

### **STOP THE BURNING PROCESS:**

- Remove clothing and jewelry. Briefly flush all burns with tepid water no more than five minutes. Cover with a clean, dry sheet. Do not transport in wet dressings.
- Keep blisters intact. Do not apply ointments.
- Chemical Burns: Brush away dry powders first, irrigate profusely with running water, away from intact skin, for 20 minutes. Monitor for hypothermia while irrigating. Isolate and send victim's clothing for analysis.

### **AIRWAY MANAGEMENT:**

- Symptoms of smoke exposure may have a delayed onset. Beware of imminent respiratory distress.
- Administer 100% (humidified) oxygen by non-rebreather mask. Consider Albuterol or Racemic Epinephrine respiratory treatments.
- Obtain carboxyhemoglobin level with arterial blood gases.
- Consider orotracheal intubation with any respiratory symptoms. Check position of tubing with a chest x-ray. Take precautionary measures to prevent self-extubation. Be sure the ET tube is secure and in good position.

### **INTRAVENOUS FLUID RESUSCITATION:**

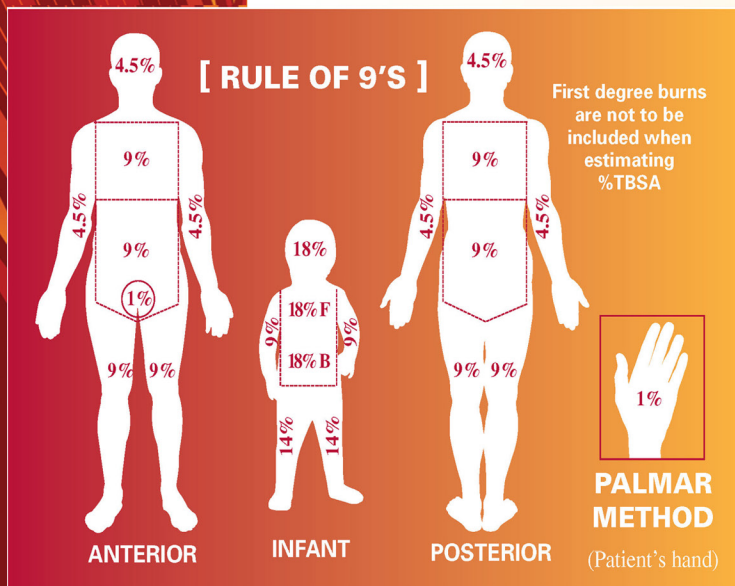
- Insert TWO large-bore I.V. lines. Secure with sutures if necessary.
- Infuse Lactated Ringer's solution (without dextrose).
- Calculate hourly infusion rate from time of injury: **%TBSA x Kg body w ÷ 4** Parkland Formula.
- Insert Foley Catheter.
- Adjust I.V. rate in order to maintain urine output between 1/2 to 1 ml/Kg/hr.

### **ASSESSMENT AND PREPARATION:**

- Take and document a complete history and physical.
- Associated injuries take priority over burns.
- Keep patient NPO. Consider nasogastric tube placement for burns >20%.
- Keep patient warm. Cover with dry blankets.
- Administer analgesia; I.V. Morphine Sulphate (1mg/10kg).
- Infection prophylaxis: tetanus immunization. Defer antibiotics if for burns only.

### **SPECIAL CONSIDERATIONS:**

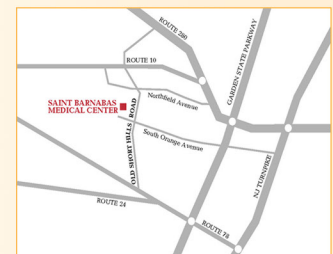
- **THIRD DEGREE CIRCUMFERENTIAL BURNS:** assess distal circulation, remove jewelry. Evaluate for escharotomies as necessary. Contact The Burn Center.
- **HIGH VOLTAGE ELECTRICAL INJURIES:** suspect myoglobinuria or hemoglobinuria. Keep urine output at 100ml/hr and urine alkaline. Place on cardiac monitor. Record EKG. Beware compartment syndrome, consider fasciotomies. Contact The Burn Center.
- **FROSTBITE:** do not use heat. Warm gradually to room temperature.



### **AMERICAN BURN ASSOCIATION GUIDELINES FOR TRANSFER**

- Partial thickness (2°) burns > 10% TBSA
- Full thickness (3°) burns in any age group
- Burns to the face, hands, feet, genitalia or major joints
- Electrical Burns, Chemical Burns or Smoke Inhalation
- Patients with pre-existing serious medical history compromising outcome
- Patients with burns and concomitant trauma. Follow regional medical control and transfer/triage protocols
- Patients requiring extensive social, emotional or long-term rehabilitation support
- Pediatric burns without qualified personnel or equipment

For  
 consultation  
 or 24 hour  
 transfer,  
 contact The  
 Burn Center  
 at Saint  
 Barnabas at  
**973.322.5920**



**The Burn Center at Saint Barnabas**  
**973.322.5920**

For more information or CEU programs, contact Saint Barnabas Burn Foundation at 973.322.8071