

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**BURNS**

**FIRST RESPONDER**

**I. Management**

- A. DO NOT PUT YOURSELF IN DANGER
- B. Stop the burning process.<sup>1</sup>
- C. Evaluate and maintain the airway, provide oxygenation and support ventilation as needed.
- D. IPS<sup>2</sup>
- E. Assess percentage of burns using rule of 9's.<sup>3</sup>
- F. Obtain vital signs (blood pressure, pulse and respiratory rate).
- G. Chemical Burns
  1. Decontaminate patient using running water for 15min. prior to transport. **If patient warrants immediate transport, a quick decontamination should occur accordingly based on type of exposure.**
  2. Check eyes for exposure and rinse with free-flowing water for 15min.
  3. Cover burn with dry sterile dressing.
  4. Keep patient as warm as possible after decontamination.
- H. Thermal Burns
  1. If partial/full burn is moderate-to-severe (more than 10% or 10 palm-sizes), wrap burned area in clean, dry dressings for transport.
  2. Use cool, wet dressings in smaller burns (less than 10%) for patient comfort.
- I. Electrical Burns
  1. Assess and treat entrance and exit wounds.

**BASIC LIFE SUPPORT**

- J. Arrange for ALS intercept if not already accomplished by MedCom.

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K. Initiate transport toward ALS intercept, if transporting unit.

**NOTIFY RECEIVING FACILITY**

**ADVANCED LIFE SUPPORT**

L. Consider Intubation<sup>4</sup>

M. IV Normal Saline

1. Use large bore catheter
2. If burn area >10% body surface area and BP<90 mmHG:
  - a. Run IV wide open until BP 90-100 mmHG or 1500cc of fluid is infused.

N. Monitor EKG.

**CONTACT MEDICAL CONTROL**

O. Consider 2 to 5mg MORPHINE SULFATE IVP for control of severe pain if burn area >10% body surface area.

P. If unable to make radio contact:

1. Maintain IV rate at 100cc/hour
3. Fluid bolus if BP<90mmHG

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<sup>1</sup> Stop the burning the process=


- a. Remove smoldering and nonadherent clothing.
- b. Remove constricting items.
- c. Remove all clothing and any solid chemical which might provide continuing contamination.
- d. Remove patient from electrical source, when safe.

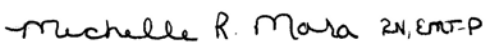
<sup>2</sup> Assess and treat any associated trauma. Provide spinal immobilization when indicated.

<sup>3</sup> Rules of Nine's Chart-See appendix

<sup>4</sup> If strong signs of airway burns, intubate early. Consider the use of ½ to one size smaller ET tube if tracheal edema makes intubation difficult.

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