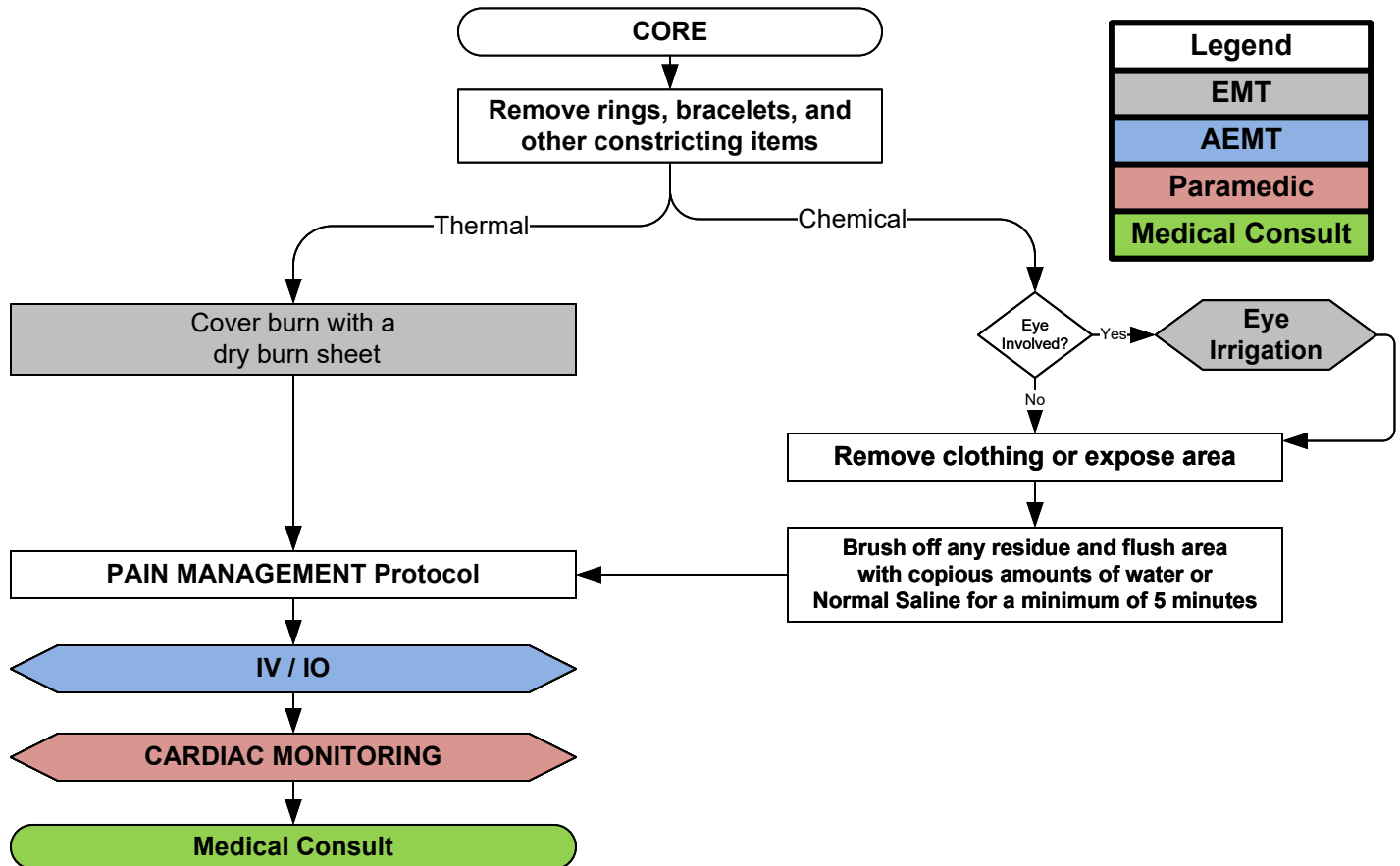


BURNS

History: - Type of exposure (heat, gas, chemical) - Inhalation injury - Time of injury - Other trauma/blast injury/fall - Loss of consciousness - Tetanus/Immunization status - SAMPLE	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°) red and painful - Partial thickness (2°) blistering - Full thickness (3°) painless and charred or leathery skin - Chemical - Thermal - Electrical - Radiation - C-spine/blunt trauma
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Pearls:

- Stop the burning process!
- Contact LERN for burns meeting any of the following criteria: partial thickness of >10% body surface area (BSA); burns to face, hands, feet, genitalia, perineum, or major joints; electrical burns including lightning injury, inhalation burns; chemical burns; burns associated with major traumatic injury; circumferential burns; burn patient without patent airway; patient with facial / airway burns or anticipated airway compromise; burn patient with > 40 % BSA without IV or IO access; or all third degree burns. These burns may require hospital admission or transfer to a burn center.
- Early intubation is required in significant inhalation injuries.
- Potential carbon monoxide exposure should be treated with 100% oxygen regardless of oxygen saturation.
- Circumferential burns to extremities are dangerous due to potential vascular compromise 2° to soft tissue swelling.
- Burn patients are prone to hypothermia - Never apply ice or wet dressings to burns. The module of the unit should be kept warm when caring for burn patients.
- Early hypovolemia is rare. If hypotensive, it may be associated with other trauma.
- Do not overlook the possibility for child abuse with children and burn injuries.
- Regardless of the extent of injury, chemical burns should be flushed with copious amounts of water after disrobing the patient. This should **NOT** be done in the ambulance to reduce the risk of exposure/contamination of the medic. If patient care can be safely delivered, it may be done at this time.