



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: May 1, 2024

BURNS	
Adult	Pediatric
Burn Triage Criteria	
<ul style="list-style-type: none"> Partial or full thickness (2nd and 3rd degree) burns > 15% of the Total Body Surface Area (TBSA) Partial or full thickness (2nd and 3rd degree) burns involving 10% of the TBSA with any of the following: <ul style="list-style-type: none"> > 60 years of age Associated trauma meeting trauma triage criteria Significant co-morbidities (e.g., COPD, major medical disorder, bleeding disorder, anticoagulant therapy, or dialysis) Partial or full thickness (2nd and 3rd degree) burns to face, perineum, hands, or circumferential burn to any body part Electrical injuries with voltage in excess of 600 volts Chemical burns with wounds > 5% TBSA Burn patients with airway compromise, wheezing, stridor, carbonaceous sputum, nasal singeing, or significant facial edema 	
BLS	
<ul style="list-style-type: none"> Assess vital signs O₂, titrate SpO₂ to ≥ 94% CPAP if indicated Assist ventilations as needed For burns ≤ 30% and in the absence of immediate life threats: <ul style="list-style-type: none"> Initiate or continue cool running water to the burn area to immediately stop burning. It is optimal to have 20 minutes of cool running water (20CRW) prior to transport. If this is not possible, notify ED staff of the total time of 20CRW that was completed. Irrigation water does not need to be sterile; simple household sources are acceptable. When 20CRW is completed or if unable to be completed, cover wound(s) with sterile, dry dressing <ul style="list-style-type: none"> Do not apply any other burn dressing product on the wound(s). Remove all jewelry and constricting items (rings, watches, necklaces etc.) 	



ALS

Cardiac Monitor, Waveform EtCO₂, Vascular Access

<p>Fluid Bolus NS 250 mL IV/IO</p> <ul style="list-style-type: none"> • May repeat as needed <p style="text-align: center;"><u>Wheezing</u></p> <p>Albuterol 5 mg Nebulized</p> <ul style="list-style-type: none"> • May repeat x 1 <p style="text-align: center;"><u>And</u></p> <p>Ipratropium 500 mcg Nebulized</p> <ul style="list-style-type: none"> • No repeat 	<p>Fluid Bolus NS 20 mL/kg IV/IO</p> <ul style="list-style-type: none"> • Titrate to age appropriate SBP <p style="text-align: center;"><u>Wheezing</u></p> <p>Albuterol 5 mg Nebulized</p> <ul style="list-style-type: none"> • May repeat x 1 <p style="text-align: center;"><u>And</u></p> <p>Ipratropium 500 mcg Nebulized</p> <ul style="list-style-type: none"> • No repeat
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Consider

- Consider early endotracheal intubation in adult burn patients showing signs of severe respiratory compromise, wheezing, stridor, carbonaceous sputum, nasal singeing, or significant facial edema
- Patients with evidence of burns to head, face, throat or chest should be transported with the head of the gurney elevated 30°
- Consider pain management
- Assume airway involvement with chemical burns and fires in enclosed spaces

Direction

- Patients meeting burn triage criteria shall be transported to a burn receiving center
- Contact Base Hospital for additional treatment

Rule of 9's

