

Burns

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-hospital Care Protocol**.

SPECIALIST/PARAMEDIC

2. Obtain vascular access if indicated for pain management or fluid therapy.

MFR/EMT/SPECIALIST/PARAMEDIC

3. Determine burn extent & severity (rule of nines).

THERMAL BURNS:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Stop the burning process. Remove smoldering and non-adherent clothing.
2. Assess and treat associated trauma.
3. Remove any constricting items.
4. If partial/full burn is moderate-to-severe, more than 15% of body surface area (BSA), cover wounds with dry clean dressings.
5. Use cool, wet dressings in smaller burns, less than 15% BSA, for patient comfort.

SPECIALIST/PARAMEDIC

6. **If partial or full thickness burn is greater than 15% BSA:**
 - a. Administer fluid bolus NS 250 ml.
7. Administer 250 ml NS wide open for hypotension or severe burn.

PARAMEDIC

8. Administer Analgesic Medication (see box below), if indicated.

EMT/SPECIALIST/PARAMEDIC

9. Follow local MCA transport protocol.

CHEMICAL BURNS:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Protect personnel from contamination.
2. Remove all clothing and constricting items.
3. Decontaminate patient prior to transport, brushing off dry chemicals prior to irrigation.
4. Assess and treat for associated injuries.
5. Evaluate for systemic symptoms, which might be caused by chemical contamination.
6. Cover burned area in clean, dry dressing for transport.

SPECIALIST/PARAMEDIC

7. **If partial or full thickness burn is greater than 15% BSA:**
 - a. Administer fluid bolus NS 250 ml.
8. Administer 250 ml NS wide open for hypotension or severe burn.

PARAMEDIC

9. Administer Analgesic Medication (see box below), if indicated.

EMT/SPECIALIST/PARAMEDIC

10. Follow local MCA transport protocol.

ELECTRICAL INJURY:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Protect rescuers from live electric wires.
2. Remove patient from electrical source when safe.
3. Treat associated injuries, provide spinal immobilization when indicated.

PARAMEDIC

4. Monitor patient EKG for possible arrhythmias. Treat as per specific arrhythmia protocol.

MFR/EMT/SPECIALIST/PARAMEDIC

5. Assess and treat entrance and exit wound.

SPECIALIST/PARAMEDIC

6. If partial or full thickness burn is greater than 15% BSA:

- a. Administer fluid bolus NS 250 ml.
7. Administer 250 ml NS wide open for hypotension or severe burn.

PARAMEDIC

8. Administer Analgesic Medication (see box below), if indicated.

EMT/SPECIALIST/PARAMEDIC

9. Follow local MCA transport protocol.

PARAMEDIC

NARCOTIC ANALGESIC OPTIONS

(Select Options)

- Fentanyl 50-100 mcg IV/IO (1 mcg/kg) may repeat every 5 minutes until maximum of 3 mcg/kg
- Morphine Sulfate 2-5 mg IV (0.05 mg/kg) may repeat dose every 5 minutes until maximum of 20 mg.

Medication Administration Option

(Choose one)

