

### History

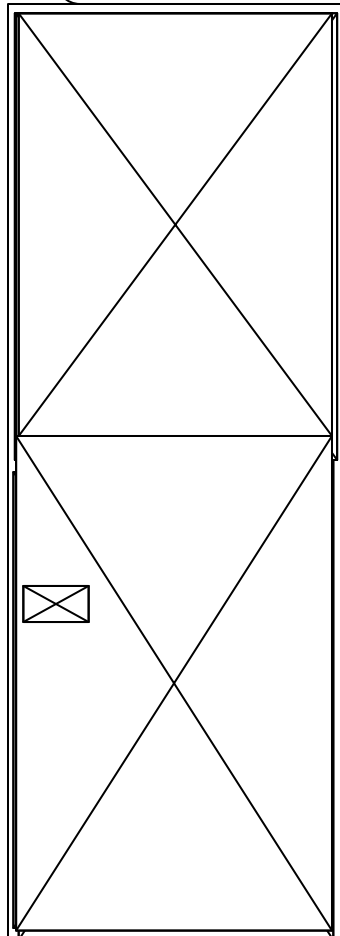
- Type of exposure (heat, gas, chemical)
- Inhalation injury
- Time of Injury
- **SAMPLE**
- Other trauma
- Loss of Consciousness
- Tetanus/Immunization status

### Signs and Symptoms


- Burns, pain, swelling
- Dizziness
- Loss of consciousness
- Hypotension/shock
- Airway compromise/distress
- Singed facial or nasal hair
- Hoarseness / wheezing

### Differential

- **Superficial (1<sup>st</sup> Degree)** red and painful
- **Partial Thickness (2<sup>nd</sup> Degree)** blistering
- **Full Thickness (3<sup>rd</sup> Degree)** painless/charred or leathery skin
- **Thermal**
- **Chemical**
- **Electrical**
- **Radiation**



 **Universal Patient Care Protocol**  
**Routine Standard of Care**



 **Cardiac Monitor**


Eye Involvement? Continuous saline flush in affected eye. Flush are with water or Normal Saline for 10-15 minutes

Remove Rings, Bracelets, and other Constricting Items.

Remove clothing or expose area

Identify entry and exit sites, apply sterile dressings

 **Pain Control Protocol**  
 **IV Protocol** (Fluid bolus if indicated)

 **Chemical and Electrical Burn Patients Must be Triageed using the Guidelines below and their care must conclude in the Thermal Burn Protocol**

**Critical (Red)**

>15% TBSA 2<sup>nd</sup>/3<sup>rd</sup> Degree Burn  
Burns with Multiple Trauma Burns with definitive airway compromise (When reasonable accessible, transport to a Burn Center)

**Serious (Yellow)**

5-15% TBSA 2<sup>nd</sup>/3<sup>rd</sup> Degree Burn Suspected Inhalation injury or requiring intubation for airway stabilization Hypotension or GCS < 14 (When reasonable accessible, transport to either a Level I Burn Center or a Trauma Center)

**Minor (Green)**

< 5% TBSA 2<sup>nd</sup>/3<sup>rd</sup> Degree Burn No inhalation injury, Not Intubated, Normotensive, GCS>14 (Transport to the Local Hospital)

Trauma Protocols

### Pearls Chemical

- Refer to Decontamination Standard Procedure (Skill) WMD Page
- Certainly 0.9% NaCl Soln or Sterile Water is preferred, however if it is not readily available, do not delay, use tap water for flushing the affected area or other immediate water sources. Flush the area as soon as possible with the cleanest readily available water or saline solution using copious amounts of fluids.

### Pearls Electrical

- Do not contact the patient until you are certain the source of the electric shock has been disconnected.
- Attempt to locate contact points, (entry wound where the AC source contacted the patient, an exit at the ground point) both sites will generally be full thickness.
- Cardiac monitor, anticipate ventricular or atrial irregularity, to include Vtach, V-fib, heart blocks, etc.
- Attempt to identify the nature of the electrical source (AC vs DC), the amount of voltage and the amperage the patient may have been exposed to during the electrical shock.