

BURN STANDING ORDER

Initiate immediate supportive care:

- Assure ABCs
- 100% Oxygen
- IV / IO NS or LR
- Cardiac Monitor

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Use standing order on **ALL** patients with these symptoms:

- Partial thickness burns \geq 10% total body surface area (TBSA)
- Full thickness burn \geq 5% TBSA
- Significant burns that involve the face, hands, feet genitalia, perineum or major joints
- Electrical burns, including lightning injury
- Inhalation injury
- Significant burn injury in patients with pre-existing medical disorders that could complicate management, prolong recovery or affect mortality, such as: diabetes, cardiac disease, pulmonary disorders, pregnancy, cirrhosis, morbid obesity, immunosuppression, bleeding disorders

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Patients with burns who also meet any of SAEMS Trauma Triage Decision Scheme criteria should be transported to a trauma center for initial stabilization following on-line medical direction

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- Stop the burning process, remove smoldering clothing and jewelry
- Continually monitor airway
- Cover burn area with a clean dry dressing. Prevent hypothermia (warm fluids / environment). Never use ice.
- Estimate involved body surface area (BSA) using an appropriate burn estimation guide
- IV / IO NS or LR: administer initial fluid bolus of 20 ml/kg
- Consider early aggressive airway management in patients at risk for inhalation injury

ADULT Pain / Nausea Management

- Consider Morphine Sulfate 5-10 mg every 5 min up to a max of 20 mg, **OR**
- Fentanyl 50-100 mcg every 5 min as needed up to a max dose of 200 mcg or respiratory/mental status depression occur
- For nausea or vomiting, administer Ondansetron per [Nausea / Vomiting / Diarrhea SO](#)

PEDS Pain / Nausea Management

- Consider Morphine Sulfate 0.1mg/kg in increments of 1-2 mg every 5 min to a max dose of 10 mg, **OR**
- Fentanyl 0.5 – 1 mcg/kg every 5 min as needed to a max dose of 100 mcg or respiratory/mental status depression occur
- For nausea or vomiting, administer Ondansetron per [Nausea / Vomiting / Diarrhea SO](#)

Relay information must include percent, location and type of burn.

Special Notes:

Patients meeting inclusion criteria should be transported to the regional burn facility.

- If appropriate airway measures are not successful in the field, transport to the closest facility.
- In outlying areas with a transport time of greater than 30 minutes to the regional burn facility, transport the patient to the closest facility, or consider air transport directly to the closest burn facility.
- Regional burn facility currently in SAEMS: Banner UMC-Tucson Campus

