

**MEHLVILLE FIRE PROTECTION DISTRICT  
EMERGENCY MEDICAL SERVICES  
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

**SUBJECT: 800.08  
TRAUMA:  
BURNS**

**ORIGINAL ISSUE 5/08  
LATEST REVISION 5/08**

---

**Pre-Hospital Actions:**

1. See considerations below.
2. Airway management as indicated.
3. Administer oxygen at flow rate as indicated (typically high-flow).
4. Monitor Vital Signs, EKG and oxygen saturation per pulse oximeter for severe respiratory burns.
5. Start IV of Normal Saline with a large-bore catheter and infuse to maintain a systolic blood pressure of 90 -100 mmHg or 200 ml/hr.
6. Apply sterile dressing or sheets to burned areas.
7. Consider Morphine 2-5mg IV. Doses above 5mg must have medical control orders. Exercise caution in patients with possible respiratory involvement.
8. Consider intubation for those patients with respiratory involvement. Consider sedation of Versed 5mg with medical control orders.
9. Consider direct transport to St. John's Mercy Medical Center (regional Burn Unit) if patient's status permits; otherwise stabilization at closest hospital is indicated.

**Considerations:**

- A. Severe burns are defined as:
  1. 30% or greater Total Body Surface Area (TBSA) of second degree burns; or
  2. 10% or greater TBSA of third degree burns; or
  3. burns of the hands, feet, face or genitalia.
  
- B. Respiratory involvement of burns is suggested by presence of the following:
  1. Burns of the face.
  2. Burns of facial hair or chest hair.
  3. Harsh, brassy cough productive of sooty sputum.
  4. Presence of soot in the oropharynx.
  5. Hoarseness.
  6. If burn occurred in closed environment.
  7. Signs of respiratory distress.
  8. If patient lost consciousness (gag reflex) while exposed to heat or smoke.

**STANDARD PRECAUTIONS MUST BE OBSERVED.**