

Burns	
ADULT	PEDIATRIC
BLS Procedures	
<ul style="list-style-type: none"> • Stop the burning process <ul style="list-style-type: none"> ○ Thermal <ul style="list-style-type: none"> ▪ Put out fire using water or some other non-hazardous, non-flammable liquid. Fire extinguisher may be used. ○ Liquid Chemical <ul style="list-style-type: none"> ▪ Flush area with water. ○ Powdered Chemical <ul style="list-style-type: none"> ▪ Brush off as much as possible prior to flushing area with copious amounts of water. ○ Electrical <ul style="list-style-type: none"> ▪ Turn off power source and safely remove victim from hazard area. • Remove rings, constrictive clothing and garments made of synthetic material • Assess for chemical, thermal, electrical, or radiation burns and treat accordingly • If less than 10% Total Body Surface Area (TBSA) is burned, cool with saline dressings. • For TBSA greater than 10%, cover burned area with dry sterile dressings first, followed by a clean dry sheet. • Once area is cooled, remove saline dressings and cover with dry, sterile burn sheets • Elevate burned extremities if possible • Maintain body heat at all times • Administer oxygen as indicated 	
ALS Standing Orders	
IV/IO access Morphine – per Policy 705 - Pain Control If TBSA greater than 10% or hypotension is present: <ul style="list-style-type: none"> • Normal Saline <ul style="list-style-type: none"> ○ IV/IO bolus – 1 Liter 	IV/IO access Morphine – per Policy 705 - Pain Control If TBSA greater than 10% or hypotension is present: <ul style="list-style-type: none"> • Normal Saline <ul style="list-style-type: none"> ○ IV/IO bolus – 20 mL/kg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	
Additional Information <ul style="list-style-type: none"> • Hypothermia is a concern in patients with large body surface area burns. As moist dressings increase the risk of hypothermia, Morphine Sulfate is the preferred method of pain control in these patients. 	