



COMBAT MEDIC/CORPSMAN
TACTICAL COMBAT CASUALTY CARE

MODULE 18:
BURNS
SKILL INSTRUCTIONS

24 JAN 2021



**Committee on
Tactical Combat
Casualty Care
(CoTCCC)**

BURN TREATMENT INSTRUCTION

TASK:	Treat burns in a Tactical Field Care (TFC) environment
CONDITION:	Given a TFC scenario where the casualty and responder are in combat gear, the casualty has sustained burns, and you have the necessary materials
STANDARD:	Treat the casualty's burns following all steps and meeting all performance measures without causing further injury to the casualty
EQUIPMENT:	Trauma shears, dry, sterile and/or clean dressing materials, Combat Wound Medication Pack, hypothermia prevention kit, and DD Form 1380 TCCC Casualty Card

PERFORMANCE MEASURES: step-by-step instructions

NOTE: All Tactical Combat Casualty Care interventions can be performed on or through burned skin in a burn casualty.

NOTE: 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 (refer to Airway Management in Tactical Field Care Skill Instructions).
 - (b) Cut clothing around the burned area.
 - (c) Gently lift clothing away from the burned area.

CAUTION: Do not forcefully remove clothing or material 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, watch) 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.

NOTE: For extensive burns (>20%), place the casualty in the insulated hypothermia enclosure system to both cover the burned areas and prevent hypothermia.
- 07** If burns are greater than 20% of TBSA, fluid resuscitation should be initiated as soon as intravenous/intraosseous access is established (refer to Fluid Resuscitation for Burns Skill Instruction).
- 08** Analgesia may be administered to treat burn pain (refer to Pain Medications (Analgesia) Skill Instructions).
- 09** Administer antibiotics if penetrating wounds are found, to prevent infection (refer to Antibiotic Administration Skill Instructions).
- 10** Burn patients are particularly susceptible to hypothermia. Extra emphasis should be placed on barrier heat loss prevention methods.
- 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.

FLUID RESUSCITATION FOR BURNS INSTRUCTION

TASK:	Fluid resuscitation for burns
CONDITION:	Given a Tactical Field Care scenario where the casualty and responder are in combat gear and the casualty has sustained burns greater than 20% of total body surface area (TBSA)
STANDARD:	Administer fluids according to the Committee on Tactical Combat Casualty Care (CoTCCC) Guidelines for fluid resuscitation, following the United States Army Institute of Surgical Research (USAISR) Rule of Ten
EQUIPMENT:	Lactated Ringer's, normal saline or Hextend®, intravenous (IV) / intraosseous (IO) tubing, established IV/IO access

PERFORMANCE MEASURES: step-by-step instructions

NOTE: If hemorrhagic shock is suspected from other injuries, fluid resuscitation for hemorrhagic shock takes precedence over burn resuscitation and fluids should be administered in accordance with CoTCCC Guidelines.

NOTE: Consider body substance isolation.

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

01 Estimate TBSA burned to the nearest 10%.

NOTE: If burns are greater than 20% of TBSA, initiate fluid resuscitation as soon as intravenous/intraosseous infusion access is established.

02 Select appropriate burn resuscitation fluid.

NOTE: Burn resuscitation should be initiated in accordance with CoTCCC Guidelines with Lactated Ringers, normal saline, or Hextend. If Hextend is used, no more than 1,000 ml should be given, followed by Lactated Ringers or normal saline, as needed.

03 Calculate fluid administration rate (in accordance with USAISR Rule of Ten):

(a) Percent TBSA x 10 ml/hr for adults weighing 40–80 kg (88–176 lbs).

(b) For every 10 kg (22 lbs) **above** 80 kg (176 lbs), increase initial rate by 100 ml/hr.

NOTE: Consider using oral fluids for burns up to 30% TBSA if casualty is conscious and able to swallow.

04 Record the time and volume of fluid that was (actually) **administered** during the first 24 hours of resuscitation.

05 Document all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

NOTE: Appropriate fluid resuscitation in the first 24 hours post-burn is **critical**.

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