

CMG 21 – BURNS
(Revised: March 2016)



ICP	If there is still heat left in the burn (up to 3 hours post injury), cool with copious cold water or saline (20 minutes of active cooling is recommended, in the absence of complicating factors such as multi-trauma, large burn area causing rapid heat loss, hypothermia, etc. It is appropriate to remain on scene for this time if the burn is isolated with no complicating factors)	AP
ICP	If a limb is burnt: remove all rings, clothing and shoes, and elevate the part	AP
ICP	Prevent heat loss by covering non-burnt areas and keeping them dry <i>“cool the burn, warm the patient”</i>	AP
ICP	Assess for and manage airway / respiratory compromise, especially if the face is burnt (symptoms of airway involvement include hoarse voice, inspiratory stridor, see-saw breathing, expiratory wheeze). Consider the need for early intubation.	AP
ICP	Severe burns: high flow oxygen – (aim for >95% SpO ₂) If burnt in a confined space, or with decreased LOC – suspect carbon monoxide poisoning: 100% oxygen with PEEP All others: consider oxygen (aim for >95% SpO ₂)	AP
ICP	IV fluids as per CMG 14 (if upper airway involvement is present, reduce fluids to HALF of what would otherwise be administered)	AP
ICP	Analgesia as per CMG 2	AP
ICP	Cover the burnt area for transport: <ul style="list-style-type: none"> • gel burns dressing (check and replace if they become warm) • clean dressing / sheet 	AP
ICP	Transport suspected smoke inhalation patients to hospital as delayed pulmonary oedema may occur	AP
ICP	Prompt transport (especially with airway involvement)	AP