

SAEMS PREHOSPITAL PROTOCOLS

Burn Triage Protocol

I. INCLUSION CRITERIA

- A. Patients sustaining thermal burns meeting any of the following criteria:
 - 1. Partial thickness burns $\geq 10\%$ total body surface area (TBSA)
 - 2. Full thickness burn $\geq 5\%$ TBSA Significant burns that involve the face, hands, feet genitalia, perineum, or major joints
 - 3. Electrical burns, including lightning injury
 - 4. Inhalation injury
 - 5. 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

II. TREATMENT FOR BURNS

- A. Treatment for burns should be provided to patients per state or local protocols.

III. REDUCE DELAYS IN DEFINITIVE TREATMENT

- A. Provide telemetry and ETA via direct communication to the emergency department.
- B. For burn patients 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.

IV. FACILITY RECOGNITION

- A. Healthcare facilities must be a Burn Center. They must also maintain 24/7 capabilities for burn services.
- B. If a healthcare facility is not able to provide burn services for any period of time, this shall be reflected on EMRESOURCE.

V. SPECIAL NOTES

- A. In Tucson these centers are: Burn Unit at Banner UMC-Tucson