

BURNS

Indications

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

- Move patient to safe area and stop the burning process
- Remove contact with the agent, unless adhered to the skin
- Brush away dry chemicals
- Flush with cool water to stop the burning process or to decontaminate
- Expose affected area and apply clean dry sheet
- Remove all clothing/jewelry
- Keep patient warm to avoid hypothermia

ALS RMC

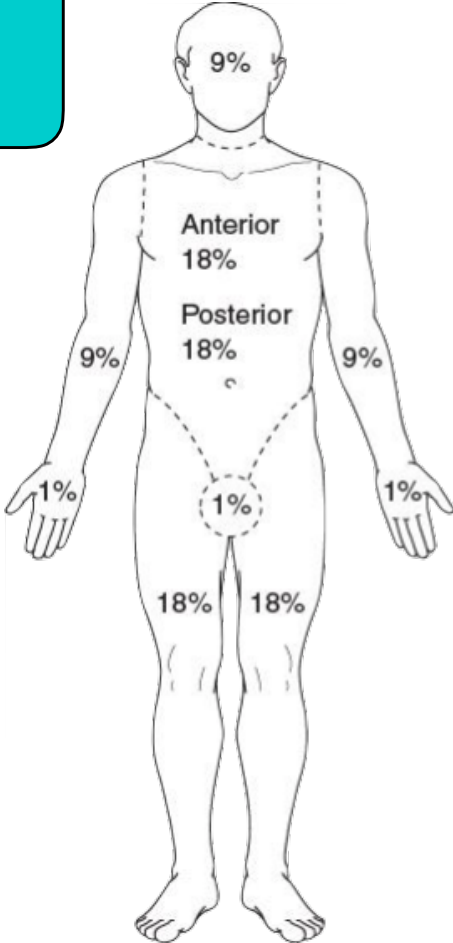
- High-flow oxygen via NRB for burns involving the chest and for patients with evidence/suspicion of inhalation injury
- Re-evaluate airway frequently

If wheezing is present

- Consider **Albuterol** 5mg in 6ml NS HHN

- **NS** TKO IV/IO
- Pain management as soon as possible

Transport according to Destination Guidelines



CRITICAL INFORMATION

- Consider early intubation for severe facial burns
- Perform frequent airway assessments and consider early intubation for inhalation injury (ie: facial or chest burns, singed nares, soot/blisters in oropharynx)
- Burns with trauma mechanism need to be transported per the Marin County Trauma Triage Tool