

History

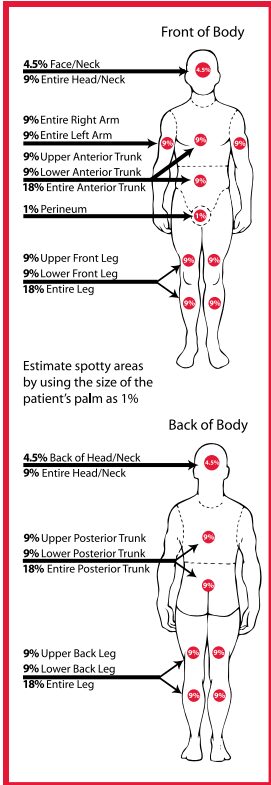
- Type of exposure (heat, gas, chemical)
- Inhalation injury
- Time of injury
- Past medical history and Medications
- Other trauma
- Loss of Consciousness
- Tetanus/Immunization status

Signs and Symptoms

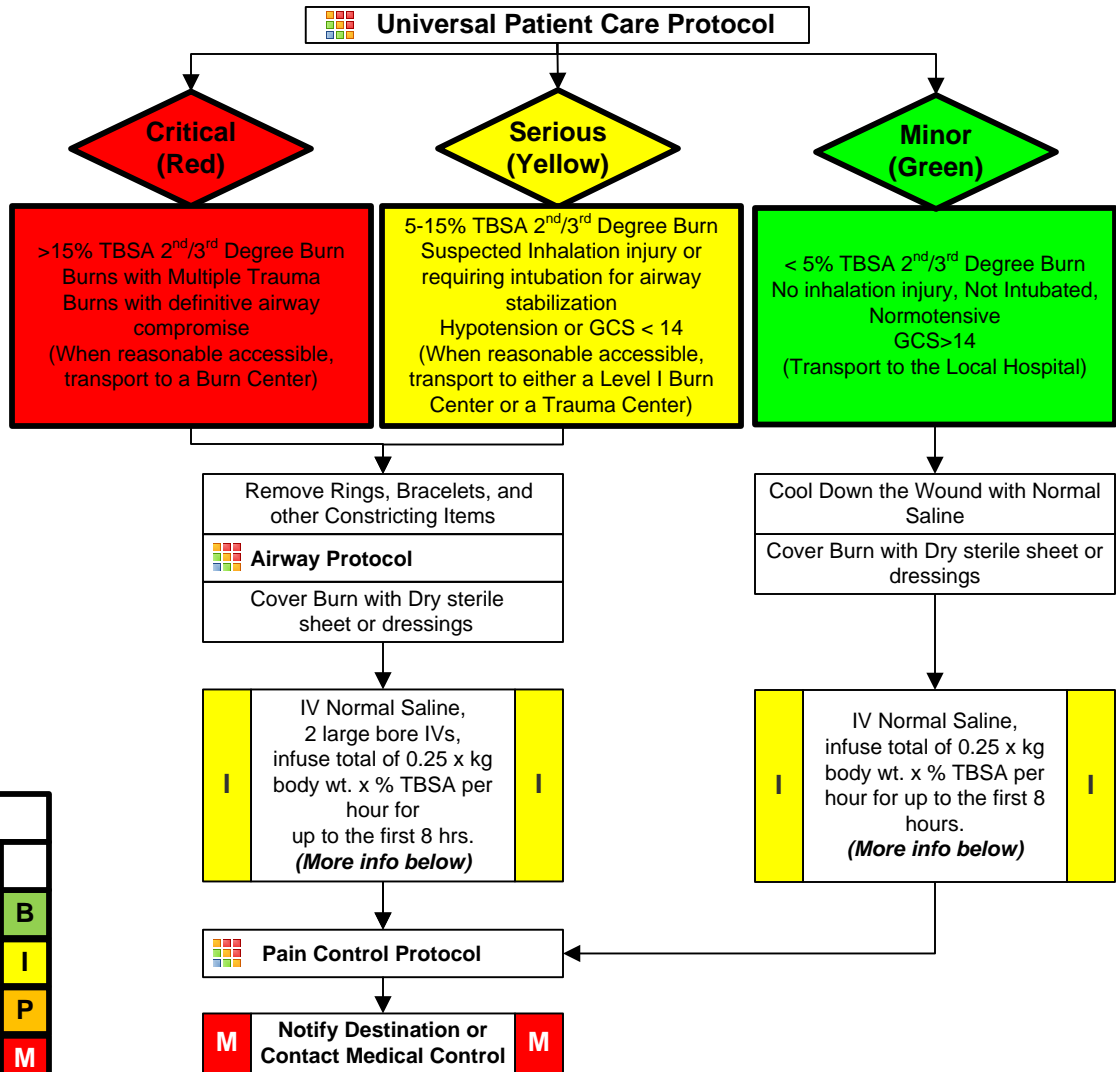
- Burns, pain, swelling
- Dizziness
- Loss of consciousness
- Hypotension/shock
- Airway compromise/distress
- singed facial or nasal hair
- Hoarseness / wheezing

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**



Legend		
	MR	
B	EMT	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M



Trauma Protocols

- The IV solution should be changed to Lactated Ringers if it is available. It is preferred over Normal Saline.
- Formula example and a rule of thumb is; an 80 kg patient with 50% TBSA will need 1000 cc of fluid per hour.

- Critical or Serious Burns**
- > 5-15% total body surface area (TBSA); 2nd or 3rd degree burns, or 3rd degree burns > 5% TBSA for any age group, or circumferential burns of extremities, or electrical or lightning injuries, or suspicion of abuse or neglect, or inhalation injury, or chemical burns, or burns of face, hands, perineum, or feet, or any burn requiring hospitalization.

(These burns will require direct transport to a burn center, or transfer once seen at a local facility where the patient can be stabilized with interventions such as airway management or pain relief if this is not available in the field or the distance to a Burn Center is significant.)

Pearls

- Burn patients are Trauma Patients, evaluate for multisystem trauma.
- Assure whatever has caused the burn, is no longer contacting the injury. (Stop the burning process!)
- Recommended Exam: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, and Neuro**
- Early intubation is required when the patient experiences significant inhalation injuries.
- Potential CO exposure should be treated with 100% oxygen. (For patients with the primary event is CO inhalation, transport to a hospital equipped with a hyperbaric chamber is indicated [when reasonably accessible].)
- Circumferential burns to extremities are dangerous due to potential vascular compromise secondary to soft tissue swelling.
- Burn patients are prone to hypothermia - never apply ice or cool burns, must maintain normal body temperature.
- Evaluate the possibility of child abuse with children and burn injuries.