Information Needed:

1. History: cause of burn (thermal, chemical, electrical), time burn occurred, closed space with steam or smoke, loss of consciousness, accompanying explosion, toxic fumes, prior cardiac or pulmonary disease, or other types of injury.
2. Physical findings: extent and depth of burns, soot in mouth or nares, redness or blisters around mouth or nose, singed or missing nasal hair, cough, hoarseness, respiratory distress, wheezing, associated trauma.

Treatment:

1. Use water to stop burning if flames or smoldering is present.
2. Remove clothing not stuck to patient.
3. Remove all jewelry, especially rings.
4. Protect airway and assist ventilation as needed.
5. Administer high flow O2.
6. Determine vital signs (pulse, blood pressure, respirations, SPO2).
7. Assess patient and estimate % body surface and degree of burn.
8. Cover burns with sterile dressings or wrap patient in sterile sheets.
9. Dressings may be soaked with sterile saline or water if burn covers <20% of the total body surface. Avoid chilling the patient.
10. Establish venous access and give fluid boluses if needed.
11. Consider pain control and antiemetics.
12. Prevent unnecessary cooling and control heat loss.

Notes:

1. Treat electrical burns symptomatically.
2. Brush off any dry chemical residue then flush copiously with water.
3. Cool tar with water. Do not attempt to remove.
4. Leave unbroken blisters intact.
5. Suspect airway burns if burns received in closed space or if facial burns.
6. Burns by themselves do not typically cause loss of consciousness. If a burn patient is unconscious, be alert for other injuries or illnesses.

Burns

7. Consider carbon monoxide and cyanide poisoning with all closed space burns, myocardial infarction in burned firefighters and child abuse with pediatric burns.
8. Follow the rule of “Nines” when estimating burn surface area (BSA).
9. Critical burn = 2nd degree burn > 20% BSA, 3rd degree > 10% BSA, respiratory injury, involvement of face, hands, genitalia, circumferential burns, associated injuries, electrical or chemical burns, underlying medical history (cardiac, diabetes), age < 10 or > 50.

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