

**Base Hospital Contact: Required for burns meeting Trauma Center criteria, 2<sup>nd</sup> or 3<sup>rd</sup> degree burns  $\geq$  20% TBSA.**

1. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)  
If evidence of inhalation injury, treat in conjunction with *TP 1236, Inhalation Injury*
2. Administer **Oxygen** prn (*MCG 1302*)  
If carbon monoxide exposure suspected, provide **high flow Oxygen 15 L/min** and treat in conjunction with *TP 1238, Carbon Monoxide Poisoning 1*
3. Assess for signs of trauma  
If traumatic injury suspected, treat in conjunction with *TP 1244, Traumatic Injury*
4. Remove jewelry and clothing from involved area
5. Apply blanket to keep patient warm
6. For ELECTRICAL burns:  
Cover with dry dressing or sheet, treat in conjunction with *TP 1221, Electrocutation*
7. For THERMAL burns:  
Cover with dry dressing or sheet  
Consider cooling with water for burns isolated to less than 5% BSA
8. For CHEMICAL burns:  
If dry, brush and flush with copious amounts of water  
If liquid, flush with large amounts of water **2**  
If eye involvement, irrigate eye with **Normal Saline 1L** during transport; allow patient to remove contact lenses if possible, treat in conjunction with *TP 1240, HAZMAT*
9. Establish vascular access prn (*MCG 1375*)  
For IO placement in alert patients administer, **Lidocaine 2% 40mg (20mg/mL) slow IO push**, may repeat once for infusion pain at half initial dose
10. For partial/full thickness burn > 10% body surface area or poor perfusion:  
**Normal Saline 1L IV/IO rapid infusion**  
Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops  
**CONTACT BASE** for persistent poor perfusion to obtain order for additional **Normal Saline 1L IV/IO**
11. Elevate burned extremities as able for comfort
12. For pain management: refer to *MCG 1345, Pain Management*

**SPECIAL CONSIDERATIONS**

- ① Consider potential for carbon monoxide and/or cyanide toxicity in closed space fires. Pulse oximetry is not accurate in carbon monoxide poisoning ([TP 1238, Carbon Monoxide Poisoning](#))
- ② Observe for hypothermia; cooling large surface area burns (greater than 10% body surface area) may result in hypothermia.