2. Follow **ABC**s (**A**irway, **B**reathing, **C**irculation) of resuscitation per the General Trauma Management Guideline
3. If evidence of possible airway burn, consider aggressive airway management
4. Consider spinal precautions for those that qualify per the Spinal Care Guideline
5. Estimate TBSA burned and depth of burn
   a. Use "Rule of 9's" [See burn related tables in Appendix VI. Burn and Burn Fluid Charts]
   b. First-degree/superficial burns (skin erythema only) are not included in TBSA calculations
6. Document pain scale

Treatments and Interventions

1. Stop the burning
   a. Remove wet clothing (if not stuck to the patient)
   b. Remove jewelry
   c. Leave blisters intact
2. Minimize burn wound contamination
   a. Cover burns with dry dressing or clean sheet
   b. Do not apply gels or ointments
3. Monitor SPO_2, $EtCO_2$ and cardiac monitor
4. High flow supplemental oxygen for all burn patients rescued from an enclosed space
5. Establish IV access, avoid placement through burned skin
6. Evaluate respiratory status in patients with circumferential thoracic burns due to the risk for ventilatory compromise and potential need for escharotomy
7. Evaluate distal circulation in circumferentially burned extremities due to increased risk of circulatory compromise and potential need for escharotomy
8. Consider early management of pain and nausea/vomiting
9. Initiate fluid resuscitation – Use lactated Ringer's or normal saline
   a. If patient in shock:
      i. Consider other cause, such as trauma or cyanide toxicity
      ii. Administer IV fluid per the Shock Guideline
   b. If patient not in shock:
      i. Begin fluids based on estimated TBSA [See Appendix VI. Burn and Burn Fluid Charts as appropriate to patient weight]
      ii. Pediatric patients weighing less than 40 kg, use length-based tape for weight estimate and follow
   c. For persons over 40 kg, the initial fluid rate can also be calculated using the "Rule of 10":
      i. Calculate the TBSA (round to nearest 10%)
      ii. Multiply TBSA x 10 = initial fluid rate (mL/hr) {for persons between 40–80 kg}
      iii. Add 100 mL/hr for every 10 kg of body weight over 80 kg
10. Prevent systemic heat loss and keep the patient warm

Special Treatment Considerations

1. If blast mechanism, treat per the Blast Injury Guideline
2. Airway burns can rapidly lead to upper airway obstruction and respiratory failure. After performing the appropriate airway management measures, the administration of nebulized epinephrine, bronchodilators, nebulized n-acetylcystine, and nebulized heparin, if available, can be considered to reduce edema of the laryngeal and pulmonary tissues and airway occlusion from secretions and blood.