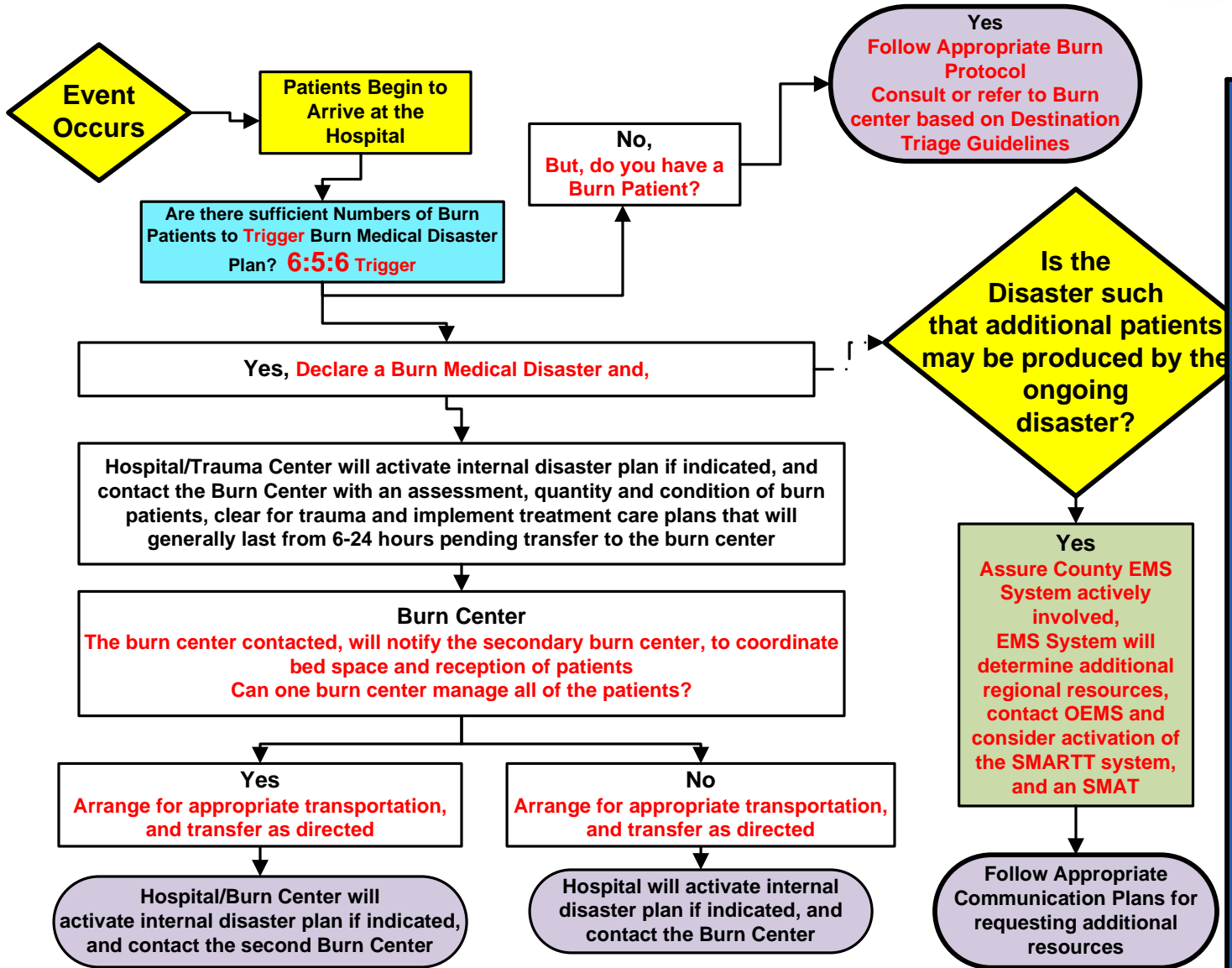




Burn Medical Disasters

Decision Tree for Hospitals without a Burn Center



Trigger Points: 6:5:6 Trigger

- 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
- The regional hospital or trauma center (without a co-located burn center) will be expected to manage a portion of the burn patients for at least **6** but not more than 24 hours.

Pearls: Burn Medical Disaster 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
- 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.
- 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 one of the two Burn Centers in North Carolina.
- 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.**