BURNS

BLS Procedures

- Stop the burning process
  - Thermal
    - Put out fire using water or some other non-hazardous, non-flammable liquid. Fire extinguisher may be used.
  - Liquid Chemical
    - Flush area with water.
  - Powdered Chemical
    - Brush off as much as possible prior to flushing area with copious amounts of water.
  - Electrical
    - Turn off power source and safely remove victim from hazard area.
- Remove rings, constrictive clothing and garments made of synthetic material
- Assess for chemical, thermal, electrical, or radiation burns and treat accordingly
- If less than 10% Total Body Surface Area (TBSA) is burned, cool with saline dressings.
- For TBSA greater than 10%, cover burned area with dry sterile dressings first, followed by a clean dry sheet.
- Once area is cooled, remove saline dressings and cover with dry, sterile burn sheets
- Elevate burned extremities if possible
- Maintain body heat at all times
- Administer oxygen as indicated

ALS Standing Orders

<table>
<thead>
<tr>
<th>IV/IO access</th>
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<tbody>
<tr>
<td><strong>Morphine</strong> – per Policy 705 - Pain Control</td>
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<td><strong>If TBSA greater than 10% or hypotension is present:</strong></td>
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<tr>
<td>- <strong>Normal Saline</strong></td>
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<tr>
<td>- IV/IO bolus – 1 Liter</td>
<td>- IV/IO bolus – 20 mL/kg</td>
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Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information

- Hypothermia is a concern in patients with large body surface area burns. As moist dressings increase the risk of hypothermia, Morphine Sulfate is the preferred method of pain control in these patients.