Treatment Protocol: BURNS — Ref. No. 1220

Base Hospital Contact: Required for burns meeting Trauma Center criteria, 2nd or 3rd degree burns ≥ 20% TBSA.

1. Assess airway and initiate basic and/or advanced airway maneuvers prn *(MCG 1302)*
   If evidence of inhalation injury, treat in conjunction with *TP 1236, Inhalation Injury*

2. Administer **Oxygen** prn *(MCG 1302)*
   If carbon monoxide exposure suspected, provide **high flow Oxygen 15 L/min** and treat in conjunction with *TP 1238, Carbon Monoxide Poisoning* ❶

3. Assess for signs of trauma
   If traumatic injury suspected, treat in conjunction with *TP 1244, Traumatic Injury*

4. Remove jewelry and clothing from involved area

5. Apply blanket to keep patient warm

6. For ELECTRICAL burns:
   Cover with dry dressing or sheet, treat in conjunction with *TP 1221, Electrocution*

7. For THERMAL burns:
   Cover with dry dressing or sheet
   Consider cooling with water for burns isolated to less than 5% BSA

8. For CHEMICAL burns:
   If dry, brush and flush with copious amounts of water
   If liquid, flush with large amounts of water ❷
   If eye involvement, irrigate eye with **Normal Saline 1L** during transport; allow patient to remove contact lenses if possible, treat in conjunction with *TP 1240, HAZMAT*

9. Establish vascular access prn *(MCG 1375)*
   For IO placement in alert patients administer, **Lidocaine 2% 40mg (20mg/mL) slow IO push**, may repeat once for infusion pain at half initial dose

10. For partial/full thickness burn > 10% body surface area or poor perfusion *(MCG 1355)*:
    Normal Saline 1L IV/IO rapid infusion
    Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops
    CONTACT BASE for persistent poor perfusion to obtain order for additional **Normal Saline 1L IV/IO**

11. Elevate burned extremities as able for comfort

12. For pain management: refer to *MCG 1345, Pain Management*

SPECIAL CONSIDERATIONS

❶ Consider potential for carbon monoxide and/or cyanide toxicity in closed space fires. Pulse oximetry is not accurate in carbon monoxide poisoning (*TP 1238, Carbon Monoxide Poisoning*)

❷ Observe for hypothermia; cooling large surface area burns (greater than 10% body surface area) may result in hypothermia.