

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

