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

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

7. For ELECTRICAL burns:
   Cover with dry dressing or sheet, treat in conjunction with TP 1221, Electrocution

8. For THERMAL burns:
   Cover with dry dressing or sheet
   Do not flush with water, even if accelerant present

9. For CHEMICAL burns:
   If dry, brush and flush with copious amounts of water
   If liquid, flush with large amounts of water
   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

10. Establish vascular access prn (MCG 1375)

11. 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

12. Elevate burned extremities as able for comfort

13. For pain management: (MCG 1345)
    Fentanyl 50mcg (1mL) slow IV/IO push or IM/IN
    Repeat every 5 min pm, maximum total dose prior to Base contact 150mcg
    Morphine 4mg (1mL) slow IV/IO push
    Repeat every 5 min pm, maximum total dose prior to Base contact 12mg

    CONTACT BASE for additional pain management after maximum dose administered:
    May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg
SPECIAL CONSIDERATIONS

❶ 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*)

❷ Observe for hypothermia; cooling large surface area burns (greater than 15% body surface area) may result in hypothermia.