EMS ADULT THERMAL BURN

HISTORY

- Type of exposure (heat, gas, chemical)
- Inhalation injury
- Time of injury
- Past medical history and medications
- Other trauma
- Loss of consciousness

SIGNS AND SYMPTOMS

- Redness, pain, swelling, blisters
- Dizziness
- Altered mental status
- Hypotension/ shock
- Potential for airway compromise could be indicated by hoarseness, stridor, muffled voice, wheezing

DIFFERENTIAL

- Superficial (1^{5T} degree) redness, pain (do not include in TBSA)
- Partial thickness (2nd degree) redness, pain with blistering
- Full thickness (3rd degree) charred, leathery
- Thermal injury
- Chemical injury
- Electrical injury
- Radiation injury
- Blast injury

Assess Burn / Concomitant Injury Severity

MINOR BURN < 5% TBSA 2nd/ 3rd degree No inhalation injury Not intubated Normotensive GCS 14 or > Remove rings, bracelets, & constricting items Dry clean sheet or dressings Oxygen to SpO2 target >94% В Monitor SpO2 Monitor ETCO2 if available IV access if indicated Pain management Morphine 2-4 mg IV or Fentanyl 25-50 mcg IV

Rapid transport to appropriate destination. Contact Medical Control / Receiving Facility

SERIOUS BURN CRITICAL

5-15% TBSA 2nd & 3rd degree burns

- Suspected inhalation injury or requires intubation
- Hypotensive
- GCS 13 or <

When reasonably accessible, transport to a Burn Center

CRITICAL BURN

- > 15% TBSA 2nd & 3rd degree burns
- Associated multiple trauma
- Definitive airway compromise

When reasonably accessible, transport to a Burn Center

