

BURN ADMINISTRATIVE ORDER

Initiate immediate supportive care:

O2 to maintain sat \geq 94%
Complete primary and secondary survey as indicated
Vital Signs (FSBG and temperature as indicated)
Cardiac Monitor

Chemical (Dry or Liquid):*

Brush off dry chemicals
Flush all chemicals off (after brushing off dry) with copious amounts of water or normal saline
Ensure appropriate decontamination done prior to loading patient for transport

Tar:

Cool with water or normal saline—do not attempt to remove tar.

All:

Remove clothing, jewelry, and constrictive items from ALL extremities.
Cover burns with burn sheet or a clean dry sheet.



Initiate two large bore IVs with NS TKO

If hypotensive, administer NS 20ml/kg bolus
Reassess VS and lung sounds after every 500ml infused
May repeat as needed for continued hypotension

Consider Pain Management AO

Transport to closest Regional burn receiving facility if the patient meets the criteria

Patients with burns in the following categories **MUST** be transported to a Regional burn facility:

- **Partial thickness burns \geq 10% TBSA**
- **Full thickness burns \geq 5% TBSA**
- **Any burns to the hands, feet, face, or genitalia.**
- **Singed nasal or facial hair, soot or erythema of mouth, or respiratory distress (with burn).**
- **Patients with electrical injury.**
- **Burn patient with SOB, cough or hoarseness.**

Patients with burns in the following categories may be transported to any hospital:

- **Partial thickness burns $<$ 10% TBSA**
- **Full thickness burns $<$ 5% TBSA**

Notification to include:

Burn Administrative Order, unit number, patient age, gender, percentage of burn, and ETA to receiving facility.
Advise if patient is unstable.

*Ensure notification to hospital if decontamination is needed