

Burns

Aliases

None noted

Patient Care Goals

Minimize tissue damage and patient morbidity from burns

Patient Presentation

1. Patient may present with:
 - a. Airway – stridor, hoarse voice
 - b. Mouth and nares – redness, blisters, soot, singed hairs
 - c. Breathing – rapid, shallow, wheezes, rales
 - d. Skin – Estimate Total Burn Surface Area (TBSA) and depth (partial vs. full thickness)
 - e. Associated trauma – blast, fall, assault

Inclusion Criteria

Patients sustaining thermal burns

Exclusion Criteria

Electrical, chemical, and radiation burns [See [Toxins and Environmental Section](#)]

Special Transport Considerations

1. Transport to most appropriate trauma center when there is airway or respiratory involvement, or when significant trauma or blast injury is suspected
2. Consider air ambulance transportation for long transport times or airway management needs beyond the scope of the responding ground medic
3. Consider transport directly to burn center if partial or full thickness burns (TBSA) greater than 10% and/or involvement of hands/feet, genitalia, face, and/or circumferential burns

Scene Management

1. Assure crew safety:
 - a. Power off
 - b. Electrical lines secure
 - c. Gas off
 - d. No secondary devices
 - e. Hazmat determinations made
 - f. Proper protective attire including breathing apparatus may be required

Patient Management

Assessment

1. Circumstances of event – Consider:
 - a. Related trauma in addition to the burns
 - b. Inhalation exposures such as carbon monoxide (CO) and cyanide (CN)
 - c. Pediatric or elder abuse