

A Guide to Burn Care for Referral Hospitals/EMS

AMERICAN BURN ASSOCIATION BURN REFERRAL CRITERIA

TREATING THE PATIENT

If patient does not meet transfer criteria, encourage outpatient treatment at Ohio State's Burn Center.

(614) 293-BURN (2876)

Burns Greater Than 15% TBSA - Fluid Resuscitation

Initial Fluid - Parkland Formula

- Fluid protocols are guidelines only; use as a starting point.
- Insert urinary catheter, nasoduodenal (preferred) or nasogastric tube, peripheral IVs (two large bore).
- Lactated Ringer's (LR) 4 ml x % TBSA x weight (kg).
- For the first hour only, calculate infusion rate based on one-half the total fluid over 8 hours.
- After the first hour, adjust fluids to individual response.
- Urinary output is the ideal indicator.*

Electrical Injury

- Monitor urine output hourly.
- Titrate IV fluids to UO 60-100 ml/hr until urine clears.

Alcohol Intoxication

- Increase volume of fluid and titrate IV fluids to UO 30-50 ml/hr.

Tetanus Prophylaxis

- Review the need per the ATLS guidelines.

The patient is ready for transfer when:

- Airway is secure.
- Patient is ventilated.
- IV fluids are initiated.
- Associated injuries are identified and stabilized to the best of the referring facilities' capabilities.
- Stomach is decompressed.
- Dry, sterile dressings are applied over burns; blanket is placed to prevent hypothermia.

- * Titrate fluids to maintain 0.5 ml per kg per hour (or 30-50 ml/hr) urinary output for an adult.

Transfer to Tertiary Burn Center

Consider transfer to Tertiary Burn Center if patient has:

- Burns greater than 10% total body surface area (TBSA).
- Third degree burns.
- Burns with complicated injury or trauma.
- Electrical burns, including lightning injury.
- Inhalation injury.
- Burns in the elderly and young children.
- Burns involving face, hands, feet, genitalia, perineum or major joints.
- Chemical burns.
- Burn injury in patients with preexisting medical disorders.

Primary A-B-C-D-E Survey

- Airway*
- Breathing
- Circulation
- Disability
- Environment

A - Allergies

M - Medications

P - Past Med History

L - Last Meal

E - Event Related to Injury

T - Tetanus

*The decision to intubate should be based on physician judgement. Assess for any of these indications for intubation: face and neck burns; singed nasal hair; oral or lip burns; soot in upper airway; carbonaceous sputum; dyspnea/stridor; tachypnea; hoarseness; sore throat; cough; rhonchi; poor consciousness; associated injuries.

For questions, information and referrals call (614) 293-BURN

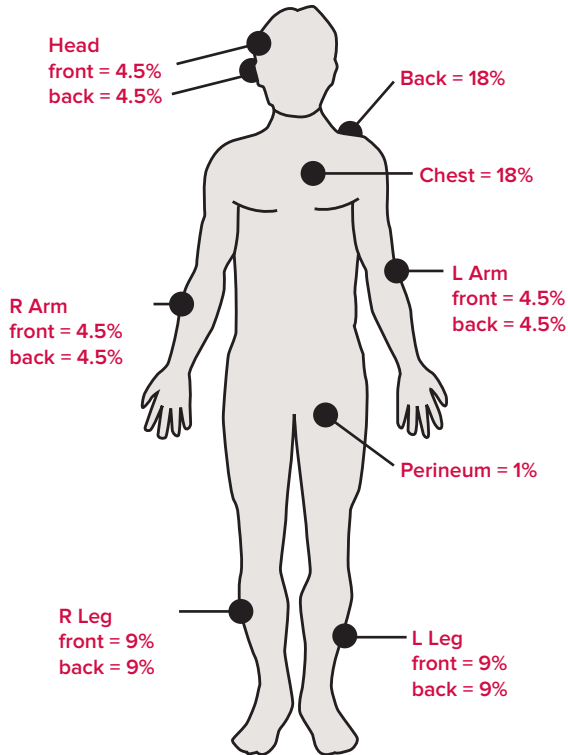


THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

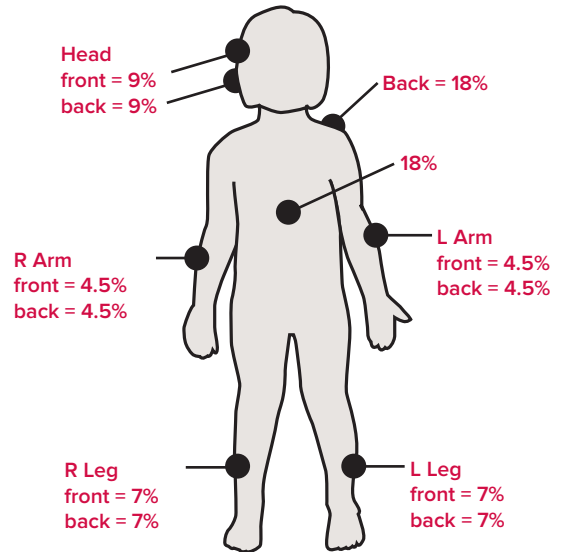
RULE OF NINES FOR ADULT PATIENTS

When calculating Rule of Nines, count only second and third-degree burns, not first-degree burns. For patchy areas, **the victim's palmar surface of the hand is approximately 1% total body surface area (TBSA).**



RULE OF NINES FOR PEDIATRIC PATIENTS

In pediatric patients, adjust for each year over age 1; subtract 1% from the head and add to the legs. At age 10, use adult Rule of Nines.



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