

Kittitas County Prehospital EMS Protocols

SUBJECT: BURNS

- A. Remove patient from hazardous environment.
 1. Remove constricting items and smoldering or non-adherent clothing.
 2. Brush any dry solids off patient.
 3. Dilute and rinse any chemicals with water.
- B. Ensure an adequate airway.
- C. If critical burns, administer O₂ @ 12-15 lpm per non-rebreather mask.
- D. Determine location, extent, and depth of burns, and any associated trauma or complications.
- E. Cover small burns with sterile dressing moistened with normal saline.
- F. Cover moderate to severe burns with dry, sterile dressings.
- G. If hands or feet involved, separate digits with sterile gauze pads.
- H. Cover to conserve body heat and keep patient warm.
- I. Obtain history to include: mechanism or source of burn; time elapsed since burn; whether patient was in a confined space with smoke or steam, and how long; and whether there was a loss of consciousness.
- J. If critical burns, such as 2° and/or 3° burns (involving greater than 15% of the total body surface area (TBSA)), facial burns, or respiratory involvement:
 1. Establish cardiac monitor
 2. Establish large bore IV with Lactated Ringers (IV catheter may be placed in burned areas if needed).
 - Controlled and calculated approach with the use of the Consensus Formula:
 - $2\text{ml} \times \text{kg} \times \% \text{TBSA} = 24 \text{ hr. fluid total (give half in the first 8 hours)}$.
 - Pediatric patients less than 30kg use $3\text{ml} \times \text{kg} \times \% \text{TBSA}$

Note: The lactate helps to buffer metabolic acidosis that may occur in early burn injury. Over and under resuscitation has major implications to mortality – organ dysfunction, compartment syndrome, ARDS.

 3. Continue to monitor airway status and treat as indicated.
 4. Consider pain management (see protocol).