First Response:
- Remove any source of burning, including jewelry, belt buckles, etc.
- Use SAMPLE to obtain event details

Follow the ABCs:
- Apply 100% humidified oxygen
- If GCS<8 or stridorous, intubate
- Suspect inhalation injury/carbon monoxide exposure with unknown history of injury in enclosed space
- Avoid use of systemic steroids in patient with inhalation injury
- Place 2 large-bore IVs to initiate fluid resuscitation (follow resuscitation guidelines)
- Assess distal pulses on circumferentially burned extremities
- Use IV pain medication

Wound Management:
- Minimize/prevent hypothermia
- Cover patient with clean, dry sheets and blankets
- Avoid use of saline soaks
- Never apply ice to a burn
- Do not use prophylactic antibiotics
- Assess patient’s tetanus status
Rule of Nine
Estimating Percent of Burns
Total Body Surface Area
(Do not include first-degree burns in calculation of TBSA)

Patient's palmar surface of hand, including fingers = 1% TBSA

Resuscitation
Calculate 24-hour Fluid Requirements
(fluid resuscitate any patient with a >15% TBSA burn)

Pre-hospital fluid initiation rates
• <5 years old = 125ml LR/hr
• 6 – 14 years old = 250ml LR/hr
• >15 years old = 500ml LR/hr

Secondary survey resuscitation formulas
• Adults > 14 years old = 2ml LR x patient’s body weight in kg x % of burn
• Pediatric, < 14 years old or < 40kg = 3ml x patient’s body weight x % of burn
• Adult electrical injuries = 4ml x patient’s body weight in kg x % burn
• Pediatric electrical injuries = contact on-call burn surgeon for fluid needs
• Place Foley catheter – goal for urine output in adult is 30-50ml/hr. children 1ml/kg/hr
  • Increase LR by 1/3 every 2 hours if U/O is less than goal by 1/3
  • Decrease LR 1/3 every 2 hours if U/O exceeds goal by 1/3
  • DO NOT use diuretics if urine output is low
• For all formulas, give ½ of fluid during the first 8 hours post injury and ½ of fluid during the next 16 hours post injury