### BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatment or procedures not initiated prior to Base Hospital/CCERC contact.

2. Consider routing patient to Emergency Receiving Center with Burn Unit if any of the following major burn criteria are met:

   - **Mechanism of Injury**
     - Suspected inhalation injury (patients burned in an enclosed space, patients with facial burns, hoarseness, dyspnea, soot in mouth, carbonaceous sputum, singed nasal hairs).
     - Electric burns (including lightning injury).
     - Chemical burns (including acids and bases).

   - **Physiological alteration:**
     - Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
     - Circumferential burns.
     - Patients with a pre-existing medical condition that may complicate management or prolong recovery (e.g. diabetes, renal failure, cardiac or pulmonary disease).

   - **Total Burn Surface Area (TBSA):**
     - Second degree burns > 10% total body surface area (TBSA).
     - Any area that appears to be a third degree burn.

3. Monitor cardiac rhythm in electrical burns for rhythm disturbances.

4. For continued pain and systolic BP > 80, give or repeat:
   - **Morphine 0.1 mg/kg IV/IM**
     - Maximum single dose 5 mg
     - Maximum total dose 10 mg

### ALS STANDING ORDER

1. For any burn injury occurring in an enclosed space or with smoke generated at the site:
   - High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated.

2. Apply cooling measures if burn still “hot”.

3. For wheezing or suspected smoke inhalation:
   - Albuterol, continuous nebulization of 6 mL (5 mg) concentration as tolerated.

4. For severe pain, systolic BP > 80: Base contact required (CCERC preferred) if ≤ 2 years of age
   - Morphine sulfate: 0.1 mg/kg IV/IM, may repeat once after 3-5 minutes for continued pain (maximum single dose 5 mg and maximum total dose 10 mg)
   - OR
   - Fentanyl 2 mcg/kg IN/IV/IM, may repeat once after 3 minutes for continued pain (maximum single dose 50 mcg and maximum total dose 100 mcg)

5. For blood pressure ≤ 80 or signs of shock:
   - Establish IV access
   - Infuse 20 mL/kg Normal Saline bolus (maximum 250 mL), may repeat twice to maintain perfusion.

6. Contact Base Hospital/CCERC (pediatric base preferred) for Burn Unit destination if any of the following burn criteria are met:

   - **Mechanism of Injury**
     - Suspected inhalation injury (patients burned in an enclosed space, patients with facial burns, hoarseness, dyspnea, soot in mouth, carbonaceous sputum, singed nasal hairs).
     - Electric burns (including lightning injury).
     - Chemical burns (including acids and bases).
BASE GUIDELINES

- **Fentanyl 2 mcg/kg IV/IM/IN**
  - Maximum single dose 50 mcg
  - Maximum total dose 100 mcg

Avoid administration in areas of burned skin.

5. Suspected carbon monoxide poisoning due to smoke inhalation from burning plastics or petroleum products

- **Hydroxocobalamin 70 mg/kg IV/IO** over 15 minutes (maximum 5 g) (refer to PR-130 for mixing instruction).

ALS STANDING ORDER

**Physiological alteration:**
- Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
- Circumferential burns.
- Patients with a pre-existing medical condition that may complicate management or prolong recovery (e.g. diabetes, renal failure, cardiac, or pulmonary disease).

**Total Burn Surface Area (TBSA):**
- Second degree burns > 10% total body surface area (TBSA).
- Any area that appears to be a third degree burn.

**TREATMENT GUIDELINES:**

Suspected carbon monoxide poisoning (closed space burn, smoke inhalation, chemical fires):
- Pulse oximetry O₂ saturation will be inaccurate due to inability of pulse oximeter to differentiate between carbon monoxide and oxygen.

**Chemical Burns:**
- Brush away any remaining dry chemical.
- Irrigate burn wound and surrounding skin with copious and continuous water or saline flush to dilute and remove as much residual chemical as possible.

**Note:** Some chemicals are activated by water/liquids and might worsen the burn or create hazardous fumes; e.g. sodium, phosphorus, acetyl bromide, aluminum carbide, silicon tetrachloride.

**Electrical Burns:**
- Electrical burns may often appear insignificant while causing marked muscle and soft tissue damage. Cardiac irritability may occur with electrical burns.
- Any burn from high voltage greater than 110 volts alternating current in a pediatric burn victim should be transported with ALS escort and cardiac rhythm monitoring as tolerated by child.