	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8025.19
	PROGRAM DOCUMENT: **Burns**	Initial Date:	09/01/92
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Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Purpose:

A. To establish the treatment standard for patients burned by caustic material, electricity, or heat.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Protocol:

BLS

1. ABC's/Routine Medical Care:
   a. Stop the burning process. Remove patient from source of the burn. Remove burning or smoldering clothing and remove jewelry. Administer supplemental O_2 as necessary to maintain $SpO_2 \geq 94\%$. Be prepared to support ventilation with appropriate airway adjuncts. Check for associated injuries and apply dry sterile dressings to burned areas.
2. Inhalation Injury: Assess for:
   a. Burns around face and neck.
   b. Singed nasal hairs.
   c. Soot around nose and mouth.
   d. Chemical inhalation.
3. Caustic and Chemical Burns: Wear protective clothing and gloves and consider the presence of hazardous materials. Remove source of burn. Remove all clothing. Wash with copious amounts of water. Do not scrub.
4. Electrical Burns: Electrical burns are potentially severe injuries not apparently visible from the surface wound that require further treatment in the hospital. Check for, and dress all entrance and exit wounds.
5. Transport.

NOTE: Check for associated injuries. Treat shock, if present. Do not apply ice or creams to the area. Fire in enclosed space suggests smoke inhalation or carbon monoxide poisoning.

ALS

1. Advanced Airway: Consider early if evidence of airway burns.
2. Cardiac Monitoring, $Sp0_2$ monitoring, and $ETCO_2$ monitoring for intubated patients.
3. Initiate large bore vascular access in patients with major burns (>9%).
   - Titrate to systolic blood pressure of ≥ 90 mmHg.

- Administer 500 ml normal saline fluid bolus to all adult patients with a Total Body Surface Area (TBSA) of burns ≥ 50%
- When possible the preferred vascular access site is an unburned area.

4. Pain Management: If partial or full thickness burn with moderate to severe pain and without evidence of or mechanism of internal head, chest, or abdominal injury, consider administration of pain medication per PD# 8066 – Pain Management.

NOTE: Any patient with the following shall be transported to University of CA Davis Medical Center Burn Center:

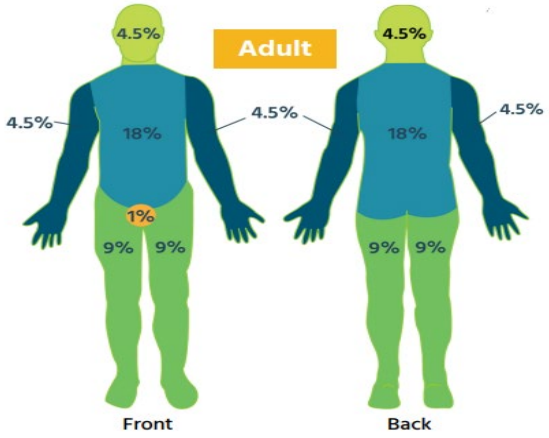
- Partial thickness >9% of body surface.
- Any electrical or any chemical burn.
- Evidence of possible inhalation injury.
- Any burn to the face, hands, feet, genitalia, perineum, or major joints.

Estimating Burn Size (either method can be used):

Rule of Palm: The palm of the person who is burned (not fingers or wrist area) is about 1% of the body. Use the person's palm to measure the body surface area burned.

Rule of Nines:

Adult



Cross Reference: PD# 8066 – Pain Management
PD# 8026 – Respiratory Distress
PD# 8020 – Respiratory Distress – Airway Management
PD# 8031 – Cardiac Arrest