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| **BLS Treatment** |
| * Position of comfort.
* NPO.
* **Oxygen** as indicated.

**Thermal:*** Remove jewelry and non-adhered clothing. Do not break blisters.
* Cover affected body surface with dry sterile dressing or dry sterile sheet.

**Chemical:*** Brush off dry powder.
* Remove any contaminated or wet clothing.
* Irrigate continuously with saline or water.
* Treat according to Protocol 3.04 (HazMat protocol).

**Electrical:*** Disconnect electrical source before touching patient.
* Dry sterile dressing on any exposed injured area.

**Tar:** * Cool to tepid water. Do NOT remove tar or apply solvents.
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| **ALS Treatment** |
| * Early advanced airway management for patients with evidence of inhalation injury.
* IV/IO **Normal Saline** at TKO.
* If partial or total thickness burns > 10% BSA, administer **Normal Saline** fluid bolus.
* For pain: may administer **Morphine Sulfate**.
* For nausea/vomiting: may administer **Ondansetron**.
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| **Comments*** Any burn patient meeting the following criteria, without associated trauma, MUST be transported to a Burn Center:
* 10% body surface area;
* Inhalation burns;
* Burns to the face, hands, and/or feet;
* Burns to major joints and/or genital area.
* Inhalation injuries are burn injuries and may cause delayed, but severe airway compromise.
* Do NOT apply ice or ice water directly to skin surfaces (additional injury will result).
* Lightning injuries may cause prolonged respiratory arrest.
* Assume presence of associated multisystem trauma from explosions, electrical shock, falls or with signs or symptoms of hypovolemia.
* Dysrhythmias may be present with electrical burns due to changes in K+ levels.
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**CALCULATING BODY SURFACE AREA**

