



Burn Medical Disasters

Considerations for Hospitals without a Burn Center



<p>6:5:6 Trigger</p> <ul style="list-style-type: none"> Based on the capacity for burn patients across North Carolina, typically the two centers can absorb up to approximately 5 burn patients, thus 6 or more patients with burn injuries will trigger a “Burn Medical Disaster” And, these patients have 2nd or 3rd degree burns covering more than 5% of the total body surface area Then a Burn Medical Disaster is declared, either at the scene or at the area receiving hospital 	<p>Differential:</p> <ul style="list-style-type: none"> Superficial (1st Degree) red and painful Partial Thickness (2nd Degree) blistering Full Thickness (3rd Degree) painless/ charred or leathery skin Thermal Chemical Electrical Radiation 	Triage Destination Recommendations		
		<p>Critical (Red) >15% TBSA 2nd/3rd Degree Burn Burns w/ Multiple Trauma Burns w/ definitive airway compromise <small>(When reasonable accessible transport to a Burn Ctr.)</small></p>	<p>Serious (Yellow) 5-15% TBSA 2nd/3rd Degree Suspected Inhalation injury or requiring intubation for airway stabilization Hypotension, GCS < 14 <small>(When reasonable accessible, transport to either a Burn Ctr. or a Trauma Ctr.)</small></p>	<p>Minor (Green) < 5% TBSA 2nd/3rd Degree Burn No inhalation injury, Not Intubated, Normotensive GCS>14 <small>(Transport to the Local Hospital)</small></p>
		<p>UNC Healthcare 800.806.1968 Wake Forest Baptist 800.277.7654</p>		

Does this event include **6** or more patients with burn injuries?
Using the Rule of Nines; Do the burn injured patients have more than **5%** of 2nd Degree or 3rd Degree Burns?
(If the answer is yes to both questions above, **Declare a: “Burn Medical Disaster”**)
The Declaration of a **Burn Medical Disaster** should include:

- 1: Contacting the **Burn Center** which typically serves your area (UNC or Wake Forest) and alert them regarding the potential surge of patients with burn injuries,
- 2: if you typically transport/transfer to a **Trauma Center**, contact that center so they may be able to plan on the potential surge of patients with significant burn injuries.
- 3: Where applicable, request sufficient ground and air transport services for transport to either the appropriate burn center(s) or trauma center depending on access and availability, the burn centers can be of great value in aiding you with this decision process

Initiate Patient care based on appropriate Clinical Guideline for **Thermal, Chemical, or Electrical Burns** and follow Transport Triage Guidelines listed above to include:

If these patients are arriving at the local or regional hospital, or trauma center, activate your internal process to secure additional personnel, this may include activating your disaster (mass casualty) plan.
This action may be needed to manage these patients until they can be absorbed by the Burn Centers.
During a **Burn Disaster**, the published American Burn Association Disaster plan calls for local hospitals to be able to manage a burn patient for up to **24 hours**. The burn centers in North Carolina should be able to accommodate most patients within the first **6-10 hours**, certainly this depends on the nature and scope of the disaster. At a minimum, it is recommended hospitals plan and prepare for managing burn patients for the **first 6 hours** following a **Burn Disaster** to include training and equipment.

Transfer patients to the **Burn Center(s)**, as soon as they inform you they can receive your patients.
Early notification to the Burn Center and frequent updates is important to assure a timely acceptance of patients.

For Treatment Guidelines, refer to Burn Treatment Guidelines found in this document.
For a transfer checklist, refer to Burn Patient Transfer Guidelines found in this document.
For Burn Surge Supplies cart list, refer to Burn Surge Supplies Guidelines found in this document.

Pearls: Burn Bed Considerations and Limitations

- Co-morbidity for burn patients includes traumatic injuries, burn patients should be cleared for trauma as a component of treating their burn injuries
- There are 21 Burn Beds at the North Carolina Jaycee Burn Center at the University of North Carolina at Chapel Hill
- There are 8 Burn Beds at the Burn Unit at the Wake Forest Baptist Medical Center in Winston Salem
- There are no Burn Units in SC, two in Georgia, two in Tennessee (the burn unit at Erlanger Medical Center in Chattanooga closed 7/08) and three in Virginia, of these nine burn units or burn centers, only the Burn Center at UNC is a Verified Burn Center.
- The Disaster Plan for the American Burn Association recommends all burn disaster clinical decisions flow through a verified burn center.
- In North Carolina, due to the close relationship between the burn centers at UNC and Wake Forest, follow your typical referral patterns for burn care, if your traditional contact is Wake Forest then contact Wake Forest and the same can be said for the North Carolina Jaycee Burn Center at UNC. It is not recommended to involve moving patients across state lines without first attempting to transfer your patients to one of the two burn centers located in-state.
- Upon receiving a notification regarding the potential for a Burn Medical Disaster, the Medical Directors for both Burn Centers in North Carolina will contact the other to assure both centers are prepared to absorb patients from the disaster to the extent available.
- When demand exceeds available resources in state, the Burn Center serving as the principle reception point for the incoming patients, will be responsible for contacting the North Carolina Office of EMS (NCOEMS serves as the ESF-8 designated agency for NC) for the potential to request state or federal assets through the State Emergency Operations Plan, Emergency Management Assistance Compact (EMAC) or federal assets such as Disaster Medical Assistance Teams-Burn Surge Teams, and Military Air Transport either interstate or intrastate transport of significant burn casualties.
- Complete and send with the patient typical interfacility documentation to include; care provided, laboratory analysis, radiography and EMTALA.
- Based on a host of reasons to include quality of care, family convenience, and financial coverage such as insurance and Medicaid, transports of patients from North Carolina should be directed to Burn Centers in North Carolina.
- 6:5:6 is a guideline, not intended for strict compliance. if in your clinical judgment, you have determined the situation warrants being deemed a Burn Medical Disaster, declare the event as you determine most appropriate.

- Surge Medical Supplies Needed:**
- Burn Specific**
- * Clean, Dry Sheets and Dressings
 - * IV Fluids, Lactated Ringers
 - * Pain Management Medications
 - * Difficult Airway equipment, adjuncts to include RSI
 - * Urinary Catheter supplies
 - * Tetanus Immune Globulin
- General**
- * Ventilators
 - * Cardiac Monitors
 - * ETCO2, O2 Sat, NIBPM
 - * IV Pumps
- Access to Radiology for chest X-Ray
- Lab analysis to include:
arterial blood gas values including carboxyhemoglobin, venous blood values to include BUN, electrolytes, creatinine and CBC, and urinalysis