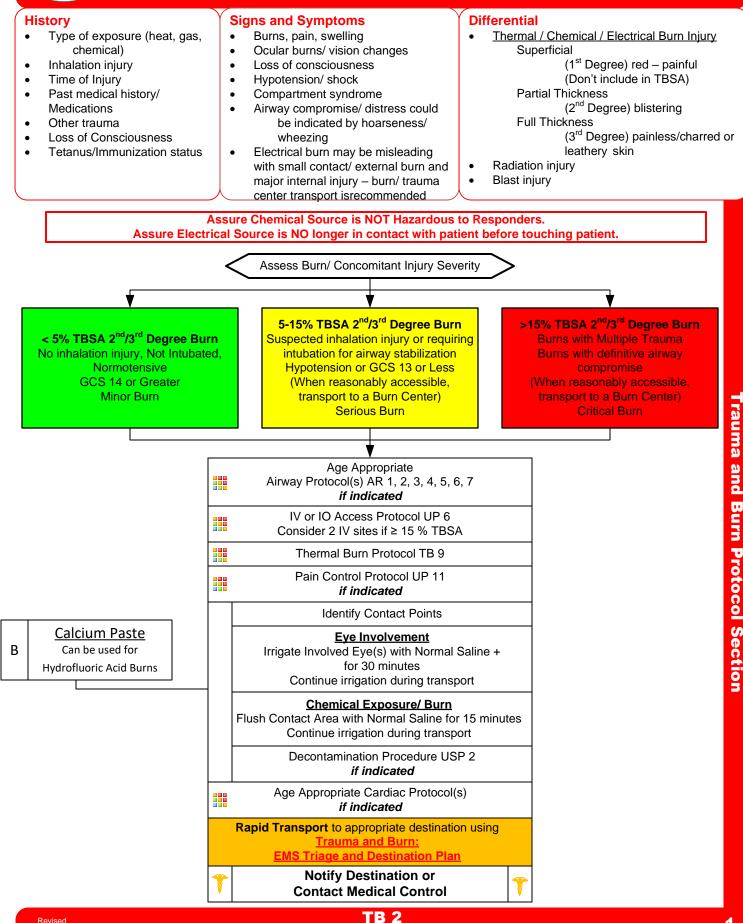


Chemical and Electrical Burn





Pearls

- Recommended Exam: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, and Neuro
- Green, Yellow, and Red in burn severity do not apply to the Start/ JumpStart Triage System.
- Refer to Rule of Nines.
- Transport and Destination:

In general, chemical and electrical burns should be transported to a burn center.

Burn center should be initial destination choice unless EMS system access is limited by time and/ or distance. When EMS transport to burn center is limited, transport to and stabilization at local center is appropriate.

<u>Chemical Burns:</u>

Refer to Decontamination Procedure.

With dry powders/ substances, gently brush or wipe off prior to irrigation. Do not aerosolize by brushing too vigorously. Normal Saline or Sterile Water is preferred, however if not available, do not delay irrigation and use tap water. Other water sources may be used based on availability.

Flush the area as soon as possible with the cleanest, most readily available water or saline solution and use copious amounts of fluids.

Flush contact area for a minimum of 15 minutes and continue until arrival at receiving facility.

Hydrofluoric acid burns:

Monitor ECG for peaked T waves, which can be sign of hypocalcemia.

Calcium Paste can be used for patients with Hydrofluoric Acid Burns.

Eye involvement:

Irrigation is recommended for a minimum of 30 minutes and continue until arrival at receiving facility.

Electrical Burns:

Remember the extent of the obvious external burn from an electrical source does not always reflect more extensive internal damage. Small external injury may have large internal injury. Do not refer to wounds as an entry and exit wound.

Do not refer to would as all entry and exit would.

DO NOT contact patient until you are certain the source of the electrical shock is disconnected. Attempt to locate contact points (generally there will be two or more.) A point where the patient contacted the source and a point(s) where the patient is grounded.

Sites will generally be full thickness (3rd).

Cardiac Monitor: Anticipate ventricular or atrial irregularity including VT, VF, atrial fibrillation, and/ or heart blocks.

Attempt to identify the nature of the electrical source (AC or DC), the amount of voltage, and the amperage the patient may have been exposed to during the electrical shock.

Lightning strike:

Lightning strike victims are amenable to airway, breathing, cardiac compressions, as well as early defibrillation. Use concept of reverse triage with multiple casualties. Resuscitate lightning strikes as the priority. Lightning strike victims found alive do not often deteriorate quickly.