



BURNS

Effective: January 1, 2025
Replaces: January 1, 2024

1. Patient Care Goals

- 1.1. Minimize tissue damage and patient morbidity from burns
- 1.2. Determine extent and severity of burns and transport directly to Burn Center if appropriate (**Policy 605**)
- 1.3. Improve patient comfort by providing appropriate treatment for pain
- 1.4. Recognize and treat for hypotension and shock
- 1.5. Maintain normothermia

2. BLS Treatment

- 2.1. Routine Medical Care – Adult (**700-S04**)
 - 2.1.1. **Oxygen** – titrate as appropriate
 - 2.1.2. High flow supplemental **Oxygen** for all burn patients rescued from an enclosed space/suspected inhalation injuries
- 2.2. If patient has an unstable airway, transport to the closest hospital (**Policy 602**)
- 2.3. Stop the burning process with sterile water (Do NOT use ice packs)
- 2.4. Expose and examine the patient for all burned areas
 - 2.4.1. Do not remove clothing, jewelry or tarlike substances **if** adhered to the burn area
- 2.5. Estimate the severity of the burns using the ABA classification or “Rule of 9’s” or Palmar Method (Rule of 1’s)
 - 2.5.1. Superficial, first-degree burns should not be counted toward total body surface area (TBSA) calculation
- 2.6. Protect against hypothermia
 - 2.6.1. Dry sterile dressings or burn dressings for any burns 10% TBSA or greater
 - 2.6.2. Moist sterile dressings or burn sheets are permitted for small burns 10% TBSA or less
 - 2.6.3. Maintain patient body temperature (> 97.7 F) with sheets, blankets and/or ambient temperature to prevent hypothermia
- 2.7. If patient meets burn center criteria, transport to the burn center (Policy 605)
- 2.8. Assess for associated trauma and treat accordingly (**700-A16**)

3. ALS Treatment

- 3.1. Assess for inhalation injury and be prepared to intubate early
- 3.2. **Vascular Access (IV)** or **Vascular Access (IO)**, per procedure (**700-M13**)
 - 3.2.1. For major burns (greater than 20% TBSA) establish two (2) large bore IVs and administer fluids (macro drip set) as indicated below:
 - 3.2.1.1. Administer IV fluids at a rate of 10 mL/min, or 100 gtt/min (1-2 gtt/sec)
 - 3.2.1.2. If patient is hemodynamically unstable administer **1,000ml fluid bolus**; otherwise, do not bolus fluids
- 3.3. Pain management per Routine Medical Care – Adult (**700-S04**)

4. Special Considerations

- 4.1. Liquid chemical burns:



- 4.1.1. Flush immediately with copious amounts of water for 20 minutes
- 4.2. Dry chemical burns:
 - 4.2.1. Brush powder off skin, then flush with copious amounts of water or saline, try to identify if the chemical is safe

5. Pertinent Assessment Findings

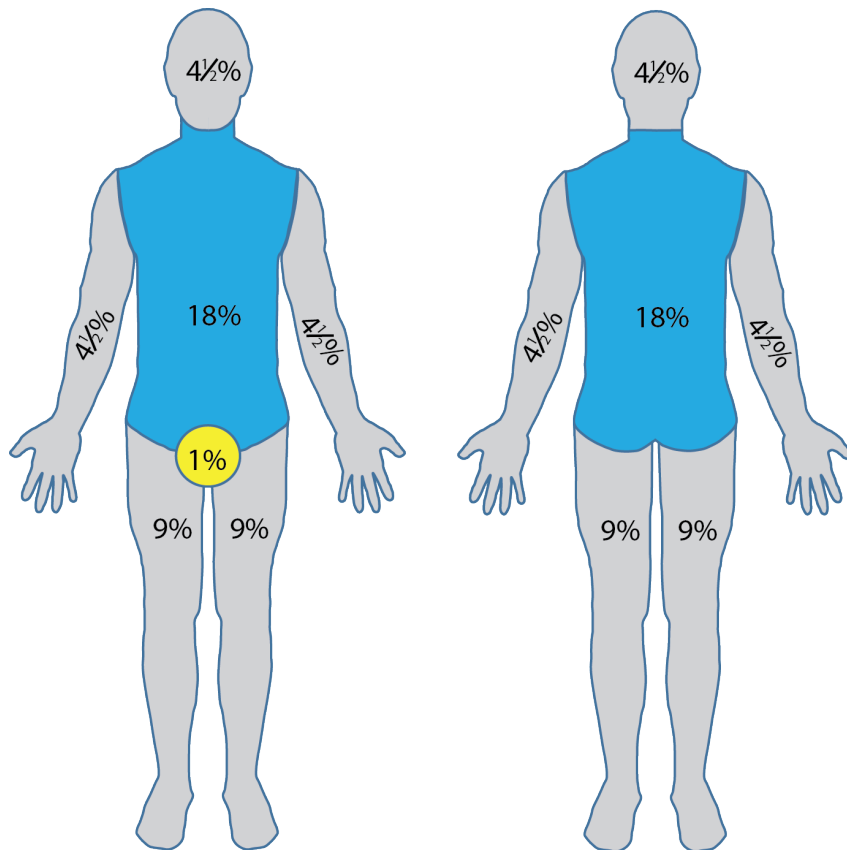
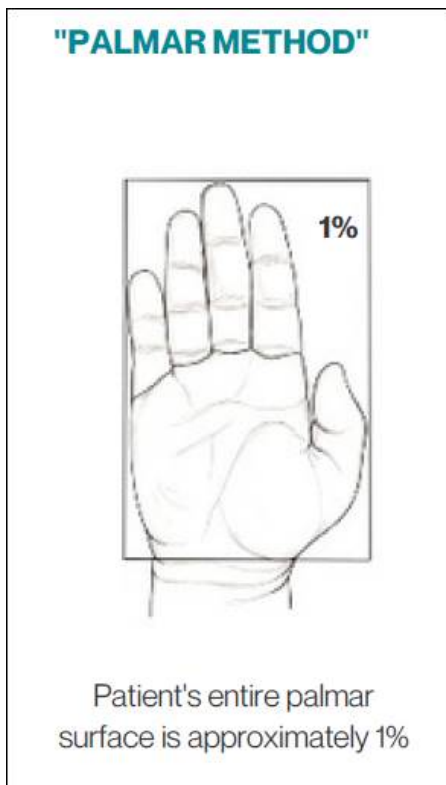
- 5.1. Stridor or change in voice are signs of significant airway burns that can lead to airway compromise
- 5.2. Circumferential thoracic burns can cause ventilatory compromise, potential need for ventilatory support
- 5.3. Circumferential extremity burns can compromise distal circulation, assess CMS often
- 5.4. Pulse oximetry may not be accurate for patients rescued from enclosed-space fires

6. Key Documentation Elements

- 6.1. Patency of airway and ventilatory status
- 6.2. Total Body Surface Area (TBSA) of partial and full thickness burns
- 6.3. Pulse and capillary refill exam distal to any circumferentially burned extremity
- 6.4. Pain scale before and after pain management measures



7. Adult – Rule of Nines and Palmar Method



Burn Severity Determination	
Superficial (first-degree)	Dry, red, easily blanches, sometimes painful Example: Sunburn
Superficial Partial Thickness	Moist, red, blisters, blanches, very painful
Deep Partial Thickness	Drier, more pale, less blanching, less pain
Full Thickness	Dry, leathery texture, variable color (white, brown, black), loss of pin prick sensation

Protocol # 700-A06