

TREATMENT OF BURN INJURIES (1700)

(No. 2 April 1992)

The treatment guidelines outlined below are intended to assist the CAL FIRE care provider in the field (see Exhibit 1810B, Burn Treatment Flow Chart). The following steps are advised:

NONSERIOUS BURNS

Supervisors must use common sense in deciding how to treat obviously minor burns. Not all small superficial burns will need medical treatment. Consultation should be obtained from the highest medically trained (first responder, EMT, etc.) CAL FIRE care provider immediately available if there is doubt as to the need for medical care.

Very small burns can be soothed with cold water, then covered with a clean (sterile, if available) dressing. We dressings may be used if the burns cover less than fifteen percent of the body surface. (See Exhibit 1811B) to estimate the percent of body surface burned.)

SERIOUS AND UNSTABLE BURNS

1. Remove the heat source and stop the burning process.
2. Assess for injury: Burns are usually not immediately life threatening unless shock intervenes or the airway is compromised. Always treat life threatening conditions first.
 - Assess, ensure and maintain airway.
 - Control bleeding.
 - Monitor for shock and treat accordingly.
 - Administer oxygen, if available, at four to six liters per minute by cannula or six to ten liters per minute by mask.
3. Apply cool water to serious burns and prevent hypothermia: Cool water is used both for the emergency control of burned or smoldering clothing and for brief relief of pain. The skin temperature will cool immediately with the removal of the burning material and no additional cool water should be applied to the burn after the initial application.

Ice or ice water should never be applied as it will cause further tissue damage. It should be emphasized that water should only be applied to burned clothing and burned area of the skin. The victim should not be “soaked.”

NOTE: Prevention of hypothermia is a priority in the management of seriously burned victims. This is the reasoning behind the more conservative use of water. The objective is to cool the burn but warm the victim.

4. Assess and treat: Proceed as per first responder guidelines. It is essential that all associated injuries be treated prior to preparing the victim for transport. In certain cases local protocol may dictate treatment.
5. Prepare the victim for transport:
 - Cut away clothing over burn wound and any clothing that may be a heat source without causing unnecessary to underlying tissue. Do not unnecessarily remove clothing unless trauma is anticipated because this may increase the severity of hypothermia.
 - Cover the burn with clean (sterile is preferred dressings.) If the burn is less than 15 percent of body surface, wet dressings may be used. (See exhibit B to estimate the percent of body surface burned.) When moistening these dressings use the cleanest solution available. Sterile normal saline is preferred.
 - Wrap the victim in a clean (sterile if available) sheet, then wrap with a plastic sheet.
 - Place the victim in a sleeping bag or wrap with a blanket.