BURNS
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
- Damage to the skin caused by contact with caustic material, electricity, or fire. Any burn associated with respiratory involvement

CRITICAL INFORMATION
- Consider early intubation for severe facial burns or
- Perform frequent airway assessments and consider early intubation for inhalation injury, i.e., facial or chest burns, singed nasal hairs, soot/blisters in oropharynx.
- Burns with trauma mechanism need to be transported per the Marin County Trauma Triage Tool

TREATMENT
- Remove patient to safe area and stop the burning process
  - Remove contact with the agent, unless adhered to the skin
  - Brush away any dry chemicals
  - Flush with cool water to stop the burning process or to decontaminate
- ALS RMC
  - High-flow oxygen via NRB for burns involving the chest and for patients with evidence/suspicion of inhalation injury (facial burn, singed nasal hair, soot/blisters in the oropharynx, etc.)
  - Re-evaluate airway frequently
  - If wheezing, consider bronchodilator therapy- Albuterol 5 mg in 6 ml NS HHN
- Expose affected area and apply clean dry sheet
- Remove all clothing/ jewelry
- Keep patient warm to avoid hypothermia
- IV NS TKO
- Pain management as soon as possible
- Transport according to Destination Guidelines

DOCUMENTATION- ESSENTIAL ELEMENTS
- Estimated body surface area percentage affected

RELATED POLICIES/ PROCEDURES
- Adult Pain Management ATG 2
- Destination Guidelines GPC 4
- Marin County Trauma Triage Tool, 4613a