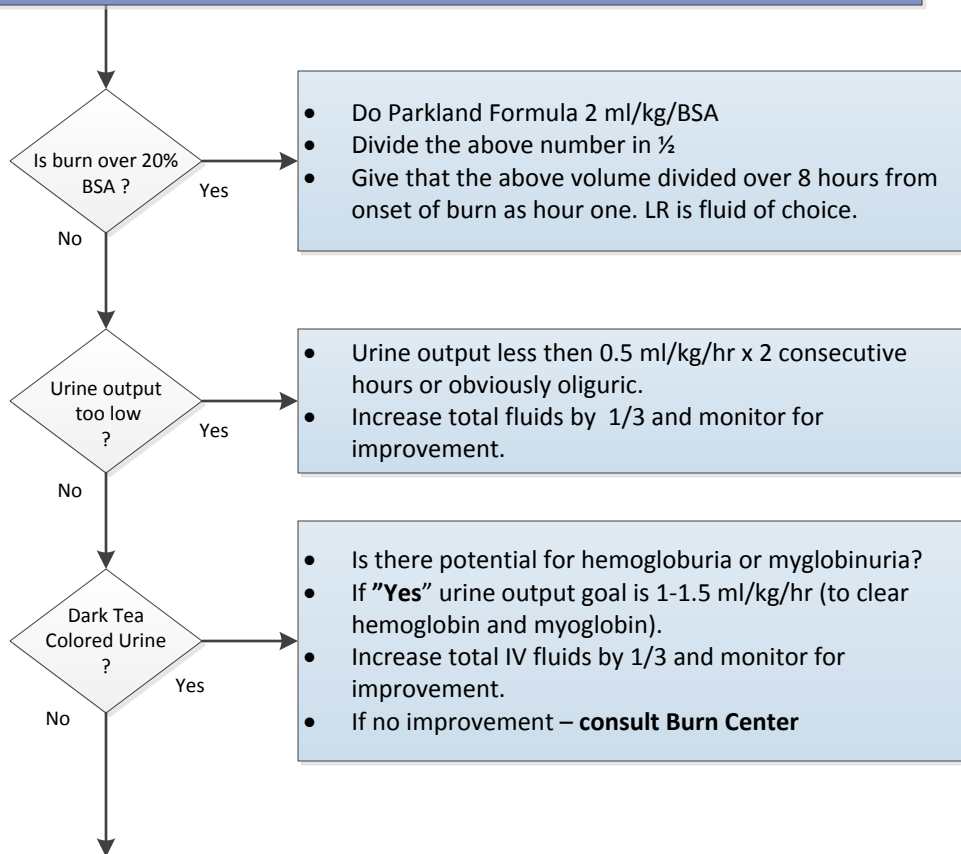


BURN PROTOCOL - ADULT

- Is patient < 16 years – go to **Burn Protocol - Pediatric**
- Scene Safe?
- Stop burn process
- **If Burn is greater then 20% then use protocol**
- ABC's and IV's x2 if possible
- Intubate early if signs of inhalation burns, swelling to face, chest or earlobes and especially if voice changes.



KEY POINTS

- Initially when TBSA of 2nd and 3rd degree unknown, start at 500 ml/hr.
- Always use Ideal Body Weight for formula's not actual.
- Superficial burns are not included in calculation, only 2nd and 3rd degree (partial and full thickness burns).
- 1st Degree burns (Superficial) have brisk cap refill and blanch.
- IV's can be started in burns if needed
- If fire in an enclosed space, ensure FiO2 at 100%, even if vented due to CO poisoning.
- **Do not get distracted by the fact that the patient may be a trauma. Remember to have a high index of suspicion for injuries.**

Those at risk for Hemoglobinuria and Myoglobinuria

- Soft tissue Injury
- Deep Burns
- **Electrical Burns are 4 ml/kg/hr**

Charting Should Always Include:

- Always have Parkland formula calculated out
- Time of injury should be documented and parkland based on as hour one.
- In and Out documented

- Ensure patient dry and keep warm
- Ensure generous pain control
- Ask re: TD status
- Avoid Silvadene or topical ointments if possible
- Monitor for development of compartment syndrome
- If intubated – ensure Fentanyl and Versed infusion used
- ISTAT as needed