

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8025.15
	<u>PROGRAM DOCUMENT:</u> Burns	Draft Date:	09/01/92
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		Review:	11/01/18

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as the treatment standard for EMT's and Paramedics in treating patients burned by caustic material, electricity or heat.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

BLS TREATMENT

ABC's / Routine Medical Care – Stop the burning process. Remove all clothing and jewelry. Administer supplemental O2 as necessary to maintain SpO2 ≥ 94%. Be prepared to support ventilation with appropriate airway adjuncts. Check for associated injuries and apply dry sterile dressings to burned areas.

Inhalation Injury: Assess for:

- a. Burns around face and neck
- b. Singed nasal hairs
- c. Soot around nose and mouth
- d. Chemical in air as a result of the fire

Caustic and Chemical Burns: Wear protective clothing and gloves and consider the presence of hazardous materials. Remove source of burn. Remove all clothing. Wash with copious amounts of water. Do not scrub.

Electrical Burns: Electrical burns are potentially severe injuries not apparently visible from the surface wound that require further treatment in the hospital. Check for, and dress all entrance and exit wounds.

Transport: Any patient with the following shall be transported to UCDMC Burn Center:

- a. Partial thickness > 9% of body surface.
- b. Any electrical or any chemical burn.
- c. Evidence of possible inhalation injury.
- d. Any burn to face, hands, feet, genitalia, perineum or major joints.

ALS Treatment

Advanced Airway: Consider early if evidence of airway burns.

Cardiac monitoring and SpO₂.

IV Access: Initiate large bore Intravenous (IV) access in patients with major burns (> 9%) with Saline lock or connect Normal Saline (NS) and titrate to systolic blood pressure of 90-100 mmHg. Administer 500cc NS fluid bolus to all adult patients with a Total Body Surface Area (TBSA) of burns > 50%. Priority for IV access is as follows:

- Unburned upper extremity, or external jugular
- Unburned lower extremity
- Burned upper extremity
- Burned lower extremity
- Intraosseous

Pain Management: If Partial or full thickness burn with severe pain and without evidence of or mechanism of internal head, chest or abdominal injury, consider administration of pain medication per Pain Management policy PD#8066.

<u>Adult Body Part</u>	<u>% of Total Body Surface</u>
Groin	1%
Palm/Hand	1%
Arm (shoulder to fingertips)	9%
Head and Neck	9%
Leg	18%
Anterior trunk	18%
Posterior trunk	18%

