

I. General Considerations

- A. Be aware of the environment and be safe yourself. Do not become another victim.
 - 1. If you are treating a thermal burn, be aware of possible poisonous gases in the area.
 - 2. If you are treating a chemical burn, avoid becoming contaminated and avoid contaminating unaffected areas of the victim as you decontaminate.
 - 3. If electrical burns, avoid contact with the victim until the power has been shut off. Once able to examine the victim, note any entrance and exit wounds.
 - B. Be vigilant of the patient's airway and respiratory system, especially if the incident occurred in a closed space or steam was involved.
 - C. Remove the patient's clothing and jewelry to minimize the contamination and further injury. If clothing will not come away freely, cut around it and leave it in place.
 - D. Be mindful of potential associated injuries (e.g., dislocations or falls post electrical injury or carbon monoxide exposure post burn).
 - E. The area, degree and extent of burn determine the seriousness of injury. Therefore, estimate the degree of burn, (i.e., superficial, partial thickness, full thickness [1st, 2nd, 3rd]) and location (i.e., face, hands, genitalia, etc.).
 - F. Burn patients should receive nothing by mouth.
 - G. No treatment should be worse than the injury; avoid causing thermal burns with cold packs or dousing the entire patient with saline.
 - H. Other serious injuries should be given priority over burn care.
 - I. Stop the exposure as soon as possible.
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II. History

Perform a focused history and physical exam with particular attention to:

- A. What type of burn is this? (e.g., thermal, chemical, electrical?)
 - B. Was the contact in a closed space?
 - C. Is the patient experiencing other signs or symptoms besides pain at the burn site(s)?
 - 1. Is the patient having trouble breathing?
 - 2. Is the patient coughing and what sort of sputum is there?
 - 3. Is the patient experiencing chest pain?
 - 4. Does the patient have a headache? Nausea?
 - D. Obtain the past medical history.
 - E. What medications has the patient been, or is the patient supposed to be, taking (including over-the-counter medications)?
 - F. Does the patient have any allergies including medication allergies?
 - G. What is the patient's age and weight?
 - H. What "treatment" was carried out prior to your arrival?
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III. Physical Examination

- A. Perform an initial assessment.
- B. Perform a focused history and physical exam with particular attention to:
 - 1. Note the areas of burn and their depth (1st, 2nd, 3rd degree).
- C. Assess the adequacy of respiration.
 - 1. Note the rate and depth of breathing.
 - 2. Note any abnormal breath sounds if you are trained to do so.
 - 3. Is the patient coughing and producing sputum?
 - 4. Is there evidence of singed eyebrows, nasal hairs, etc.?

- D. Is there evidence of decreased perfusion (i.e., mental status change, pulse, BP, skin condition, etc.)?
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IV. Treatment

Basic

- A. Establish an airway, maintain as indicated, suction as needed.
- B. Administer high concentration oxygen.
- C. Treat other serious injuries.
- D. Treat the burn wound:
1. Thermal burn or scald:
 - (a) Cover the burn with a dry, clean or sterile sheet.
 - (b) If the burn is less than 10% body surface area, a wet dressing may be applied.
 - (c) If the burn is greater than 10% body surface area in an adult and the patient is seeking pain relief, apply a moistened dressing to a painful area no greater than 10% BSA at a time. Rotate the wet dressings as needed to provide pain relief.
 2. Chemical burn:
 - (a) Avoid further contamination to the victim.
 - (b) Avoid contamination of the rescuers
 - (c) If the contaminant is a dry powder, attempt to brush it off, then flush the area with water.
 - (d) Copious irrigation with saline or water should be performed immediately and may continue enroute to the hospital. Avoid lowering the body core temperature.
 3. Electrical burn:
 - (a) After making certain the patient is no longer in contact with the source, cover all burn areas with dry, sterile dressings or sheets.
 - (b) Initiate CPR if needed.

Intermediate

- E. Secure IV access.

Paramedic

- F. Assess and monitor the cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocols.
- G. Consider use of nitrous oxide or narcotic pain management of medical direction's choice.