AIRWAY MANAGEMENT:

ADULTS

Is patient awake, alert, NO respiratory distress?

- Yes
  - A. Oxygen as needed
  - B. Observe for signs and symptoms of respiratory distress

- No
  - A. High flow oxygen per nonrebreathing mask
  - B. Encourage patient to cough and deep breathe
  - C. If airway obstruction occurs:
    1. Orotracheal suction of secretions as needed
    2. Perform endotracheal intubation: Should be attempted only by one skilled in intubation
    3. Administer high flow oxygen
    4. Support respirations per bag mask and positive pressure ventilation
  - D. If intubation cannot be accomplished, needle cricothyroid ventilation may be life saving. Surgical cricothyroidotomy is never indicated in a child.

Is patient awake, alert with significant respiratory distress?

- Yes
  - A. Establish a patent airway. Use the chin lift technique if a C-spine injury is suspected and apply a cervical collar.
  - B. High flow oxygen per nonrebreathing mask
  - C. Observe for signs of impending respiratory distress.

- No
  - A. Orotracheal suction of secretions as needed
  - B. Attempt to ventilate and oxygenate
  - C. Establish a patent airway by insertion of an oropharyngeal airway. Use the chin lift technique if a C-spine injury is suspected and apply a cervical collar
  - D. Perform endotracheal intubation. Should be attempted by one skilled in intubation
  - E. High flow oxygen per nonrebreathing mask
  - F. Support respirations with positive pressure ventilation as needed
  - G. If endotracheal intubation cannot be accomplished, needle cricothyroid ventilation may be life saving. Surgical cricothyroidotomy is never indicated in a child.

Is patient unconscious WITHOUT respiratory distress?

- Yes
  - A. IV line should be established and fluid replacement initiated with Ringer’s Lactate solution for:
    - A. Patients with burns exceeding 20% body surface area and transport time greater than 60 minutes
    - B. Hypovolemic shock from associated injuries
    - C. Management of life-threatening ventricular dysrhythmias
    - D. Potential life-threatening airway obstruction or cardiac arrest.
  - Insertion of a large bore catheter through nonburned tissue is preferred. A peripheral vein in the burned area may be used as second choice.
  - An accurate record of the volume of fluids infused should be maintained and provided to the receiving hospital

- No
  - A. Ringer’s Lactate solution is the fluid of choice. It should be administered at the following rates:
    - A. Over 15 years of age: 500 ml per hour
    - B. 5-15 years of age: 250 ml per hour
    - C. Under 5 years of age: no IV

Is patient unconscious WITH respiratory distress?

- Yes
  - A. Monitor pulses frequently
  - B. Elevate extremity
  - C. Promptly transport to the nearest appropriate medical facility

- No
  - A. Remove constricting objects (watches, rings, other jewelry
  - B. Monitor pulses frequently
  - C. Elevate extremity
  - D. Promptly transport to the nearest appropriate medical facility

FLUID REPLACEMENT
(The goal of fluid resuscitation is to provide sufficient volume to maintain adequate perfusion of the vital organs without creating a fluid overload. Excessive fluid administration can result in cerebral edema, congestive heart failure, and pulmonary edema)

CIRCULATORY IMPAIRMENT
To manage impaired circulation in a burned extremity