



**Trauma**  
**BURN INJURY**  
**Practice Guideline**

**Patient Care Goals**  
1. Minimize tissue damage and patient morbidity from burns

**Patient Presentation:**  
Inclusion Criteria  
Patients sustaining thermal burns

Exclusion Criteria  
Thermal injuries that are the result of major trauma (e.g. blast; these patients should be transported to the EMS system designated trauma center)  
Isolated carbon monoxide exposure without evidence of burn (these patients should be transported to the EMS system designated HBO hospital)

**Patient Management:**  
Heightened airway inspection  
Consider spinal motion restriction PRN  
Estimate burn area to nearest 10% total body surface area (TBSA)  
All applicable Practice Guidelines

Fluid Bolus - Normal Saline *wide open* up to 20 mL/kg bolus IV/IO

**Burn Center Criteria:**  
1. Partial thickness burns greater than 10% TBSA  
2. Burns that involve the face, hands, feet, genitalia, perineum, or major joints  
3. Third degree burns  
4. Electrical burns, including lightning injury  
5. Chemical burns  
6. Inhalation injury if stable for transport  
7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality

**Patient Safety Considerations:**  
Consult Haz Mat Team or Poison Control for expert guidance for chemical related burns PRN  
Airway compromise-stridor, change in voice, odynophagia may occur rapidly.  
If patient is in hemodynamic shock, consider other injuries or toxic exposure to CO or CN and treat based on shock and other appropriate clinical practice guidelines.  
Sterile burn dressing; prevent hypothermia; do not apply ointments.

**Quality Improvement:**  
Key Documentation Elements:  
Initial airway status  
Body surface area of second and third degree burns (TBSA)  
Total volume of fluid administered  
Pulse and CRT distally on any circumferentially burned extremity  
Pain scale and management

**Performance Measures**  
1. Correct burn center destination

