

BURNS

1. A.B.C.s:

a. Airway, Breathing:

- i. Look for evidence of inhalation injury: burns of the face, neck and upper torso, hoarseness, difficulty breathing, burns or singed hair around the mouth and nose, burns or soot in oropharynx, or history of confined space fire. These patients may require prophylactic intubation.
- ii. If ventilation is not sufficient assist ventilations or intubate. If unable to intubate due to soft tissue swelling perform cricothyrotomy.
- iii. If ventilation is sufficient: give **100% O₂** by mask. Be prepared to intubate if deterioration occurs.

b. Circulation:

- i. Anticipate burn SHOCK in all large burns.
 - a) **IV** indications: 2 large bore catheters on all but minor burns.
 - b) Type: **NS or LR**
 - c) Rate: Wide open until online Medical Control contacted or 20cc/kg is infused.
 - d) Cardiac Monitor: treat dysrhythmias as per protocol.
 - e) Mental Status Evaluation: any alteration in mental status should be presumed to be due to asphyxia by carbon monoxide, cyanide or other products of combustion. Treat with 100% O₂ by mask, BVM, or BV-ETT and immediate transport.

2. Treatment of Burns:

- a. Small burns: Second degree burns less than 20% body surface area in adults, or less than 10% in children.
 - i. Cover with clean moist or dry dressing, IV optional.
- b. Large burns: Second degree burns greater than 20% body surface area in adults, or greater than 10% in children or elderly, or ANY third degree burn.
 - i. Cover with clean, DRY sheet or dressing.
 - ii. Do not apply ointment, ice or wet dressing.
 - iii. Associated trauma: Treat as per protocol.

3. Choice of Facility:

- a. Indications of shock, unstable, inability to obtain adequate airway, or more than 30 minutes from Intermountain Burn Center: Transport to nearest facility or air transport to Intermountain Burn Center.
- b. Suspected Non-Accidental Trauma (N.A.T): Intermountain Burn Center.
- c. Minor uncomplicated burns – any facility (patient choice).
- d. All others: Intermountain Burn Center.

4. Medical Options:

1. Intubate for airway protection if deterioration is anticipated.
 - a. b.Continue aggressive IV therapy.
2. Analgesics
 - a. **Fentanyl** 25-200 micrograms I.V. titrate for pain control, (25-50 micrograms every 10-15 min. up to 200 micrograms.)
 - i. **Pediatric**: 1 microgram/kg IV (75 micrograms max) or 2 micrograms/kg nasal (100 micrograms max)
 - OR**
 - b. **Morphine** 2-15 mg IV/IM titrate for pain control
 - i. **Pediatric**: 0.1mg/kg IV/IM (4mg max)
 - c. Consider pain scale documentation before and after administration.
 - d. Caution: respiratory depression, hypotension.

3. **Contact Medical Control**