



Burn Medical Disasters

Hospital Burn Treatment Guidelines (Appendix C)



Burn Treatment Guidelines Stabilization, Criteria and Process for Transfer

Criteria for Burn Center Transfer

Thermal Burn	> 20% TBSA ages 18-50 > 10% TBSA age < 18 or > 50 3 rd degree burn > 5% any ages Circumferential burns of an extremity
Electrical Burn	High voltage (>1000 volts) electrical Lightening injuries
Chemical Burn	most any Chemical burns
General considerations	Suspicion of abuse or neglect Inhalation injury Burns of face, hands, perineum, or feet Any burn requiring hospitalization
Rule of Thumb burn	2 nd or 3 rd degree burn of > 5% should trigger a consult with a burn surgeon at a center

Stabilization

Respiratory Support	100% Oxygen by mask or perform endotracheal intubation Monitor respiratory rate, breath sounds, and oxygenation, secure endotracheal tube Obtain Chest Radiograph and arterial blood gasses
Circulatory Support	2 Large Bore IV's in unburned skin if possible but do if not reasonable, insertion into a burn area of the large bore IV in burned skin is acceptable Lactated Ringer Soln at 3-4 cc/kg/% TBSA Insert Foley catheter and monitor urine output at 30 cc per hr. Monitor pulse and blood pressure every 15 minutes
Other Systems	Elevate burned arms, hands, and monitor peripheral pulses using Doppler if necessary Insert nasogastric tube – keep patient NPO Obtain venous blood for labs (electrolytes, glucose, BUN, creatinine, and CBC) and urinalysis Administer narcotics in small doses for pain relief, using intravenous route only Give tetanus toxoid and tetanus immune globulin as indicated by history (Burns are tetanus prone wounds)
Wound Care	Use sterile or exam gloves Wrap burns in gauze sponges, - dry secure dressings on extremities with Kerlex Do not open or debride blisters Monitor core body temperature, maintain normal body temperature (this may include wrapping patient in blankets, [burns can cause the body to lose it's ability to maintain a constant body temperature and become hypothermic])

Transfer and Consultation Process - Contact the Burn Center

University of North Carolina (800) 806-1968 or (919) 843-1920
NC Jaycee Burn Center
Wake Forest University (800) 277-7654
Baptist Medical Center

Physician to Physician contact is essential
 Provide demographic and historical data as well as results of primary and secondary assessments
 Determine appropriate means of transport
 Provide complete documentation including a flow sheet of resuscitation efforts