EMERGENCY TREATMENT OF BURN PATIENTS

**IMMEDIATE EMERGENCY BURN CARE**

Trust according to DNR protocol (DNR) as per state law.
Use airway and C-spine precautions.
Stop the burning process. Remove clothing and jewelry.

**EMERGENCY BURN MANAGEMENT**

Airway Management
- Administer 100% oxygen to all burn patients. Be prepared to suction and support ventilation if necessary.
- Assess for potential pharyngeal injury using the following test criteria:
  1. Burned in an enclosed space
  2. Darkened or reddened oral and/or nasal mucosa
  3. Burns to the face, lips, unshaved eye brows, unshaved nasal hair
  4. Carbon or soil on or below, tongue or throat
  5. Rales, hoarse voice or cough
  6. Stridor or inability to clear secretions may indicate impending airway obstruction.
- Compress or control burns to neck (Elevate HR 90-95 degrees to decrease facial or oral edema once C-spine is cleared.
- If intubation injury is suspected, intubate immediately.
- Insert large Bore IV Catheters (in non-burned area if possible).

**TOTAL BODY SURFACE AREA**

**FLUID RESUSCITATION**

Calculate IV fluids: Parkland Formula

**INJURIES**

Treat burn patient as trauma patient, check for:
- Head Injury (Note: Make head burns do not cause altered consciousness. If patient has limited response to stimuli, look for another cause, e.g. head injury, analgesic, severe intubation injury).
- Fractures
- Spinal injuries
- Organ/Tissue Damage
- Foreign Bodies (especially in explosion)
- Proceed with emergency treatment of any concurrent injuries and prevent further injuries.

**ESTIMATE BURN AREA BY USING THE SIZE OF THE PATIENTS PALM AS 1%**

**OBTAIN PATIENT HISTORY**

Record the following information:
- How the Victim was burned
- Consistent injuries
- Allergies
- Medical/Surgical history
- Current medications

**PAIN RELIEF MEASURES**

Give all medications via IV route:
- Morphine Sulfate (If not contraindicated) in the following proportions:
  - Adult: 3-5 mg q 15 minutes or per
  - Children: Titrate Morphone Sulfate by body weight (0.5mg/kg) or consult Burn Center.
- Do NOT use ice or local coolants to comfort.

**WOUND CARE MEASURES**

Record the following information:
- Remove burned clothing or foreign debris
- Wound debridement is not usually necessary at the referring facility. Discuss with local Surgeon/Burn Center Surgeon need for excisional surgery in circumferential burns.
- Wrap burned areas with clean/sterile gauze or sheets
- Elevate HR and burned extremities to decrease swelling
- Do NOT apply ice, submersion or creams.

**OTHER INTERVENTIONS**

Labs: Bloodwork, ANC, Carboxyhemoglobin
- X-rays, CT, and/or Areas of Suspected Burns
- Betadine Gauze and debrides suspect burnt tissues and woundings are present. If TBSA is greater than 20% or patient is intubated.
- Keep patient NPO
- Monitor patient’s blood pressure, heart rate, arterial, and peripheral pulses every 15 minutes.
- For more information, visit www.burncenters.com

**FOR PATIENT REFERRALS AND BURN CARE QUESTIONS:**

855.863.9595
burncenters.com

**AMERICAN BURN ASSOCIATION CRITERIA FOR INJURIES REQUIRING REFERRAL TO A BURN CENTER**

The following criteria require referrals to a burn center for initial assessment and treatment of all burn-related injuries:

1. Full thickness burns >20% TBSA
2. Burns that make it hard to breathe, feel pain, perineum or major joints
3. Third degree burns in any age group
4. Inhalation injury, including following injury
5. Chemical injury
6. Electrical injury

6. ESTIMATE DEPTH OF BURN INJURY
- Determine the probable depth of the burn injury using these guidelines:
- 1st Degree (Partial-Thickness): Redness, painful to touch, no blisters or skin peeling, e.g., sunburn
- 2nd Degree (Partial-Thickness): Redness, hielectric, painful to touch, blisters on touch when child, minor wounds from burns, major burns result in severe injury, requires immediate medical attention
- 3rd Degree (Full Thickness): Black, brown, white, or charred wound, if in an area, appearance does not change and is not painful to touch
- 4th Degree (Full Thickness): Burns that extend below the dermis and subcutaneous fat to the muscle base or deeper.

7. BODY SURFACE AREA IN PERCENT

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JOSPEH M. STILL
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