**Burns: Chemical and Electrical**

**History**
- Type of exposure (heat, gas, chemical)
- Inhalation injury
- Time of Injury
- Past medical history and Medications
- Other trauma
- Loss of Consciousness
- Tetanus/Immunization status

**Signs and Symptoms**
- Burns, pain, swelling
- Dizziness
- Loss of consciousness
- Hypotension/shock
- Airway compromise/distress
- Singed facial or nasal hair
- Hoarseness/wheezing

**Differential**
- Superficial (1st Degree) red and painful
- Partial Thickness (2nd Degree) blistering
- Full Thickness (3rd Degree) painless/charred or leathery skin
- Thermal
- Chemical
- Electrical
- Radiation

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**Universal Patient Care Protocol**

- **Cardiac Monitor**

**Eye Involvement?**
- Continuous saline flush in affected eye. Flush are with water or Normal Saline for 10-15 minutes
- Remove Rings, Bracelets, and other Constricting Items
- Remove clothing or expose area
- Identify entry and exit sites, apply sterile dressings

**Pain Control Protocol**
- (IV only for Burn Patients)
- IV Protocol
- Normal Saline Bolus

**Chemical and Electrical Burn Patients Must be Triage using the Guidelines below and their care must conclude in the Thermal Burn Protocol**

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**Legend**
- MR
- B
- I
- M

**Critical (Red)**
- >15% TBSA 2nd/3rd Degree Burn
- Burns with Multiple Trauma
- Burns with definitive airway compromise (When reasonable accessible, transport to a Burn Center)

**Serious (Yellow)**
- 5-15% TBSA 2nd/3rd Degree Burn
- Suspected Inhalation injury or requiring intubation for airway stabilization
- Hypotension or GCS < 14 (When reasonable accessible, transport to either a Level I Burn Center or a Trauma Center)

**Minor (Green)**
- < 5% TBSA 2nd/3rd Degree Burn
- No inhalation injury, Not Intubated, Normotensive
- GCS > 14 (Transport to the Local Hospital)

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**Pearls Chemical**
- Refer to Decontamination Standard Procedure (Skill) WMD Page
- Certainly 0.9% NaCl SoIn or Sterile Water is preferred, however if it is not readily available, do not delay, use tap water for flushing the affected area or other immediate water sources. Flush the area as soon as possible with the cleanest readily available water or saline solution using copious amounts of fluids.

**Pearls Electrical**
- Do not contact the patient until you are certain the source of the electric shock has been disconnected.
- Attempt to locate contact points, (entry wound where the AC source contacted the patient, an exit at the ground point) both sites will generally be full thickness.
- Cardiac monitor, anticipate ventricular or atrial irregularity, to include V-tach, V-fib, heart blocks, etc.
- Attempt to identify the nature of the electrical source (AC vs DC), the amount of voltage and the amperage the patient may have been exposed to during the electrical shock.

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**Protocol 51**

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS 2009