

# 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/LR TKO**

If normotensive, consider saline lock with NS flush

*Push all meds slowly*

If hypotensive, administer NS/LR 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