

# Environmental Emergencies E-4 Burns

**Priorities**  
 ABC's  
 Assume airway/respiratory involvement in chemical burns and fires in closed spaces  
 Move patient to a safe area  
 Stop the burning process  
 Search for associated injuries  
 Early Transport  
 EARLY CONTACT OF RECEIVING HOSPITAL  
 TRANSPORT TO LOCAL EMERGENCY FACILITY

**Stabilize airway**

**Oxygen** – Titrate to SpO2 >95%  
 Be prepared to support ventilations with appropriate adjuncts

**Cardiac Monitor**

**IV/IO Access**

Preferably on an unburned extremity

**NS fluid challenge**  
 500mL for <20% TBSA burned  
 1000mL for >20% TBSA burned

Repeat vital signs and continue NS boluses until SBP is >100

If pt has hx of heart failure or other signs of volume overload start NS fluid challenge at 250mL for <20% TBSA burned and 500mL for >20% TBSA burned.

For pain relief in the absence of hypotension or altered level of consciousness

**Morphine** 4mg SLOW IV/IO/IM q 5 minutes to max dose of 16mg

**OR**

**Fentanyl** 50mcg SLOW IV/IO/IM/IN q 5 minutes to max dose of 200mcg

Titrate Morphine and Fentanyl to pain relief and SBP >100

Contact Base Physician for additional orders

Transport

**Treatment Guidelines**

1. Stop the burning process. Use cool dressings only long enough to stop the burning process.
2. Remove contact with burning agent unless it is an adherent substance (example: tar). DO NOT remove adherent materials.
3. Remove restrictive clothing and jewelry.
4. Brush off chemical powders and flush copiously with cool water
5. Cover the burned area with clean dressings or sheets.
6. DO NOT break blisters.

**DISRUPTED COMMUNICATIONS**  
 In the event of a "disrupted communications" situation where a base hospital physician CANNOT be contacted for orders, Solano County Paramedics MAY NOT utilize the portions of this protocol requiring base physician orders AND must transport to the closest receiving facility