

August 2026: Prehospital Burn-Related Injuries

By Macall Leslie Salewon, MPH, Epidemiologist

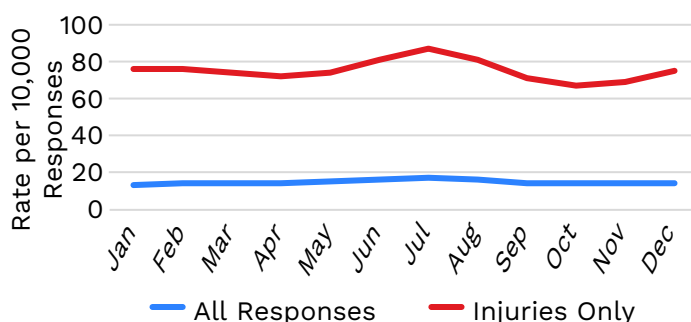
Background

Although burns account for less than 5% of annual trauma cases, they can result in life-altering injuries that require specialized care and prolonged recovery.¹ EMS clinicians play a critical role in early assessment, stabilization, and rapid transport when emergent burn care is needed. In the United States, flame-related injuries are the most common source of burns, which may create additional safety risks for EMS crews and bystanders.² While severe burn injuries may be infrequently encountered, skilled assessment and confident decision making by EMS clinicians are vital when these incidents occur.

National Scope of Burn Responses:

In the 2025 ImageTrend Collaborate Dataset, burns were reported as the mechanism of injury in **17,739** 9-1-1 responses, representing **75 per 10,000** injury responses. The rate of burn injuries peaked in **July**, reaching **87 per 10,000** injury responses.

Rate of Burn Injuries per 10,000 Responses



Demographics and Location of Prehospital Burn Responses:



43% of prehospital burn patients were between **20-49** years old

However, **240 per 10,000** 911 injury responses for children **under 5 years old** were burn-related

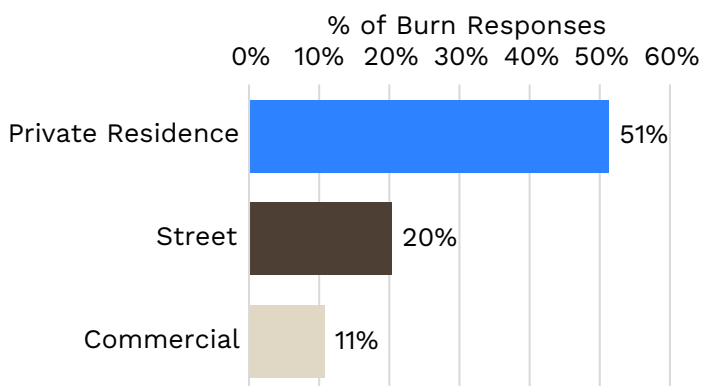


71% of burn responses for children under **5 years old** occurred in private residences



12% of burn responses occurred in **non-metro** counties, compared to **7%** of responses for other types of injuries

Incident Location of Burn Patients



59% of prehospital burn patients were male



25% of responses for burn injuries occurred during **4-8 pm**

Clinical Presentation and Prehospital Treatment in Burn Responses



44% of burn injuries were critical or emergent initial acuity compared to **27%** of other injury types

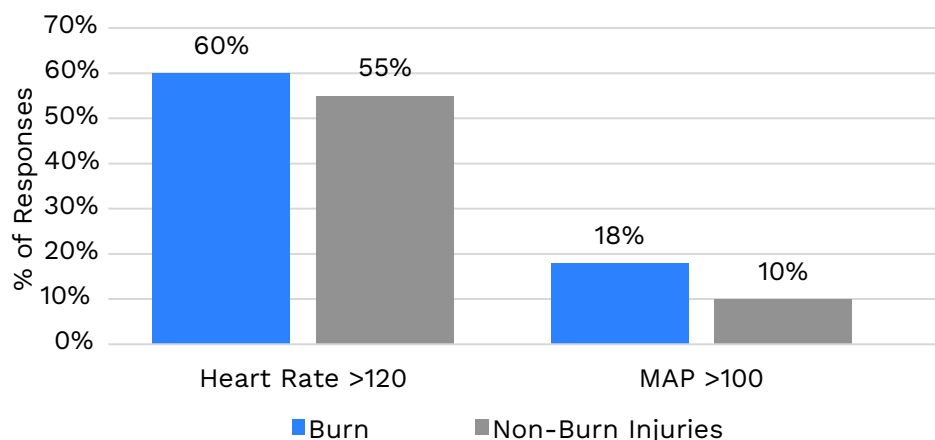


1 in 5 burn injuries were located on the patients' upper-extremities



A larger proportion of patients with burn injuries had **elevated** initial heart rate or mean arterial pressure (MAP) than those with non-burn injuries

Initial Vital Signs in Burn vs. Non-Burn 911 Responses



Treatment and Transport of Burn Patients



10% received oxygen

10% received IV fluids

14% received opioids, **5%** received non-opioid analgesia, and **1%** received both



76% of burn patients were transported by EMS

About the data:

This analysis was conducted using the **2025 ImageTrend Collaborate™** dataset, a representative national EMS research resource consisting of de-identified data from agencies that opt into data-sharing. 9-1-1 responses for burn-related injuries were identified using eInjury02 (Mechanism of Injury). Limitations of this report include variation in documentation patterns for injuries as well as sparse documentation of extent or cause of burn injuries in non-narrative data elements.

Citations:

1. Tomas, C., Kallies, K., Cronn, S., Kostelac, C., deRoos-Cassini, T., & Cassidy, L. (2023). Mechanisms of traumatic injury by demographic characteristics: an 8-year review of temporal trends from the National Trauma Data Bank. Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention, 29(4), 347–354. <https://doi.org/10.1136/ip-2022-044817>
2. American Burn Association. National Burn Repository 2019 Update, Report of data from 2009–2018 ameriburn.site-ym.com <https://ameriburn.site-ym.com/store/ViewProduct.aspx?id=14191872> (2019).

Call to Action



1. Prioritize prevention messaging for high-risk groups and settings.

Encourage community education for both everyday risks such as scalds and cooking injuries as well as seasonal hazards like fireworks.



2. Strengthen burn assessment and triage readiness.

Reinforce training on estimating burn extent in different age groups, elevated risk for and signs of shock, and timely transport destination decisions.



3. Support consistent documentation of burn severity and cause.

Encourage EMS crews to document aspects of burn presentation and treatment that could assist with quality improvement and community burden assessments.

Work With Us:

ImageTrend's Clinical & Research Services team partners with EMS and healthcare organizations to uncover actionable insights and drive data-informed public health initiatives.

Contact: ClinicalResearch@ImageTrend.com

Address: ImageTrend, Inc. | 1305 Corporate Center Dr, Eagan, MN 55121

[> Learn more about participating in or conducting research with the ImageTrend Collaborate Dataset here:](#)

