

Kittitas County Prehospital Care Protocols

Subject: BURNS

General

- 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 body surface area), facial burns, or respiratory involvement:
 - 1. Establish cardiac monitor.
 - 2. Establish large-bore IV with Normal Saline, and run at appropriate rate (avoid placing IV catheter in burned areas).
 - 3. Continue to monitor airway status, and treat as indicated.
 - 4. Consider **Morphine Sulfate**, for pain, if patient is allergic/hypersensitive to **Morphine Sulfate**, or **Morphine Sulfate** is ineffective consider **Fentanyl**.

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