

Burn Injuries

INITIATE MEDICAL EVACUATION IMMEDIATELY.

- Remove person from heat source while looking for signs of a burned airway (e.g., singed facial or nasal hairs, soot or burns around or in nose, mouth, black sooty sputum, etc.).
- Apply cool, clear water over burned area. **Do not** soak person or use cold water and ice packs, as this may cause hypothermia.
- Examine for other injuries.
 - Provide basic first aid.
 - Monitor airway, breathing, circulation (ABCs).
 - Treat for shock by keeping person warm, feet elevated.
 - Provide oxygen, if available and trained to administer.
- Assess degree of burn and area affected.
 - **First Degree** (Superficial) – Red, mild to moderate pain.
 - **Second Degree** (Partial Thickness) – Skin may be red and raw, blistered, swollen, painful to very painful.

- **Third Degree** (Full Thickness) – Whitish, charred, or translucent, no pin prick sensation in burned area.
- **Rule of Palms:** Patient's palm = 1% of their body surface. Estimate how many times the patient's palm could be placed over the burned areas to estimate the % of body that has been burned.
- Cut away only burned clothing. **Do not** cut away clothing stuck to burned skin. Remove jewelry near injured area.
- Loosely wrap burned area with clean, dry dressing, and moisten with clean water, and apply dry dressing on top.
- For severe burns or burns covering large area of the body:
 - Loosely cover burned area with clean, dry dressing if available.
 - If dressings are unavailable, mylar blankets, plastic wrap, or clean blankets or clothing can be used.
- Monitor ABCs.
- Keep patient warm and dry. **DO NOT** use wet dressings or blankets.
- Avoid hypothermia and overheating.