

Treatment Protocols**Date: 07/01/2023****Burns - Adult****Policy #9060A****Adult BLS Standing Orders**

- Assure scene safety before approaching patient
 - Keep in mind cyanide and CO poisoning
 - Remove clothing if any concern for off gassing from noxious gases
- Universal Patient Protocol
- Oxygen or ventilate per **Airway Policy** to O2 saturation of 95%
 - Have low threshold to begin high flow oxygen with any chest pain, shortness of breath, smoke inhalation, altered mental status, or signs of instability
- Continuous monitoring of pulse ox, blood pressure monitoring
- Treat other injuries
- Consider **Poisoning Protocol** if suspected toxic inhalation/exposure
- **Keep patient warm**
- Consult the **Burn Triage Criteria** policy for potential air ambulance rendezvous to Burn Center

THERMAL BURNS

- <10% BSA – apply cool saline soaked gauze, and stop burning process
- 10% or greater – cover with dry dressing and keep warm

TAR BURNS

- Cool with water
- Do not attempt to remove tar

CHEMICAL BURNS

- Brush off dry chemicals
- Flush with copious amounts of saline or sterile water
- Refer to **Poisoning Policy**

Adult LALS Standing Order Protocol

- Establish IV
- Capnography

For patients with > 10% partial thickness or > 5% full thickness burns, or hypotension or altered mental status, and ≥15 years old

- NS 1,000 mL IV bolus
- Use Shock Protocol for hypotension

For respiratory distress or wheezing

- Albuterol – 5 mg via nebulizer, MR x1 PRN

Adult ALS Standing Order Protocol

- Monitor EKG
- Establish IV/IO PRN
- Capnography
- **Pain Medication Protocol PRN**

For patients with > 10% partial thickness or > 5% full thickness burns, or hypotension or altered mental status, and ≥15 years old

Treatment Protocols

Date: 07/01/2023

Burns - Adult

Policy #9060A

- NS 1,000 mL IV/IO
- Use Shock Protocol for hypotension

For respiratory distress or wheezing

- Albuterol – 5 mg via nebulizer, MR x1 PRN

Adult Base Hospital Orders

- BHP - Refer to **Cyanide Toxicity Treatment Policy**

Notes

- Consider cyanide or carbon monoxide toxicity in cases of inhalation and fume exposure, with hypotension, altered mental status, respiratory distress, seizures, or you are otherwise concerned.
- Anticipate the need for intubation if a patient has soot in their nares or oropharynx, singed nare hairs, hoarseness, drooling, stridor, or respiratory distress
- 12 Lead EKG, especially consider with smoke inhalation, other fume exposure, and with any change in mental status

- Reference Burn Triage Policy for Burn Center criteria

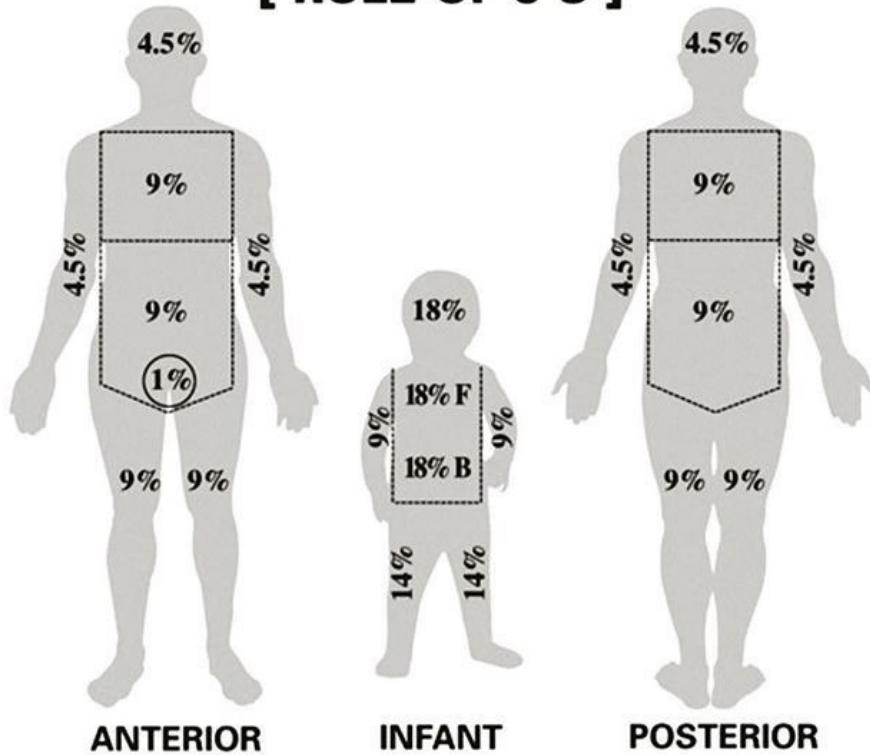
Treatment Protocols

Date: 07/01/2023

Burns - Adult

Policy #9060A

[RULE OF 9'S]



PALMAR METHOD
(Patient's palm)

1%

APPROVED:

Signature on File

Katherine Staats, M.D. FACEP

EMS Medical Director