

BURNS (A80)

USE TRAUMA TRANSPORT CRITERIA

	F	E	O	P	D
SCENE SAFETY: move patient to a safe environment.	X	X	X	X	
ASSESSMENT	X	X	X	X	
STOP BURNING PROCESS:					
CHEMICAL BURN - brush off dry chemicals then flush with copious amounts of water. Consult container label for decontamination instructions and transport label with patient. TAR BURNS - cool with water and transport; do not attempt to remove tar. THERMAL BURNS - cool with water for up to 5 minutes to stop the burning process. Avoid prolonged cool water usage due to risks of hypothermia and local cold injury.	X	X	X	X	
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion. Consider high flow O ₂ if CO exposure is suspected. If intubated, ventilate with bag-valve and 100% oxygen.	X	X	X	X	
INTUBATE: if facial or oral swelling and respiratory depression present, especially if the patient has a history of smoke exposure in a confined space.				X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
12-LEAD ECG: for electrical burn.				X	
VASCULAR ACCESS: IV/IO.				X	
FLUID RESUSCITATION: for partial & full thickness burns surface area > 9%, consider 2 large bore IVs and 500 mL fluid bolus. Repeat bolus as needed to maintain systolic BP of 100. Consider warm IV fluids, unless hyperthermic.				X	
DRESS BURNS:					
- Thermal Burns with >20% body surface area, cover with dry dressing and keep patient warm. - Thermal Burns with <20% body surface area, apply moist dressing.	X	X	X	X	
PAIN MANAGEMENT: Refer to PAIN MANAGEMENT A91				X	

EFFECTIVE: November 1, 2023

 Provider Key: F = First Responder/EMR
 P = Paramedic

 E = EMT O = EMT Local Optional SOP
 D = Base Hospital Physician Order Required