



EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



EMS SECTION

Approved 11/9/16, Effective 2/1/17, replaces all prior versions

TREATMENT PRIORITIES

1. Thermal Burn
 - Stop burning process
 - Flood with water only if flames not extinguished; smoldering present; significant heat being dissipated
 - Determine possibility of smoke/toxic inhalation
2. Chemical Burn
 - Brush off dry chemicals
 - Flush with water for minimum of 15 minutes
3. Electrical Burn
 - Evaluate airway and cardiac status

10L - BURNS ADULT & PEDIATRIC

EMD

IF PT CLOTHES ARE BURNING OR SMOLDERING, DOUSE THEM WITH WATER IMMEDIATELY.
IF WATER IS NOT AVAILABLE, THEN ROLL PT ON THE GROUND OR SMOTHER THE FIRE DO NOT TOUCH ANYTHING OR PICK UP DEBRIS

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR | **EMT**

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE
STOP THE BURNING PROCESS
SPINAL "STABILIZATION" - DO NOT APPLY SPINAL "TRACTION" DURING IMMOBILIZATION (IF EXPLOSIVE MOI & if applicable)
STABILIZE IMPALED OBJECTS (IF EXPLOSIVE MOI)
O₂ VIA NC, NRB, OR BVM AS APPROPRIATE FOR RESPIRATORY SYMPTOMS
COVER BURNED AREA WITH BURN DRESSING (if equipped) THEN APPLY DRY SHEET
APPLY CARDIAC MONITOR (if equipped)

EMT OR HIGHER LICENSE:
FOR RESPIRATORY SYMPTOMS,
MEASURE END – TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, ** Mandatory use if pt intubated)
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE.

EMT-I85 | **AEMT**

ADULT: INTUBATE IF INDICATED

IV/ IO ACCESS IF INDICATED
ADULT: IV NS; FOR MAJOR THERMAL BURNS, 500 mL BOLUS IF NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS 20 mL/kg BOLUS IF NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED

ANALGESIA (IF REQUIRED)
FOR OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg

ADULT: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.

OR

ADULT: MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.

OR

ADULT: HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.

PEDIATRIC: OLMCP ORDER ONLY

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)



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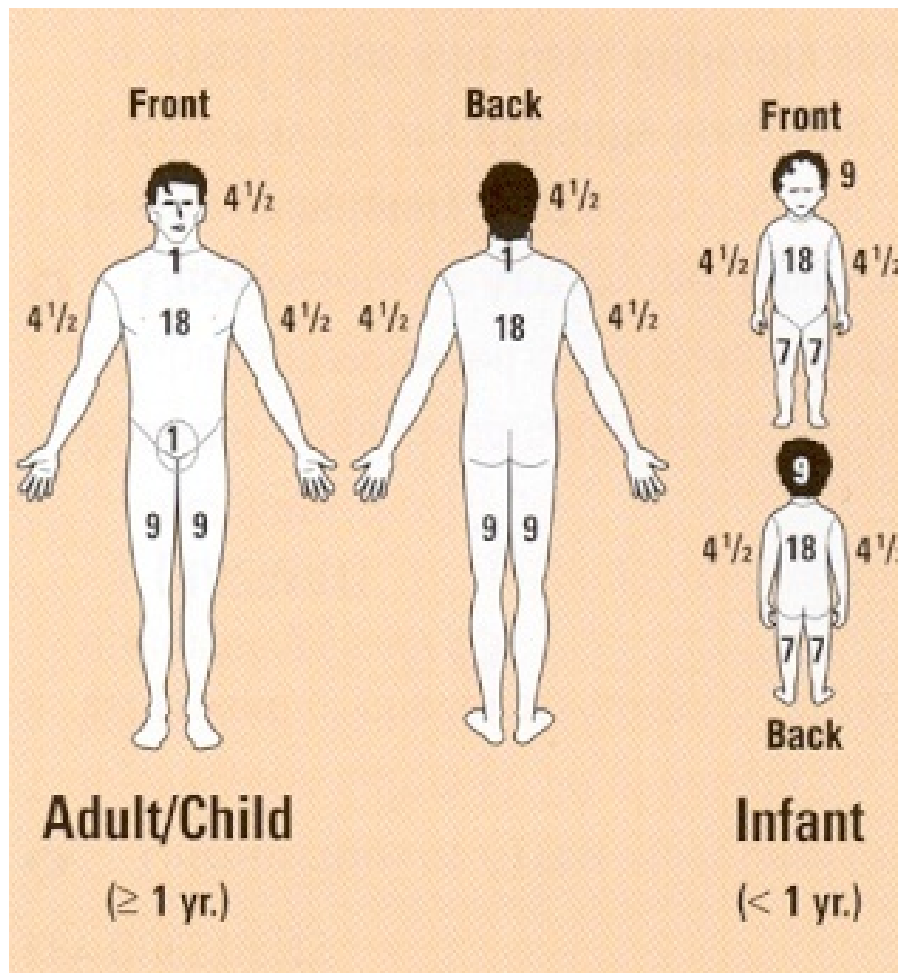
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PROTOCOL 10L: Burns - Adult & Pediatric, cont,

% Body Surface Area (BSA) Estimation Chart

Count only Second and Third Degree Burns when calculating estimated %BSA



An alternate method of calculating %BSA involvement is to use the size of the patient's entire hand equal to 1% of their BSA. This is a useful method when calculating smaller burn areas.