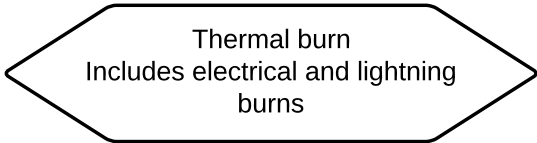


Burn Administrative Guideline

History <ul style="list-style-type: none"> • Type of exposure • Time of injury • Other trauma • Airway/inhalation injury 	Signs and Symptoms <ul style="list-style-type: none"> • Burns • Pain and swelling • Hypotension/shock • Airway compromise/distress could be indicated by hoarseness/wheezing 	Differential <ul style="list-style-type: none"> • Superficial (1stDegree) red - painful (Don't include in TBSA) • Partial Thickness (2ndDegree) blistering • Full Thickness (3rdDegree) painless/charred or leathery skin • Thermal injury, including chemical or electrical • Radiation injury • Blast injury
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B	Remove clothing if not stuck to patient. Remove jewelry and other constrictive items from all extremities. Leave blisters intact and cover burns with dry dressing or clean sheet. Keep patient warm.
P	IV/IO placement (avoid placement through burned skin) Consider 2 IV sites for burns larger than 10% Cardiac monitor and EtCO ₂ Evaluate for thermal burn to airway Airway management ONLY if unable to ventilate or oxygenate. Initiate fluid resuscitation for large surface area burns (>10%) Administer 20 mL/kg NS/LR fluid bolus May repeat as needed

Consider the following as needed:
Pain Management AG
Smoke Inhalation AG

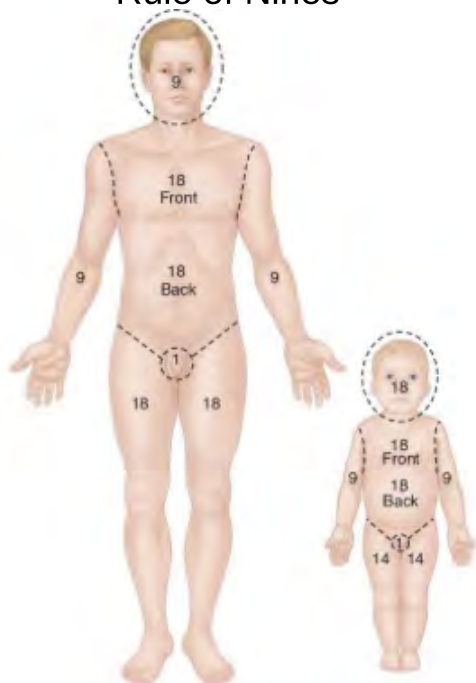
Transport to appropriate destination per SAEMS Regional Trauma Triage

Education/Pearls:

