



San Benito County Emergency Medical Services Agency

BURNS

Protocol: E4
Effective: July 1, 2015
Reviewed: May 1, 2015

I. BLS Treatment Protocol:

- A. Scene Survey - Identify hazard potential - (chemical, electrical, thermal).
- B. Mitigate hazard and stop burning process. Remove jewelry and constrictive clothing.
- C. Treat life threats. (See Policy 4000 *Life Threats*).
- D. Identify extent of burn. Use rule of nines. Refer to PAM criteria (Policy 6070 *Trauma Triage*) when appropriate.
- E. Cover affected body surface with clean, dry cotton or linen sheet.
- F. Prepare for transport /transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000). Consider early intubation for patients with evidence of inhalation injury or respiratory distress. Use nebulized saline when indicated.
- B. If bronchospasm or wheezes are present:
 - 1. Albuterol 5mg via nebulizer, may repeat X3 q10 minutes.
 - 2. If heart rate >160 bpm withhold treatment and contact Base Station.
- C. To relieve pain, refer to Policy 5600 *Pain Management*. Contact Base Station for additional doses. (See Notes)
- D. Transport. Consider direct transport to a Burn Center.
- E. Contact Base Station as needed.

Notes:

- Hold MS if patient has or develops respiratory depression, bradycardia or hypotension. Narcan should be immediately available to reverse adverse effects.
- Remember that hypothermia is much more common than hyperthermia in burn patients. Once burn is properly covered, consider covering patient with additional insulating material
- Enclosed space burn patients are at high risk for respiratory burns

Specific Burn Criteria for direct transport to Burn Center:

1. >10% TBSA 2°/3° burns
2. >2% 3° burns
3. Evidence of respiratory burns
4. Circumferential burns
5. Burns that cross joints
6. Significant electrical burns
7. Burns involving face, hands, feet, perineum

