

Burns: Chemical and Electrical



History

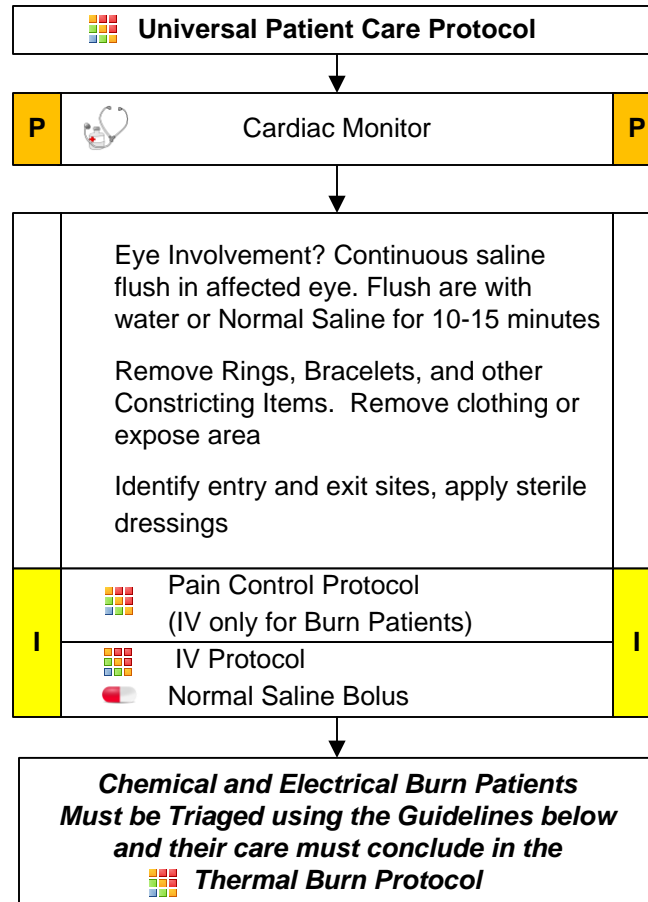
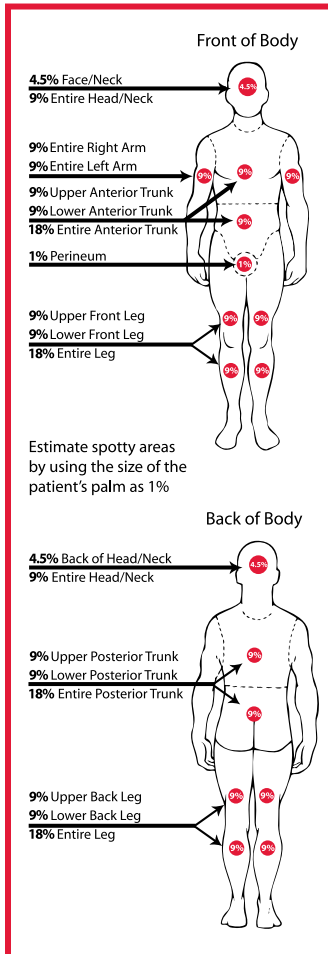
- Type of exposure (heat, gas, chemical)
- Inhalation injury
- Time of Injury
- Past medical history and Medications
- Other trauma
- Loss of Consciousness
- Tetanus/Immunization status

Signs and Symptoms

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

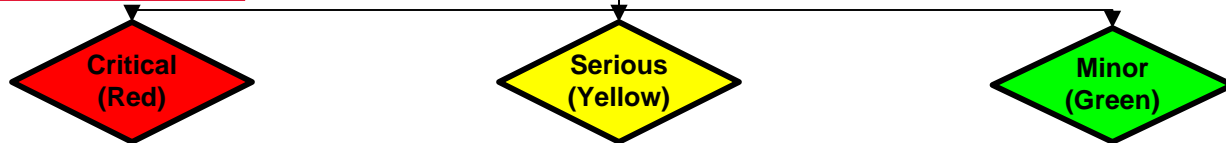
Differential

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



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

Trauma Protocols



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)

Pearls Chemical

- Refer to Decontamination Standard Procedure (Skill) WMD Page
- Certainly 0.9% NaCl Soln 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.

Protocol 51

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

2009