



CCT-RN/Paramedic Treatment Guideline 1506/2506

Burns, Advanced

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Evaluate patient as per **Burns-Thermal Protocol 4506**, with the following modifications:

A. Airway.

1. Follow **Airway Management Protocol 4901**. In cases of severe inhalational injury or potential for impending airway compromise, consider **Advanced Airway Management (RSI) Guideline 1901/2901** as needed.

B. Pain Management.

1. Consider analgesics using **Patient Comfort, Advanced Guideline 1902/2902**, if needed.

C. Fluid Management if major burn.

1. Use the Parkland Burn Formula* as a guide for the rate of administration of lactated ringer's (LR) as follows:

[Total first 24 hour fluids = 4 ml X %Burn X Weight in kg], with the First ½ of this fluid over first eight hours *from the time of injury*, and the Second ½ of this fluid over the remaining 16 hours.

*Note: Some burn centers use **2 ml X %Burn X Weight in kg**, which is half of the above amount, due to concerns of over hydration with the Parkland Formula. Follow receiving facility's or MCP's recommendation and closely monitor urine output as in Step E. below.

D. If patient has circumferential burns of the chest with respiratory compromise or circumferential burns of the extremities with vascular compromise, consider escharotomy (chest or extremity) if trained to do so and if ordered by MCP.



E. If extended transport time is contemplated, insert foley catheter in order to monitor urine output unless genital area is involved with the burn. Monitor urine output since it is a more reliable indicator of hydration than just using the Parkland formula for fluid input determinations. The goal is to establish a urine output of 30 ml/hour in adults and 1 ml/kg/hour in children.

F. Consult with MCP regarding direct aeromedical transport to a Burn Center if patient has a major burn.

