ALS STANDING ORDERS:

1. For any burn injury occurring in an enclosed space or with smoke generated at the site:

   ►*High flow oxygen by mask as tolerated.*

2. Apply cooling measures if burn still "hot".
3. For wheezing or suspected smoke inhalation:

   ►*Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*

4. For severe pain, systolic BP > 80:

   ►*Morphine sulfate: 0.1 mg / kg IV (alternate route of IM may be used if formulation approved for IM use), may repeat once for continued pain (maximum 5 mg).*
   OR
   ►*Fentanyl 2 mcg/kg IN/IV/IM, may repeat once after 3 minutes for continued pain (maximum dose 100 mcg)*

5. For blood pressure ≤ 80 or signs of shock:

   ►*Establish IV access*

   ►*Infuse 20 mL/kg Normal Saline bolus (maximum 250 mL), may repeat twice to maintain perfusion.*

6. Contact Base Hospital for Burn Unit destination if any of the following major burn criteria are met:

   Mechanism of Injury:
   - Suspected inhalation injury (patients burned in an enclosed space, patients with facial burns, hoarseness, dyspnea, soot in mouth, carbonaceous sputum, singed nasal hairs).
   - High voltage/electric burns (including lightning injury).
   - Chemical burns (including acids and bases).

   Physiological alteration:
   - Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
   - Circumferential burns.
   - Patients with a pre-existing medical condition that may complicate management or prolong recovery (*e.g.* diabetes, renal failure, cardiac or pulmonary disease).

   Total Burn Surface Area (TBSA):
   - Second or third degree burns >10% total body surface area (TBSA) in any age group.

GUIDELINES:

Suspected carbon monoxide poisoning:

Pulse oximetry O_2 saturation will be inaccurate due to inability of pulse oximeter to differentiate between carbon monoxide and oxygen molecule.

Chemical burns:

- Brush away any remaining dry chemical.
- Irrigate burn wound and surrounding skin with copious and continuous water or saline flush to dilute and remove as much residual chemical as possible.

OCEMS copyright © 2013

- NOTE: Some chemicals are activated by water / fluids and might worsen the burn or create hazardous fumes; e.g., sodium, phosphorus, acetyl bromide, aluminum carbide, silicon tetrachloride.

Electrical Burns:

Electrical burns may often appear insignificant while causing marked muscle and soft tissue damage. Cardiac irritability may occur with electrical burns, any high voltage, greater than 110 volt, alternating current pediatric burn victim should be transported with ALS escort and cardiac rhythm monitoring as tolerated by the child.

OCEMS copyright © 2013