Jackson Hole Fire/EMS
Operations Manual

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BURNS - THERMAL
(Treatment Protocol)

ALL PROVIDERS

- Evacuate to a safe location before initiating any treatment – ensure rescuer safety
- Stop burning processes
- Secure the airway. If facial burns or signs of inhalation burns monitor the airway frequently and consider air evacuation if prolonged transport.
- Remove clothing and observe for adequacy of breathing (circumferential chest burns may inhibit adequate ventilation)
- Administer oxygen as needed to keep oxygen saturation ≥94%
- Monitor patient CO level if equipment is available
- Spinal precautions as indicated
- Remove all burnt non-adherent clothing and jewelry
- Place clean dressing or burn sheet over extensively burned areas. Maintain normal body temp.
- Small surface area burns <5%, may use cool/moist dressings.
- Trauma team activation as indicated

ADULT	PEDIATRIC (<45 kg)
EMT-INTERMEDIATE PROVIDER	**EMT-INTERMEDIATE PROVIDER**
- Establish an IV NS (at non burned site if possible). TKO unless signs of shock then administer a fluid challenge of 500 ml as needed. - Consider carbon monoxide toxicity. - Consider obtaining an ETCO2 waveform and numerical value. Treat accordingly - Consider **Fentanyl** (voice order)	- Establish an IV NS (at non burned site if possible). TKO unless signs of shock then administer a fluid challenge of 20 mL/kg as needed. - Consider carbon monoxide toxicity. - Consider obtaining an ETCO2 waveform and numerical value. Treat accordingly - Consider **Fentanyl** (voice order)
EMT-PARAMEDIC PROVIDER	**EMT-PARAMEDIC PROVIDER**
- Consider **Fentanyl, Hydromorphone**, or **Ketamine** - If signs of inhalation burn present, consider nasal intubation.	- Consider **Fentanyl, Hydromorphone**, or **Ketamine** - If signs of inhalation burn present, consider nasal intubation.