

BURN PATIENT CARE

- Routine Medical Care
- Rescuer safety
- Assume airway/respiratory involvement
- Stop the burning process
- Assess for associated trauma

A. BASIC MANAGEMENT – 10 steps

1. Protect yourself!
2. Stop the fire
 - 2.1 Use water to stop tissue damage
 - 2.2 Quickly dry the area in large burns to prevent hypothermia
3. Rule out airway damage
 - 3.1 Assess for inhalation injury
 - 3.2 High flow oxygen is critical
 - 3.3 Be prepared for intubation
4. Assess and expose
 - 4.1 Assess ABC's
 - 4.2 Perform a mini neurological exam - level of consciousness
 - 4.3 Expose and examine the patient for other areas of burn
 - 4.4 Remove jewelry, but do not remove stuck clothing
5. Start IV's
 - 5.1 Two large bore IV's (for major burns)
6. Give IV fluids – NS wide open → Fluid resuscitation is particularly important!
7. Document severity and treat the pain
 - 7.1 Estimate the severity of the burns using the ABA Classification or the "Rule of 9's"
 - 7.2 Treat pain. Morphine sulfate should be considered mandatory for moderate to severe burns. See Pain Management Policies—Adult ([page 39](#)) and Pediatric ([page 60](#))
8. Protect against hypothermia and infection - dress burns
 - 8.1 Dry dressing for any burn involving >10% BS - no exceptions!
 - 8.2 Do not use water or gels
 - 8.3 Moist dressings are OK for small burns
9. Elevate burned body parts - 30°
10. Address psychological needs
 - 10.1 Be honest and compassionate
 - 10.2 Consider anxiolytics – **Contact Base Physician for midazolam**

ABA CLASSIFICATION

Minor:

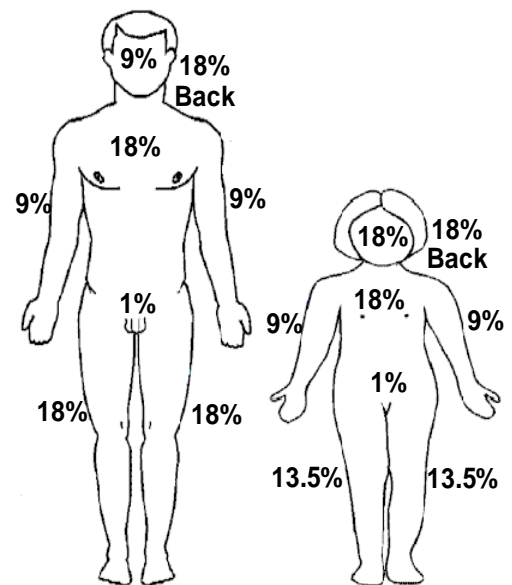
- <10% in adult
- < 5% <10 yo >50 yo
- < 2% full thickness

Moderate:

- 10 - 20 % in adult
- 5 - 10 % <10 yo >50 yo
- High voltage, suspected inhalation, circumferential or susceptibility to infection

Major:

- 20% adult
- 10% <10 yo >50 yo
- 5% full thickness
- Any significant burn to face, eyes, ears, genitalia or joints
- Significant associated injuries



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B. CHEMICAL BURNS

1. Remove clothing
2. Liquid chemicals:
 - ➔ Flush immediately with copious amounts of tepid water for 10 - 15 minutes
3. Dry chemicals:
 - ➔ Brush off as much as possible, then flush with copious amount of tepid water for 10 - 15 minutes
4. Identify chemical
5. Assess for associated respiratory burns

C. ELECTRICAL BURNS

1. Turn off the power source if patient is still attached
2. See first responder defibrillation protocol if patient is unconscious and pulseless

D. TAR BURNS

1. Do not attempt to remove the tar
2. Cool with water
3. Maintain body temperature and observe for hypothermia