In a Pre-Hospital Setting, set fluid to:
- < 5 years - 125cc/hr
- 6-13 years - 250cc/hr
- > 13 years - 500cc/hr

In the Emergency Department:
- 2cc Ringers Lactate x kg body weight x TBSA.
- Give first half over first 8 hours
- and remainder over next 16 hours.

If burn > 20% TBSA, place foley to accurately measure urine.

Titrate Ringers Lactate Based on Urine Output:
- Adult or young adolescent: 30-50 cc/hr
- High voltage electrical injury: 75-100 cc/hr
- Children under 30 Kg: 1cc/Kg/hour

If there is no urine output, increase rate of fluids by 1/3.

If urine output does not respond to increased fluid administration, promptly consult Burn Center surgeon.

For Burn Injuries > 30% TBSA, consider high-dose Vitamin C therapy. Contact the burn center at 855-863-9595.

Treat burn patient as trauma patient, check for:
- Head Injury (Burns do not cause altered consciousness; if patient has limited response to stimuli, look for another cause, e.g. head injury, anoxia, severe inhalation injury)
- Fractures
- Spinal Injuries
- Soft Tissue Damage
- Foreign Bodies (especially in explosions)

Proceed with emergency treatment of any concurrent injuries and prevent further injuries.