



History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">▪ MOI	<ul style="list-style-type: none">▪ Tissue injury from direct contact with:<ul style="list-style-type: none">○ Heat source○ Chemical○ Inhalation○ Electrical/lightning▪ Inhalation injuries/burns

Assessment:

- Trauma Assessment
- Rule of Nines (refer to appendix)
- Inhalation injuries: evaluate for respiratory distress and inspect mouth/nose for soot, singed nasal hairs, or other signs of swelling

Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none">▪ Remove from the burn source▪ Remove jewelry and restrictive clothing▪ Brush off any powdered chemical▪ Irrigate chemical burn site with water, if appropriate to chemical▪ Oxygen therapy as appropriate▪ Vascular Access as indicated▪ Fluid Bolus<ul style="list-style-type: none">○ Maintain systolic > 90 or MAP > 65▪ Treat underlying injuries▪ Dress burns as follows<ul style="list-style-type: none">○ TBSA < 15% use wet bandage○ TBSA > 15% use dry sterile dressing or burn sheet▪ Keep the patient warm after removing burn source and possibly contaminated clothing	<ul style="list-style-type: none">○ Pain Management○ Nausea/vomiting management

Consult:

- DSI for respiratory/inhalation burns

Considerations:

- Consider cyanide toxicity and/or carbon monoxide toxicity if patient is altered or comatose
- Appropriate destination: Hermann Hospital-TMC:
 - For Inhalation/Hands
 - > 30% TBSA 2nd degree and/or higher or <12 and > 65 years of age