Base Hospital Contact: Required for burns meeting Trauma Center criteria, 2\textsuperscript{nd} or 3\textsuperscript{rd} degree burns $\geq 20\%$ TBSA.

1. Assess airway and initiate basic and/or advanced airway maneuvers prn \textit{(MCG 1302)}
   If evidence of inhalation injury, treat in conjunction with \textit{TP 1236, Inhalation Injury}

2. Administer \textbf{Oxygen} prn \textit{(MCG 1302)}
   If carbon monoxide exposure suspected, provide \textbf{high flow Oxygen 15 L/min} and treat in conjunction with \textit{TP 1238, Carbon Monoxide Poisoning 1}

3. Assess for signs of trauma
   If traumatic injury suspected, treat in conjunction with \textit{TP 1244, Traumatic Injury}

4. Remove jewelry and clothing from involved area

5. Apply blanket to keep patient warm

6. For \textbf{ELECTRICAL} burns:
   Cover with dry dressing or sheet, treat in conjunction with \textit{TP 1221, Electrocution}

7. For \textbf{THERMAL} burns:
   Cover with dry dressing or sheet
   Do not flush with water, even if accelerant present

8. For \textbf{CHEMICAL} burns:
   If \textit{dry}, brush and flush with copious amounts of water
   If \textit{liquid}, flush with large amounts of water \textit{2}
   If eye involvement, irrigate eye with \textbf{Normal Saline 1L} during transport; allow patient to remove contact lenses if possible, treat in conjunction with \textit{TP 1240, HAZMAT}

9. Establish vascular access prn \textit{(MCG 1375)}
   For IO placement in alert patients administer, \textbf{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:
    \textbf{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
    \textbf{CONTACT BASE} for persistent poor perfusion to obtain order for additional \textbf{Normal Saline 1L IV/IO}

11. Elevate burned extremities as able for comfort

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

    \textbf{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.