

PRE-HOSPITAL BURN CARE GUIDELINE

SCENE

- Assess safety of EMS
- Chemical Exposure: Brush off powder and irrigate with tepid water
Consider type of chemical, ocular involvement, duration of contact, & SDS sheet
- Wear appropriate PPE

TRAUMA

Assess for traumatic injuries and manage per routine trauma care

AIRWAY

If stridor, respiratory distress, soot-tinged sputum, or suspected airway injury → Secure with definitive airway device

BREATHING

History suspicious for inhalation injury → Start 100% FiO₂ and monitor SpO₂

CIRCULATION

Access: Obtain IV access preferably through unburned skin, consider peripheral IV or IO

Resuscitation < 20% TBSA: LR* or NS @ 125cc/hr, and make NPO

Resuscitation ≥ 20% TBSA: 5 years or younger LR* or NS @ 125cc/hr

(*LR preferred) 6-13 years LR* or NS @ 250cc/hr

14 years and older LR* or NS @ 500cc/hr

Circumferential or Electrical Burns: Check for distal pulse, elevate, consider urgent transfer

DISABILITY, DEFICIT, DEFORMITY

Assess for neurologic impairment and if impaired, consider associated injury, carbon monoxide poisoning, substance abuse, hypoxia, or pre-existing medical conditions.

*Pain Management: Follow your agency's Pain Management Protocols

EXPOSURE, EXAMINE, ENVIRONMENT

- Assess severity of burn injury by calculating burn size using diagram
- Include only 2nd or 3rd degree burns (blisters, bullae, sloughing skin, white/brown eschar)
- Remove rings, jewelry, contacts if no delay & warm patient with blanket
- Wounds can be dressed with **DRY** towels, washcloths or gauze
- Avoid ice packs or cooling burns and take precautions to prevent hypothermia

FOR PRE-HOSPITAL DESTINATION PLEASE CALL THE LERN
COMMUNICATION CENTER:

1(866)320-8293

