



BURNS

Date: 7/1/2024

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BLS

ALS

<ul style="list-style-type: none"> • Move patient to safe environment • Break contact with causative agent • Ensure patent airway, O₂, and/or ventilate PRN • O₂ saturation PRN • Treat other life-threatening injuries • Carboxyhemoglobin monitor PRN, if available <p>Thermal burns</p> <ul style="list-style-type: none"> • For burns <10% BSA, stop burning with non-chilled water or saline • For burns >10% BSA, cover with dry dressing and keep patient warm • Do not allow patient to become hypothermic <p>Toxic inhalation (e.g., CO exposure, smoke, gas)</p> <ul style="list-style-type: none"> • Move patient to safe environment • 100% O₂ via mask • Consider transport to facility with hyperbaric chamber for suspected CO poisoning, particularly in unconscious or pregnant patients <p>Chemical burns</p> <ul style="list-style-type: none"> • Brush off dry chemicals • Flush with copious amounts of water <p>Tar burns</p> <ul style="list-style-type: none"> • Do not remove tar • Cool with water, then transport 	<ul style="list-style-type: none"> • Monitor/EKG • IV/IO [Ⓐ] • Capnography PRN • Treat pain per Pain Management Protocol (S-141) <p>For patients with >20% partial-thickness or >5% full-thickness burns and ≥15 years</p> <ul style="list-style-type: none"> • 500 mL fluid bolus IV/IO [Ⓐ] <p>Respiratory distress with bronchospasm¹</p> <ul style="list-style-type: none"> • Albuterol/Levalbuterol 6 mL via nebulizer, MR [Ⓐ]
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Contact UCSD Base Hospital for patients meeting burn center criteria[†]
See Base Hospital Contact/Patient Transportation and Report (S-415)

†Burn center criteria

Patients with burns involving

- >20% partial-thickness or >5% full-thickness burns over BSA
- Suspected respiratory involvement or significant smoke inhalation
- Circumferential burn or injury to face, hands, feet, or perineum
- Electrical injury due to high voltage (>120 volts)

¹ **Infection control:** If concerned about aerosolized infectious exposure, substitute with MDI, if available