FIELD MEDICAL ASSISTANT COURSE (FMAC)

MODULE 16:
BURN TREATMENT

TACTICAL FIELD MEDICAL AID (TFMA)

ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL PERSONNEL

- Buddy First Aid
- Field Medical Assistant

You are HERE

MEDICAL PERSONNEL

- Paramedic
- Nurse
- Doctor

STUDENT LEARNING OBJECTIVES

TERMINAL LEARNING OBJECTIVE

T18 Given a combat or noncombat scenario, perform assessment and initial treatment of burns during Tactical Field Care in accordance with TFMA Guidelines

EO81 Identify the specific scene safety issues and actions required of a trauma casualty with burns, before evaluation and care of the casualty

EO82 Identify the severity of burn in accordance with the conventional burn classification

EO83 Identify how to estimate the body surface area burned using the Rule of Nines

EO84 Demonstrate the application of a dry dressing to a burn casualty in accordance with CoTFMA guidelines

EO85 Demonstrate techniques used to prevent heat loss in a severe burn casualty in accordance with CoTFMA guidelines

Three PHASES of TFMA

1 CARE UNDER FIRE

RETURN FIRE
AND TAKE COVER

Quick decision-making:

- Consider scene safety
- Identify and control life-threatening bleeding
- Move casualty to safety

2 TACTICAL FIELD CARE

COVER AND
CONCEALMENT

Basic Management Plan:

- Maintain tactical situational awareness
- Triage casualties as required
- MARCH PAWS assessment

YOU ARE HERE

3 TACTICAL EVACUATION CARE (TACEVAC)

More deliberate assessment and treatment of unrecognized life-threatening injuries:

- Pre-evacuation procedures
- Continuation of documentation

NOTE: This is covered in more advanced TFMA training!

TACTICAL FIELD CARE

MARCH PAWS

DURING LIFE-THREATENING	*AFTER* LIFE-THREATENING
MASSIVE BLEEDING **#1 Priority**	**P**AIN
AIRWAY	**A**NTIBIOTICS
RESPIRATION	**W**OUNDS
CIRCULATION	**S**PLINTING
HYPOTHERMIA / **H**EAD INJURIES	

BURN CARE

FOLLOW MARCH PAWS

- Address **ALL OTHER** **life-threatening** injuries using the MARCH PAWS sequence
- All trauma treatments can be performed on or through burned skin

Remember

- A burned trauma casualty is a trauma casualty first

BURN CARE

POTENTIAL CAUSES

FIREFIGHTS

EXPLOSION

(IED/VBIED)

VEHICLE/
AIRCRAFT
CRASHES

ELECTRICAL

THERMAL

CHEMICAL

BURN CARE

ELECTRICAL

IN CASE OF ELECTRICAL INJURY

- Secure the power, if possible; otherwise, remove the casualty from the electrical source using a nonconductive object, such as a wooden stick
- Move the casualty to a safe place

BURN CARE

THERMAL

IN CASE OF THERMAL INJURY

- Stop the source of the burn
- Cut clothing around the burned area and gently lift away

  If clothing is stuck to the burn, ensure you cut around the clothing and leave it in place

- Be sure to avoid grabbing the burned area while moving/picking up the casualty

BURN CARE

CHEMICAL

IN CASE OF CHEMICAL INJURY

EXAMPLE

- White phosphorus

SOURCE

- Commonly found in tank rounds, mortar rounds, artillery rounds

TREATMENTS

- Submerse the burned area in water
- Apply wet barrier (water-soaked gauze, clothing, mud, etc.) with an occlusive dressing
- Advise medical personnel **immediately**

BURNS OVERVIEW

BURNS

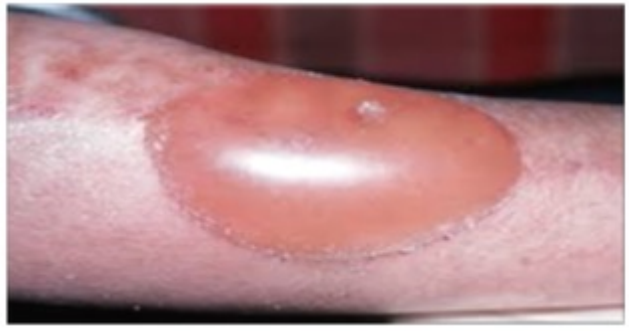
Video can be found on DeployedMedicine.com

BURN CARE

SEVERITY OF BURN

BURNS ARE CLASSIFIED BY THE DEPTH OF THE WOUND

SUPERFICIAL
1ST-DEGREE BURNS
are just like a sunburn, with a reddened appearance of the skin



PARTIAL THICKNESS
2ND-DEGREE BURNS
will also have blisters

FULL THICKNESS
3RD-DEGREE BURNS
may appear dry, stiff, and leathery, and/or can also be white, brown, or black

