TREATMENT PROTOCOL: BURNS *

1. Basic airway
2. Spinal immobilization prn
3. Oxygen/pulse oximetry
   High flow oxygen is essential with known or potential respiratory injury. If evidence of inhalation injury, facial burn, singed nasal hair or soot in the oropharynx, be aware of the potential for rapid respiratory deterioration
   Consider potential for carbon monoxide and/or cyanide toxicity in closed space fires
4. Advance airway prn
5. Remove jewelry and clothing from involved area

THERMAL	CHEMICAL	ELECTRICAL
6. Cover with dry dressings or sheet 7. Venous access prn 8. If burn involves greater than 20% body surface area: **Normal Saline** fluid challenge 10ml/kg IV **Pediatric:** 20ml/kg IV 9. Elevate burned extremities if possible 10. For pain management: **Morphine** ❸❹ 2-4mg slow IV push, titrate to pain relief 2-4mg IM, if unable to obtain venous access May repeat one time **Pediatric:** 0.1mg/kg slow IV push or IM See Color Code Drug Doses/L.A. County Kids Do not repeat pediatric dose, maximum pediatric dose 4mg all routes 11. **CONTINUE SFTP or BASE CONTACT** 12. If pain unrelieved: **Morphine** 2-12mg slow IV push, titrate to pain relief 4-12mg IM, if unable to obtain venous access May repeat every 5min, maximum total adult dose 20mg all routes	6. If dry, brush and flush with copious amounts of water ❷ 7. If liquid, flush with copious amounts of water ❶ 8. Venous access prn 9. If poor perfusion: **Normal Saline** fluid challenge 10ml/kg IV **Pediatric:** 20ml/kg IV 10. For pain management: **Morphine** ❸❹ 2-4mg slow IV push, titrate to pain relief 2-4mg IM, if unable to obtain venous access May repeat one time **Pediatric:** 0.1mg/kg slow IV push or IM See Color Code Drug Doses/L.A. County Kids Do not repeat pediatric dose, maximum pediatric dose 4mg all routes 11. **CONTINUE SFTP or BASE CONTACT** 12. If pain unrelieved: **Morphine** 2-12mg slow IV push, titrate to pain relief 4-12mg IM, if unable to obtain venous access May repeat every 5min, maximum total adult dose 20mg all routes 13. Reassess for potential deterioration	6. Cardiac monitor: document rhythm and attach an ECG strip 7. If dysrhythmias, treat by appropriate protocol 8. Cover with dry dressings or sheet 9. Venous access 10. If poor perfusion: **Normal Saline** fluid challenge 10ml/kg IV **Pediatric:** 20ml/kg IV 11. For pain management: **Morphine** ❸❹ 2-4mg slow IV push, titrate to pain relief 2-4mg IM, if unable to obtain venous access May repeat one time **Pediatric:** 0.1mg/kg slow IV push or IM See Color Code Drug Doses/L.A. County Kids Do not repeat pediatric dose, maximum pediatric dose 4mg all routes 12. **CONTINUE SFTP or BASE CONTACT** 12. If pain unrelieved: **Morphine** 2-12mg slow IV push, titrate to pain relief 4-12mg IM, if unable to obtain venous access May repeat every 5min, maximum total adult dose 20mg all routes 13. Reassess for potential deterioration

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SPECIAL CONSIDERATIONS

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

❷ If eye involvement, continuously flush with normal saline during transport. Allow patient to remove contact lenses if possible

❸ Use with caution: in elderly; if systolic BP less than 100mmHg; sudden onset acute headache; suspected drug/alcohol intoxication; suspected active labor; nausea/vomiting; respiratory failure or worsening respiratory status

❹ Absolute contraindications: Altered LOC, respiratory rate less than 12 breaths/min, hypersensitivity or allergy