

When to Refer a Burn Patient

Follow these guidelines from the *American Burn Association* to determine if a burn patient needs a transfer.

- Third-degree burn of any size
- Burns to the face, hands, feet, genitalia, perineum or major joints
- >10% TBSA partial-thickness burns
- Electrical burns including lightning injury
- Chemical burns
- Inhalation injury (with or without cutaneous burn)
- Burn injury in patient with pre-existing medical disorders
- Any patient with burns and concomitant trauma in which the BURN poses greater risk for morbidity and mortality
- Burned children in hospitals without qualified personnel or equipment to care for burned children
- Burn injury in patient who will require special social, emotional or long-term rehabilitative intervention



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Burn Info Card

Initial Management & Stabilization of a Burn Patient

First Response:

- Remove any source of burning, including jewelry, belt buckles, etc.
- Use SAMPLE to obtain event details

Follow the ABCs:

- Apply 100% humidified oxygen
- If GCS<8 or stridorous, intubate
- Suspect inhalation injury/carbon monoxide exposure with unknown history of injury in enclosed space
- Avoid use of systemic steroids in patient with inhalation injury
- Place 2 large-bore IVs to initiate fluid resuscitation (follow resuscitation guidelines)
- Assess distal pulses on circumferentially burned extremities
- Use IV pain medication

Wound Management:

- Minimize/prevent hypothermia
- Cover patient with clean, dry sheets and blankets
- Avoid use of saline soaks
- Never apply ice to a burn
- Do not use prophylactic antibiotics
- Assess patient's tetanus status

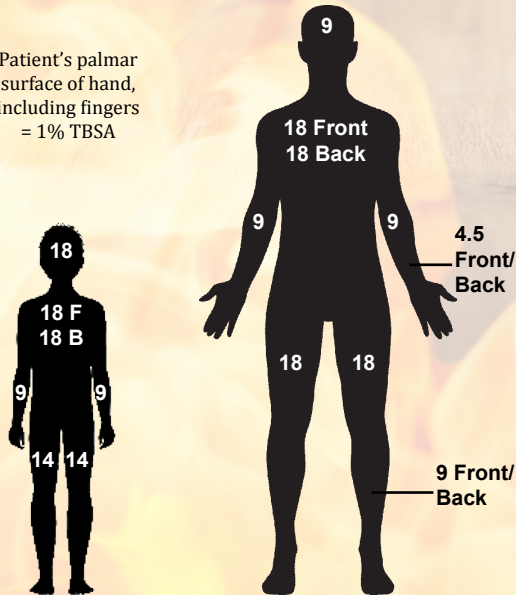
Rule of Nine

Estimating Percent of Burns

Total Body Surface Area

(Do not include first-degree burns in calculation of TBSA)

Patient's palmar surface of hand, including fingers = 1% TBSA



Resuscitation

Calculate 24-hour Fluid Requirements

(fluid resuscitate any patient with a >15% TBSA burn)

Pre-hospital fluid initiation rates

- <5 years old = 125ml LR/hr
- 6 - 14 years old = 250ml LR/hr
- >15 years old = 500ml LR/hr

Secondary survey resuscitation formulas

- Adults > 14 years old = 2ml LR x patient's body weight in kg x % of burn
- Pediatric, < 14 years old or < 40kg = 3ml x patient's body weight x % of burn
- Adult electrical injuries = 4ml x patient's body weight in kg x % burn
- Pediatric electrical injuries = contact on-call burn surgeon for fluid needs
- Place Foley catheter - goal for urine output in adult is 30-50ml/hr. children 1ml/kg/hr
 - Increase LR by 1/3 every 2 hours if U/O is less than goal by 1/3
 - Decrease LR 1/3 every 2 hours if U/O exceeds goal by 1/3
 - DO NOT use diuretics if urine output is low
- For all formulas, give 1/2 of fluid during the first 8 hours post injury and 1/2 of fluid during the next 16 hours post injury