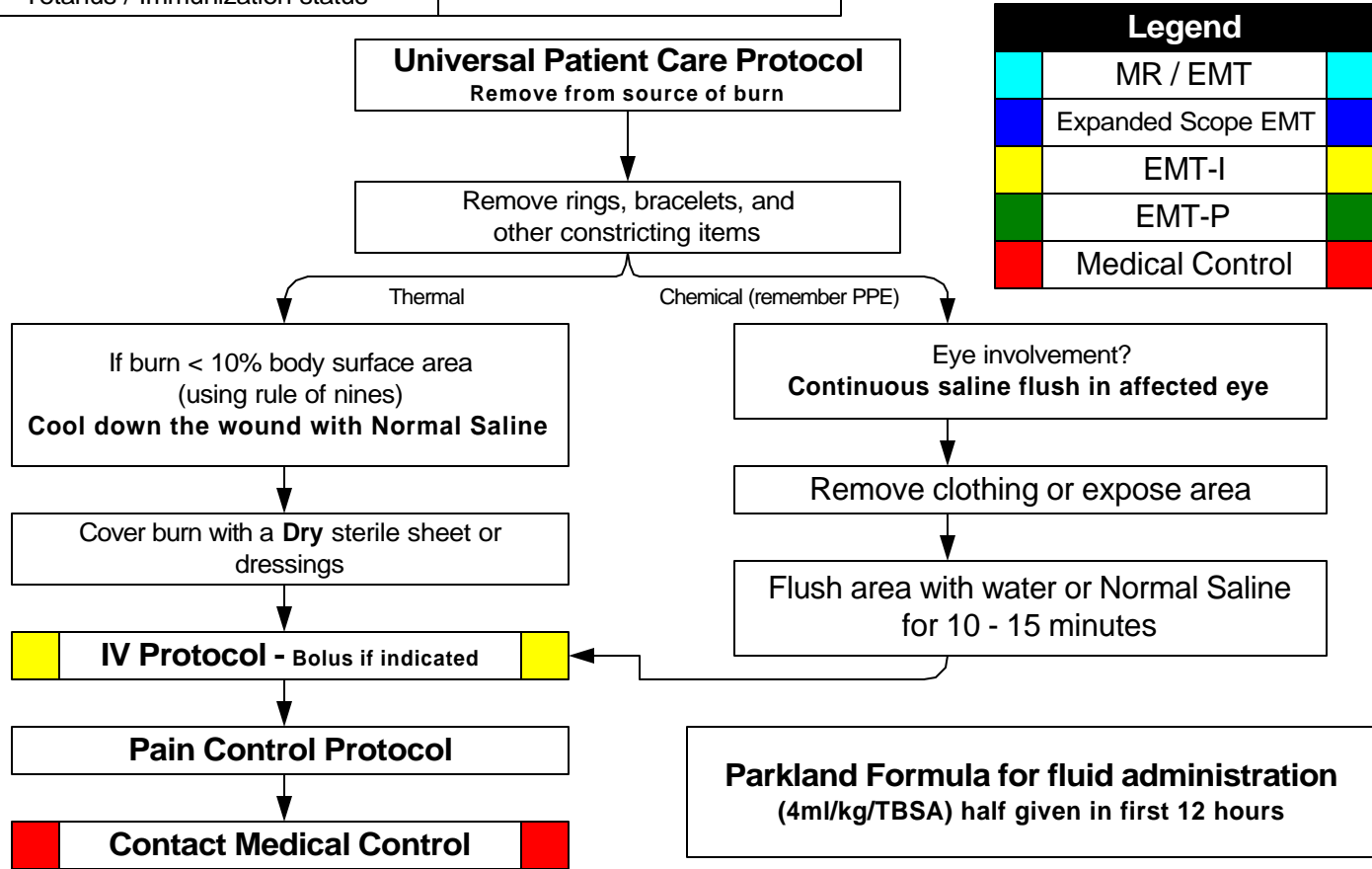


FORSYTH COUNTY EMS Trauma Protocols

Burns

History: <ul style="list-style-type: none"> * Type of exposure (heat, gas, chemical) * Inhalation injury * Smoke exposure in confined area * Time of injury * Past medical history * Medications * Other trauma * Loss of consciousness * Tetanus / Immunization status 	Signs and Symptoms: <ul style="list-style-type: none"> * Burns, pain, swelling * Dizziness * Loss of consciousness * Hypotension / shock * Airway compromise / distress * Singed facial or nasal hair * Hoarseness / wheezing 	Differential: <ul style="list-style-type: none"> * Superficial (1*) red and painful * Partial thickness (2*) blistering * Full thickness (3*) painless and charred or leathery skin * Chemical * Thermal * Electrical * Radiation
---	---	--



Pearls:

- * **Exam: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro**
- * **Critical Burns:** > 25% body surface area (BSA); 3* burns >10% BSA; 2*&3* burns to face, eyes, chest, hands or feet; electrical burns; deep chemical burns; burns with extremes of age or chronic disease; and burns with associated major traumatic injury. These burns may require transport to a burn center.
- * **Early intubation is required in significant inhalation injuries. Refer to Airway Protocol**
- * Potential CO exposure should be treated with 100% oxygen.
- * 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 cool burns that involve >10% body surface area.
- * Do not overlook the possibility of multiple system trauma.
- * Do not overlook the possibility of child abuse with children and burn injuries.
- * See appendix for rule of nines.