BURN ESTIMATION

RULE OF NINES

Rule of Nines

11 areas that each have **9% body surface area**

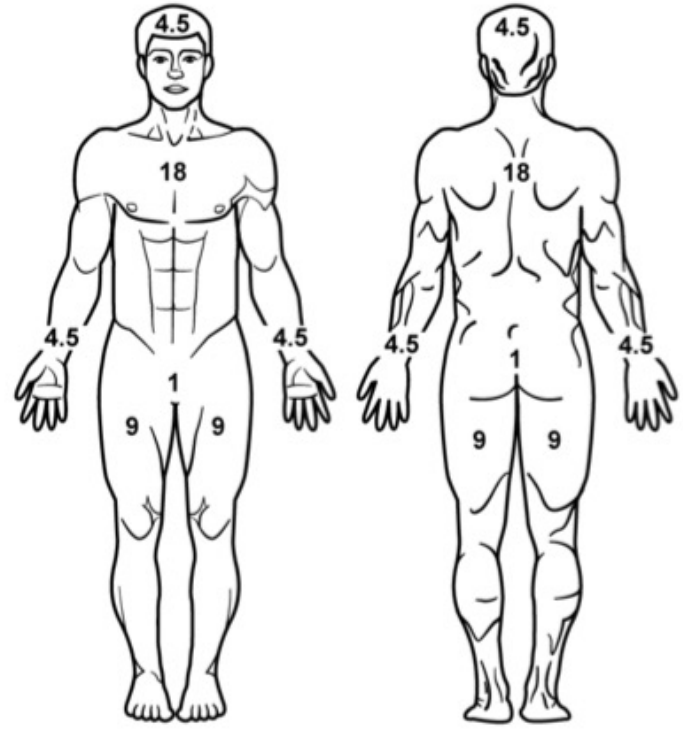
(**head, arms, front** and **backs** of **legs**, and **front** and **back** of the **torso** having **TWO 9% areas**)

- **Palm size** represents ~1%
- **Estimate/round up to nearest 10**

If half of the front or rear area **is burned**, the area would be **half** of the **area value**

ESTIMATION EXAMPLE

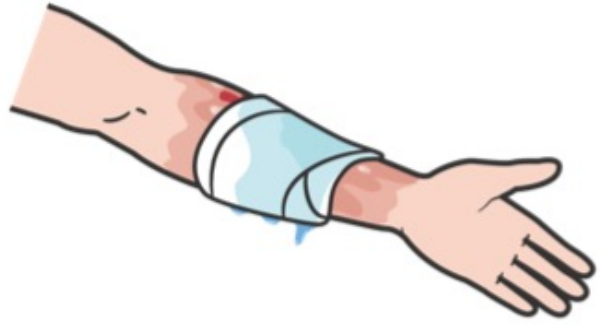
- **Half** of the front upper/lower leg is **4.5%**
- **Half** of the front upper/lower torso is **9%**



BURN CARE

REMOVE
watches and jewelry from burned area

COVER
the burn area with dry, sterile dressings



COVER
burns from **white phosphorus** with **wet** dressings

BURN MANAGEMENT

BURN CARE + HYPOTHERMIA PREVENTION

Passive Warming Supplies

For **extensive burns (>20%),** consider using **active** warming supplies to cover the burned areas and prevent hypothermia

- Burn patients are particularly susceptible to hypothermia
- Extra emphasis should be placed on barrier heat loss prevention methods

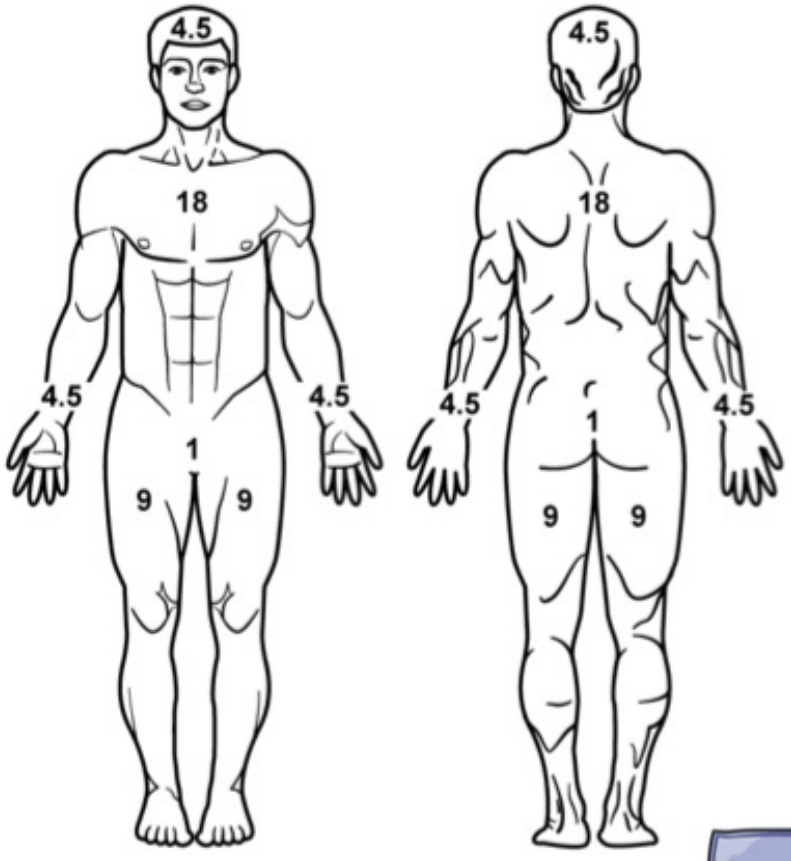
Facial Burns

- Facial burns, especially those that occur in closed spaces, may be associated with inhalation injury
- These casualties should be monitored closely for potential airway issues
- **DO NOT** place NPA in casualty with signs of inhalation burns

SKILL STATION

Burn Treatment (Skill)

- Burn dressing



SUMMARY

- We discussed **treatment priorities**
- We discussed **potential causes** of burns
- We identified **electrical** burns
- We identified **thermal** burns
- We identified **chemical** burns
- We discussed the **Rule of Nines**
- We discussed burns **and** hypothermia
- We discussed the **prevention of hypothermia**

CHECK ON LEARNING

- What kind of dressing should be placed on burned areas?
- What should you do first when you encounter a casualty with an electrical burn?
- What should you do first when you encounter a casualty with a thermal burn?

ANY QUESTIONS?