

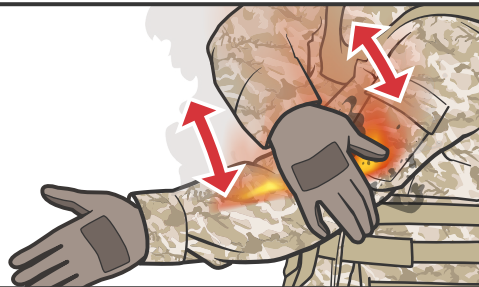
BURN TREATMENT

NOTE: All TCCC interventions can be performed on or through burned skin in a burn casualty.

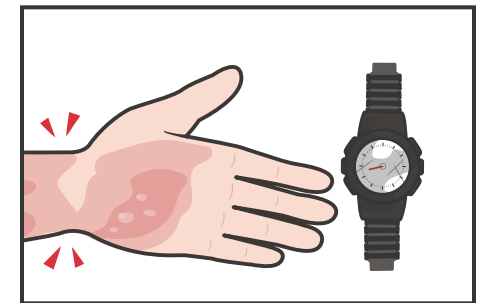
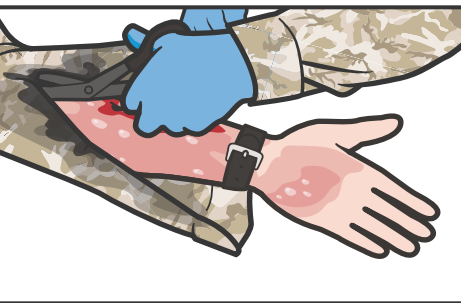
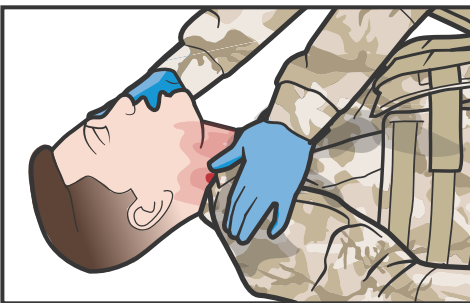


CONSIDER body substance isolation.

NOTE: If a Combat Lifesaver is available, direct them to assist.



01 ELIMINATE the source of the burn.



02 After removing the casualty from the source of the burn:

a Aggressively **MONITOR AIRWAY STATUS** (for facial burns, especially those that occur in closed spaces) and consider early surgical airway for respiratory distress, associated with inhalation injury.

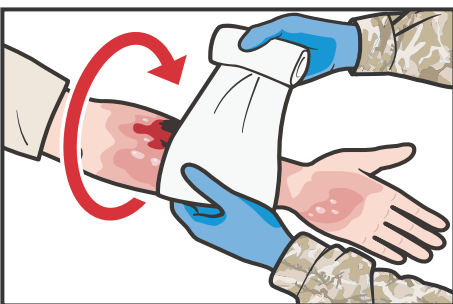
b Cut clothing around the burned area.

c Gently lift clothing away from burned area.

CAUTION: Do not force clothing off that is stuck to burnt skin.

03 ESTIMATE total body surface area (TBSA) burned to the nearest 10%.

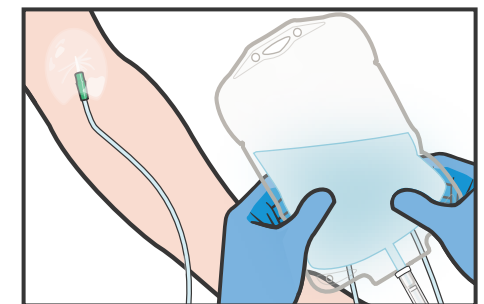
04 If the casualty's hand(s) or wrist(s) have been burned, **REMOVE** jewelry (rings, watches) and place them in the casualty's pockets.



05 APPLY sterile, dry dressings to burned skin areas.



06 KEEP the casualty warm and prevent hypothermia.



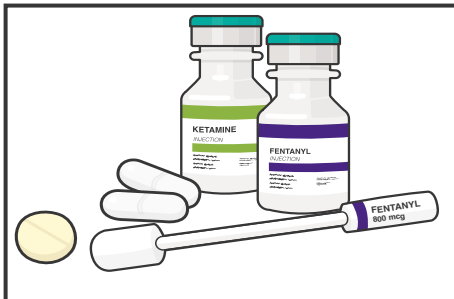
07 For burns greater than 20% total body surface area (TBSA), initiate **FLUID RESUSCITATION** according to the USAISR Rule of Ten.

STEP 6 NOTE: For extensive burns (>20%), place the casualty in the insulated hypothermia enclosure system to both cover the burned areas and prevent hypothermia.

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BURN TREATMENT

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08 **ANALGESIA** MAY BE ADMINISTERED to treat burn pain.



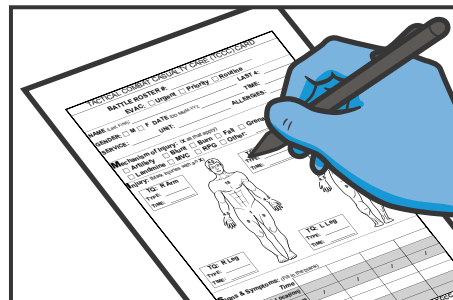
09 **ADMINISTER ANTIBIOTICS** if penetrating wounds are found, to prevent infection.



10 Burn patients are particularly susceptible to hypothermia. Extra emphasis should be placed on **PREVENTION OF HEAT LOSS.**



11 **MONITOR** the casualty closely for life-threatening conditions, check for other injuries, and treat for shock (if applicable).



12 **DOCUMENT** all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.