

# Pre-Hospital Care for Burn Patients

## Stop the Burning Process

Remove clothing and jewelry for the burned areas. Use Universal Precautions.

## Do a Primary Survey

Assess for airway breathing, circulatory and C-Spine injuries.

## Do a Secondary Survey

Assess burn extent and depth; assess and treat other conditions. Take AMPLE History (Allergies and Alcohol Use, Medications, Past Medical History, Last Meal, Events Around Injury).

## Cover the Burns

Use a clean, dry covering to minimize pain, evaporative loss and wound contamination.

## Prevent Hypothermia

Cover the patient with blankets to prevent loss of body heat.

## Transport immediately to the nearest Emergency Room.

**High Flow Oxygen** - If signs of smoke inhalation are present, give high flow oxygen by mask. Intubate early for respiratory distress.

**Electrical Injuries** - Monitor cardiac status closely and assess for associated trauma.

**Chemical Injuries** - Dissipate the chemicals by flushing wound with running water for 30 minutes. Continue flushing eyes until a physician assesses the ocular damage. Brush off loose, dry chemicals before flushing.

## Referral Criteria – the following should be evaluated/admitted to a Burn Center

- Partial thickness burns greater than 10% total body surface area (TBSA)
- Burns that involve the face, hands, feet, genitalia, perineum or major joints
- Third degree burns in any age group
- Electrical burns, including lightning injury
- Chemical burns
- Inhalation injury
- Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery or affect mortality
- Small burns that have not healed in seven days

Email photos to [eburn@integrishealth.org](mailto:eburn@integrishealth.org).

Oklahoma Burn Transfer Checklist	
Burn Triage	Score
<b>Burn Mechanism</b>	
Flash	0
Contact	0
Scald (water/grease)	1/2
Flame	2
Electrical (Low/High=>750)	1/2
<b>Burn Size</b>	
< 5%	0
<5 - 10%	1
>10%	2
<b>Burn Depth</b>	
All 2nd Degree	0
2nd & 3rd Degree	1
All 3rd Degree	2
<b>Clothing Ignition Circumferential</b>	
No	0
Yes	1
<b>Circumferential</b>	
No	0
Yes	1
<b>Clothing Ignition</b>	
No	0
Yes	1
<b>Pain</b>	
Low	0
Medium	1
High	2

Triage Score	
0-2	Clinic
3-5 Either	(Pain Level)
6-8	Admit

### History for Referral

1. What Happened?
2. What's Burned?
3. AMPED (Allergies, Alcohol, Medications, PMH, Events, Drugs)
4. Photo

Transport Checklist	Outpatient Checklist
<input type="checkbox"/> Cover burns	<input type="checkbox"/> Dressing
<input type="checkbox"/> Tetanus update	<input type="checkbox"/> Tetanus update
<input type="checkbox"/> IV fluids	<input type="checkbox"/> Pain control
<input type="checkbox"/> Detox (cyanide)	<input type="checkbox"/> Clinic date
<input type="checkbox"/> Xrays/Labs	
<input type="checkbox"/> Med list	