

# Michigan TRAUMA AND ENVIRONMENTAL BURNS

Initial Date: 9/22/2015 Revised Date: 10/25/2017

Section 2-3

#### Burns

#### **General Treatment:**

- 1. Follow General Pre-hospital Care Protocol.
- If evidence of possible airway burn, consider aggressive airway management per Emergency Airway Procedure.
- 3. Administer 100% O2 to all patients rescued from a confined space fire (i.e., building, automobile) regardless of pulse oximetry reading.
- 4. Determine burn extent & severity (rule of nines or palm = 1%).
- 5. Keep patient warm and avoid hypothermia.
- If possibility of cyanide poisoning, refer to Cyanide Exposure Protocol.

#### THERMAL BURNS:

- 1. Stop the burning process. Remove smoldering and non-adherent clothing. Irrigate with sterile water or saline, if available.
- 2. Consider potential for secondary contamination (i.e., methamphetamine).
- Assess and treat associated trauma.
- Remove any constricting items.
- 5. If burn is
  - Less than 15% of total body surface area (TBSA), consider covering with wet dressings for comfort.
  - More than 15% of total body surface area (TBSA), cover wounds with dry clean dressings to avoid hypothermia.

### **CHEMICAL BURNS:**

- Protect personnel from contamination.
- 2. Remove all clothing and constricting items.
- 3. Decontaminate patient prior to transport, brushing off dry chemicals prior to irrigation.
- 4. Assess and treat for associated injuries.
- 5. Evaluate for systemic symptoms, which might be caused by chemical contamination.
- 6. Notify receiving hospital of possible chemical contamination.
- 7. Cover burned area in clean, dry dressing for transport.

#### **ELECTRICAL INJURY:**

- 1. Protect rescuers from live electric wires.
- When energy source is removed, remove patient from electrical source.
- Treat associated injuries provide spinal precautions per Spinal Injury Assessment Protocol and Spinal Precautions Procedure when indicated.
- 4. Assess and treat contact wound(s).

5. Monitor patient ECG for possible arrhythmias. Treat as per specific arrhythmia protocol.

### FOR ALL TYPES OF BURNS:

Obtain vascular access if indicated for pain management or fluid therapy.

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3. Administer Analgesic Medication. Refer to Pain Management Procedure.



### Transport:

- 4. Follow local MCA Transport Protocol.
- 5. Special Transport Considerations
  - a. The most appropriate facility may be a trauma center when there is airway or respiratory involvement, or when multi-trauma or blast injury is suspected.
  - Consider transport directly to burn center if BSA > 20% partial thickness, BSA > 10% full thickness, involvement of hands/feet, genitalia, face; circumferential burns
  - Consider air ambulance transportation for long transport times, pain control requiring deep sedation, and airway concerns that might necessitate advanced airway management.



## Thermal Burns and Electrical Injury:

- Transport directly to burn center per MCA destination protocol or medical control direction.
- 2. Additional NS IV/IO fluid bolus, up to 2 liters, wide open.
- 3. For severe burns, consider:
  - a. Additional fluid needs
  - b. Airway support

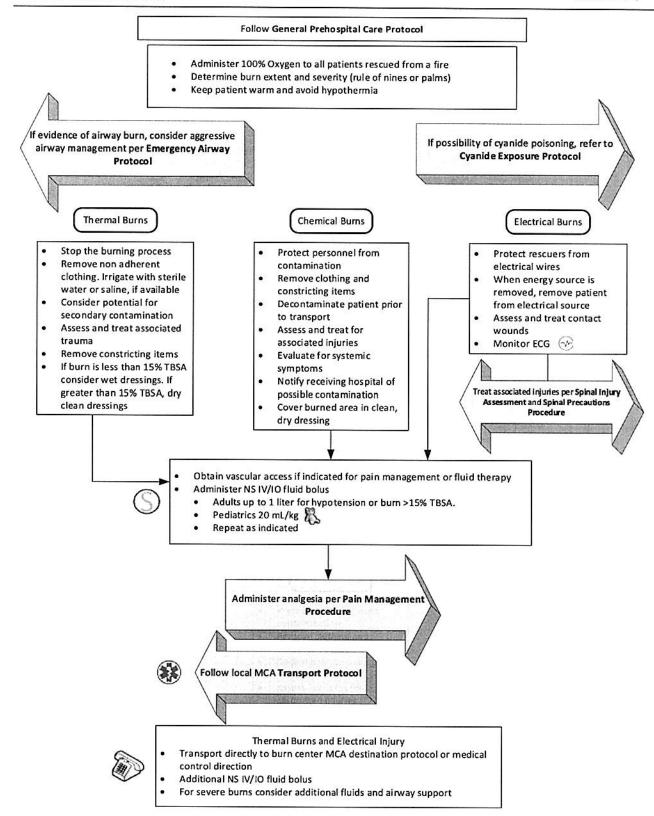
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