

# BURN STANDING ORDER

Initiate immediate supportive care:

- Assure ABC's
- 100% Oxygen
- IV/IO LR
- Cardiac Monitor

## INCLUSION

Use standing order on **ALL** patients with these symptoms:

- Partial thickness burns greater than 10% total body surface area (TBSA)
- Full thickness burn greater than 5% TBSA
- Significant burns that involve the face, hands, feet, genitalia, perineum, or major joints
- Electrical burns, including lightning injury
- Inhalation injury
- Significant burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality, such as: diabetes, cardiac disease, pulmonary disorders, pregnancy, cirrhosis, morbid obesity, immunosuppression, bleeding disorders

## EXCLUSION

Patients with burns who also meet any of SAEMS Trauma Triage Decision Scheme criteria should be transported to a trauma center for initial stabilization following on-line medical direction.

## ORDERS

- Stop the burning process, remove smoldering clothing and jewelry
- Continually monitor airway
- Cover burn area with a clean dry dressing. Prevent hypothermia (warm fluids/environment). Never use ice
- Estimate involved body surface area (BSA) using an appropriate burn estimation guide
- IV/IO LR: administer initial fluid bolus of 20 ml/kg
- Consider early aggressive airway management in patients at risk for inhalation injury

### ADULT Pain/Nausea Management

- Consider Morphine Sulfate 5-10 mg every 5min up to a max dose of 20mg, until pain is lessened or respiratory/mental status depression occur
- Consider Ondansetron 4-8 mg IV over 2-5 minutes if nausea occurs

### PEDS Pain/Nausea Management

- Consider Morphine Sulfate 0.1 mg/kg in increments of 1-2 mg every 5min to a max dose of 10 mg, until pain is lessened or respiratory/mental status depression occur
- Consider Ondansetron 0.1 mg/kg up to 4mg IV over 2-5 minutes if nausea occurs

Relay information to include percent, location, and type of burn

Patients meeting inclusion criteria should be transported to the Level One Trauma Center or consider direct transport of severe cases (40% TBSA or greater) to the Arizona Burn Center at Maricopa Medical Center in Phoenix.

If appropriate airway measures are not successful in the field, transport to closest facility.

In outlying areas with a transport time of greater than 30 minutes to the Level One Trauma Center, transport the patient to the closest facility or, consider air transport directly to the Arizona Burn Center at Maricopa Medical Center in Phoenix.