

Chemical and Electrical Burn

History

- Type of exposure (heat, gas, chemical)
- Inhalation injury
- Time of Injury
- Past medical history / Medications
- Other trauma
- Loss of Consciousness
- Tetanus/Immunization status

Signs and Symptoms

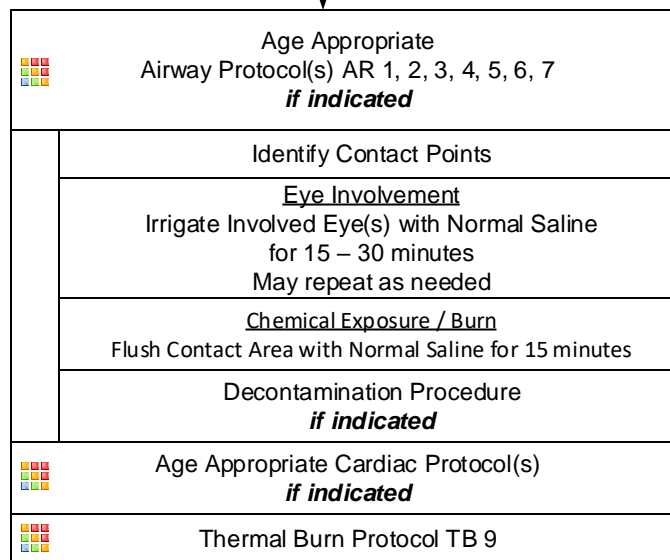
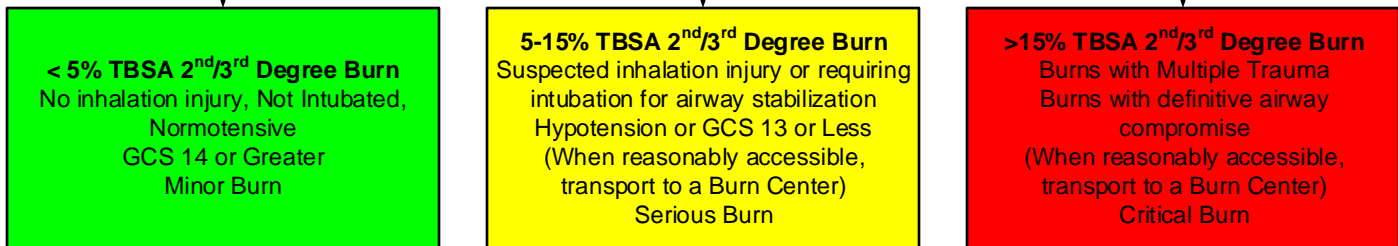
- Burns, pain, swelling
- Dizziness
- Loss of consciousness
- Hypotension/shock
- Airway compromise/distress could be indicated by hoarseness/ wheezing / Hypotension

Differential

- Superficial (1st Degree) red - painful (Don't include in TBSA)
- Partial Thickness (2nd Degree) blistering
- Full Thickness (3rd Degree) painless/charred or leathery skin
- Thermal injury
- Chemical – Electrical injury
- Radiation injury
- Blast injury

Assure Chemical Source is NOT Hazardous to Responders.
Assure Electrical Source is NO longer in contact with patient before touching patient.

Assess Burn / Concomitant Injury Severity



Rapid Transport to appropriate destination using
Trauma and Burn:
EMS Triage and Destination Plan

Notify Destination or
 Contact Medical Control

Trauma and Burn Protocol Section

Chemical and Electrical Burn

Pearls

- **Recommended Exam: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, and Neuro**
- **Green, Yellow and Red In burn severity do not apply to Triage systems.**
- **Refer to Rule of Nines: Remember the extent of the obvious external burn from an electrical source does not always reflect more extensive internal damage not seen.**
- **Chemical Burns:**
 - Refer to Decontamination Procedure.
 - Normal Saline or Sterile Water is preferred, however if not available, do not delay irrigation and use tap water. Other water sources may be used based on availability.
 - Flush the area as soon as possible with the cleanest readily available water or saline solution using copious amounts of fluids.
- **Electrical Burns:**
 - DO NOT contact patient until you are certain the source of the electrical shock is disconnected.
 - Attempt to locate contact points (generally there will be two or more.) A point where the patient contacted the source and a point(s) where the patient is grounded.
 - Sites will generally be full thickness.
 - Do not refer to as entry and exit sites or wounds.**
 - Cardiac Monitor: Anticipate ventricular or atrial irregularity including VT, VF, atrial fibrillation and / or heart blocks.
 - Attempt to identify the nature of the electrical source (AC / DC), the amount of voltage and the amperage the patient may have been exposed to during the electrical shock.