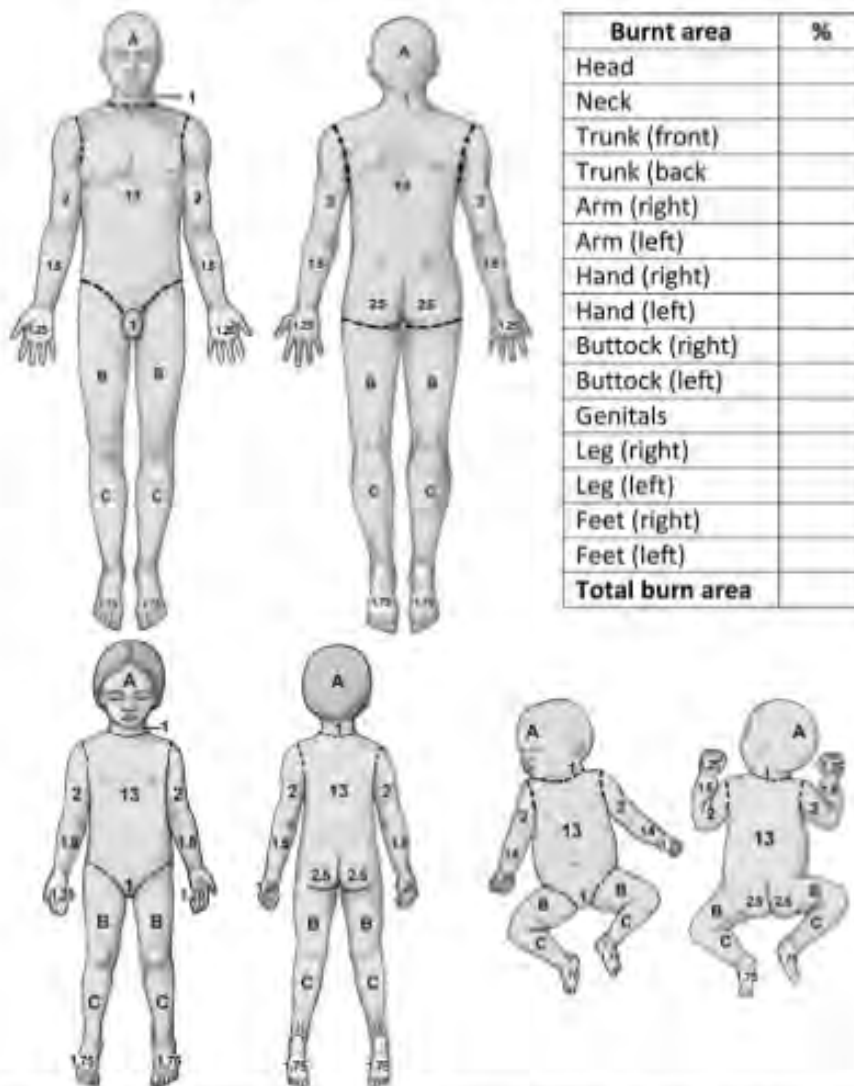
- Critical or Serious Burns should be transported directly to a burn center:
 - Partial thickness burns >10% TBSA
 - Moderate to severe burns that involve the face, hands, feet, genitalia, perineum, or major joints.
 - Full thickness burns in any age group.
 - Electrical burns, including lightning injury.
 - Chemical burns.
 - Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
- Burn patients are often trauma patients; evaluate for multisystem trauma and consider whether a patient meets trauma criteria.
- Circumferential burns to extremities are dangerous due to potential vascular compromise secondary to soft tissue swelling.
- Burn patients are prone to hypothermia - never apply ice or cool the burn. Instead, maintain normal body temperature.
- Evaluate the possibility of abuse with burn injuries in the elderly or pediatric patients.
- Do not administer IM pain injections to a burn patient.
- Electrical Burns:
 - DO NOT contact patient until the source of the electrical shock is disconnected..
 - Cardiac Monitor: Anticipate cardiac arrhythmias including VT, VF, atrial fibrillation and/or heart blocks.
- Lightning strikes generate unique injuries that require appropriate interventions
 - Lightning can cause hearing difficulty, cardiac arrhythmias, and deep burns that may not be visible externally. They may coincide with additional physical trauma (e.g. falls or being thrown by event).
 - Utilize REVERSE TRIAGE for multiple victims:
 - Initiate treatment on apneic or pulseless patients first, then proceed to address the less-injured.
 - Patients may experience cardiac arrest and/or be in extremis from both a medical (dysrhythmia) and traumatic cause. Prioritize correction of any life-threatening dysrhythmia (e.g. defibrillate VF and initiate CPR) and also initiate transport to a trauma center with ongoing high-quality resuscitation.

Burn Surface Area Reference Guide

Rule of Nines



Lund and Browder Charts for area of body burnt



Burnt area	%
Head	
Neck	
Trunk (front)	
Trunk (back)	
Arm (right)	
Arm (left)	
Hand (right)	
Hand (left)	
Buttock (right)	
Buttock (left)	
Genitals	
Leg (right)	
Leg (left)	
Feet (right)	
Feet (left)	
Total burn area	

Age (years)	Under 1	2-4	5-9	10-14	15	Adult
A — ½ of head	9½	8½	6½	5½	4½	3½
B — ½ of one thigh	2½	3¼	4	4½	4½	4½
C — ½ of one leg	2½	2½	2½	3	3½	3