

## e-4 - BURNS

### **PRIORITIES:**

- ABCs
- Assume airway/respiratory involvement in chemical burns and fires in close spaces
- Stop the burning process
- Search for associated injuries
- Assure an advanced life support response

### **Burns**

*Damage to the skin caused by contact with caustic material (chemical burns), electricity or fire. Second or third degree burns involving 20% of the body surface area or those associated with respiratory involvement are considered major burns.*

1. Keeping safety in mind, remove patient to a safe area;
2. Ensure a patent airway;
3. Stop the burning process. Remove contact with agent unless adherent (e.g., hot tar). Brush off chemical powders then flush copiously with cool water. Apply cool soaks to the wounds. Caution: large surface areas covered with cool soaks may lead to hypothermia. In those situations, keep soaks on only long enough to stop the burning process;
4. OXYGEN – 10 liters/minute or higher, via mask. Be prepared to support ventilation with appropriate airway adjuncts;
5. Protect the burned area;
  - Do NOT break blisters;
  - Cover with clean dressings or sheets;
  - Remove restrictive clothing/jewelry if possible;
  - Do NOT remove adherent materials. Cool the material with water.
6. Consider:
  - Assess for associated injuries;
  - Field burn treatments are associated with hypothermia, monitor the patient for associated signs and symptoms;

### **Chemical Burns:**

- Flush immediately with copious amounts of water (up to 20 minutes as needed);
- If chemical is dry, brush off. Remove clothes and then flush with water;
- Identify the chemical;
- Look for associated respiratory burns;

### **Electrical Burns:**

- Turn off power source of electricity if still in contact with patient;
- Assess entrance and exit wounds, cover with sterile dressings.

### **Tar Burns:**

- Initially cool with water, maintain body temperature after primary cooling measures;
- Do NOT attempt to remove tar.