- Pre- radio
- Post-radio

Post-Medical Control

SPECIALIST/PARAMEDIC

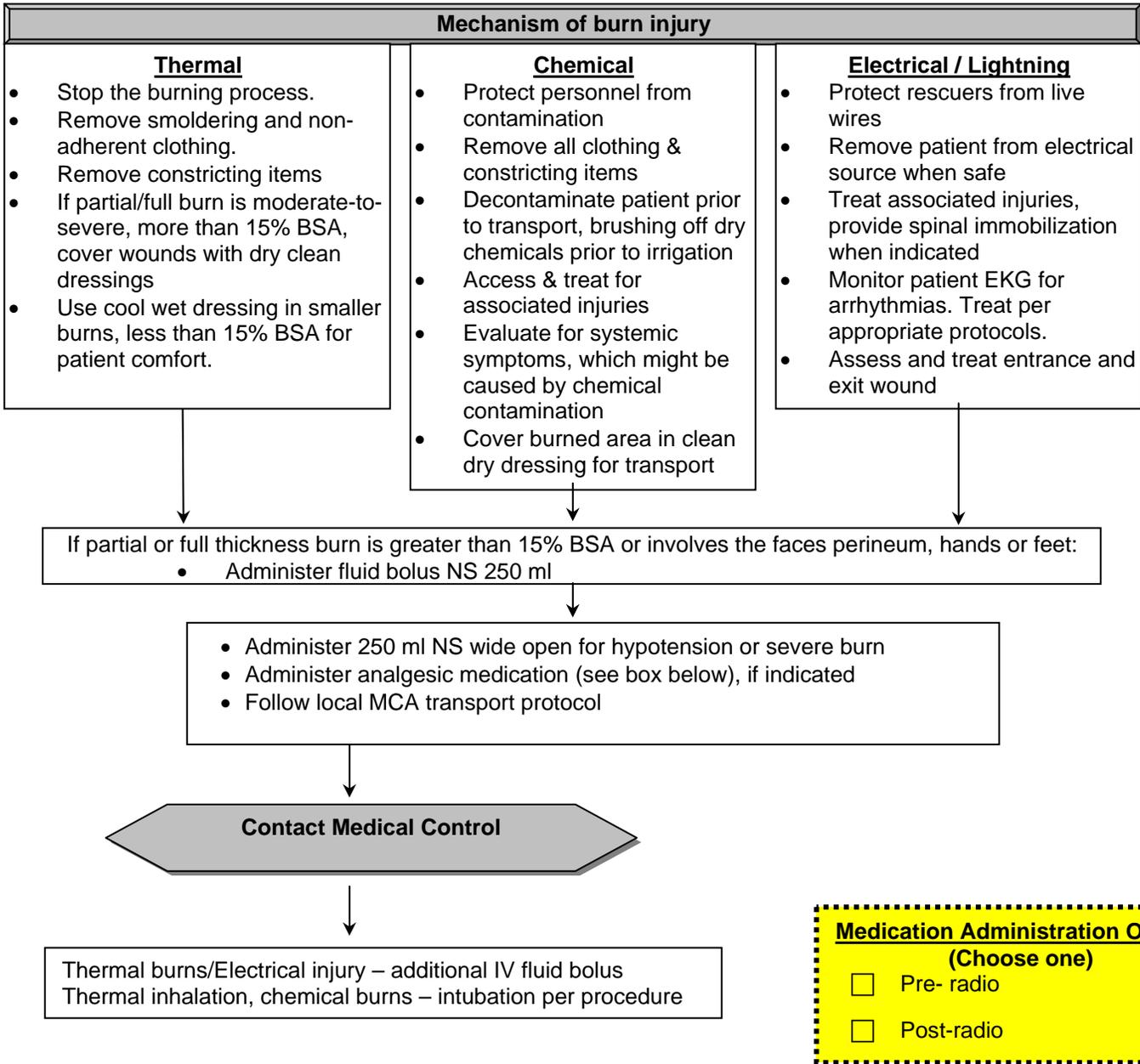
Thermal Burns and Electrical Injury:

1. Additional IV fluid bolus.

Thermal inhalation, chemical burns:

1. Intubation per procedure.

Follow **General Pre-hospital Care Protocol**
 Obtain vascular access if indicated for pain management or fluid therapy
 Determine Burn Extent & Severity (rule of nines)



NARCOTIC ANALGESIC OPTIONS
(Choose one)

Fentanyl 50-100 mcg IV/IO (1 mcg/kg) may repeat every 5 minutes until maximum of 3 mcg/kg

OR

Morphine Sulfate 2-5 mg IV (0.05 mg/kg) may repeat dose every 5 minutes until maximum of 20 mg.