



Rule of Nines

# BURNS ABCDE

## Breathing and ventilation:

- 100% NRB if indicated or if carbon monoxide poisoning is suspected
- Intubate if signs of inhalation injury or respiratory distress is present (*not prophylactically*)

## Circulation with hemorrhage control, cardiac status and monitor

- If electrical- obtain EKG, monitor for at least 24hours
- Fluid Resuscitation (>20% TBSA 2<sup>nd</sup> or 3<sup>rd</sup> degree burns or high voltage electrical)
  - Initiate using Lactated Ringer's solution (LR)
  - All patients who require resuscitation should have a foley catheter to monitor fluid response

## Special considerations:

- Do NOT debride or bandage wounds prior to transport
- Keep covered with **CLEAN, WARM, DRY LINENS only**, no ointments
- Give medications IV, not IM
- Monitor temperature- become easily hypothermic reducing blood flow to damaged area and can deepen the injury

A- Concern for inhalation injury?  
Place on 100% NRB and monitor need to intubate

B- Circumferential burns? monitor ventilation- consider placing on ETCO<sub>2</sub>

C- HR often elevated (100-120bpm), if HR is greater determine cause

D- Often alert initially, if not consider CO poisoning, hypoxia, etc.

E- STOP the BURN, Maintain Core Body temp

Follow all recommendations of burn center accepting patient for transfer.

When in doubt, verify any interventions with trauma surgeon or ED MD.