ICP	If there is still heat left in the burn (up to 3 hours post injury), cool with copious cold water or saline (20 minutes of active cooling is recommended, in the absence of complicating factors such as multi-trauma, large burn area causing rapid heat loss, hypothermia, etc. It is appropriate to remain on scene for this time if the burn is isolated with no complicating factors)	**AP**
ICP	If a limb is burnt: remove all rings, clothing and shoes, and elevate the part	**AP**
ICP	Prevent heat loss by covering non-burnt areas and keeping them dry *"cool the burn, warm the patient"*	**AP**
ICP	Assess for and manage airway / respiratory compromise, especially if the face is burnt (symptoms of airway involvement include hoarse voice, inspiratory stridor, see-saw breathing, expiratory wheeze). Consider the need for early intubation – especially if aggressive fluid therapy is required.	**AP**
ICP	Severe burns: high flow oxygen – (aim for >94% SpO_2) If burnt in a confined space, or with decreased LOC – suspect carbon monoxide poisoning: 100% oxygen with PEEP All others: consider oxygen (aim for >94% SpO_2)	**AP**
ICP	IV/IO fluids as per CMG 14(c). Caution if upper airway is involved and intubation is unachievable.	**AP**
ICP	Analgesia as per CMG 2	**AP**
ICP	Cover the burnt area for transport: • gel burns dressing (check and replace if they become warm) • clean dressing / sheet	**AP**
ICP	Transport suspected smoke inhalation patients to hospital as delayed pulmonary oedema may occur	**AP**
ICP	Prompt transport (especially with airway involvement)	**AP**