Trauma Triage and Patient Destination Policy 553.25 if stable.

