



**For Inpatient Admission or Questions:
Transfer Center 1-800-806-1968**

**For Outpatient Appointments:
Burn Clinic 1-984-974-0150**

Our clinic is open Mon-Fri and we make every effort to have new patients seen within 24 to 48 hours. Patients may call us directly with no referral needed.

Helpful Hints for Caring for a Burn in the Emergency Department

- The indications for ventilatory assistance are the same as with any other trauma patient. Most burns greater than 10% total body surface area will do better with 40% humidified oxygen by mask.
 - The treatment for carbon monoxide poisoning (carboxyhemoglobin greater than 15%) is 100% oxygen.
- Remove all clothing, jewelry and metals if the patient has incurred a large burn. For a small burn, remove all items around the involved area.
- Cool all areas of burn with room temperature water/saline if the burn is less than 15 minutes old. All efforts should be made to **prevent the patient from becoming hypothermic.**
- Don't delay diluting all chemical burns with copious amounts of water while attempting to determine the chemical or obtaining a specific antidote. Chemical burns to the eyes will need continuous irrigation until seen by an ophthalmologist.
- Make a rapid estimation of the total body surface area burn (see diagram on back)
- For Burns > 20% total body surface area or significant electrical injuries:
 - insert a large bore peripheral IV of Lactated Ringers (see fluid recommendations below)
 - insert a Foley catheter to monitor hourly urine output
 - insert a NG tube
 - monitor vital signs, mental status and urine output frequently
- Obtain accurate weight of the patient if possible. If not, get an estimate from the patient or family.
- No need to treat with broad spectrum antibiotics
- Give Tetanus booster

Severity Determination

First Degree

superficial, red, mild discomfort

Second Degree (Partial Thickness)

red, moist, blisters, swollen, painful

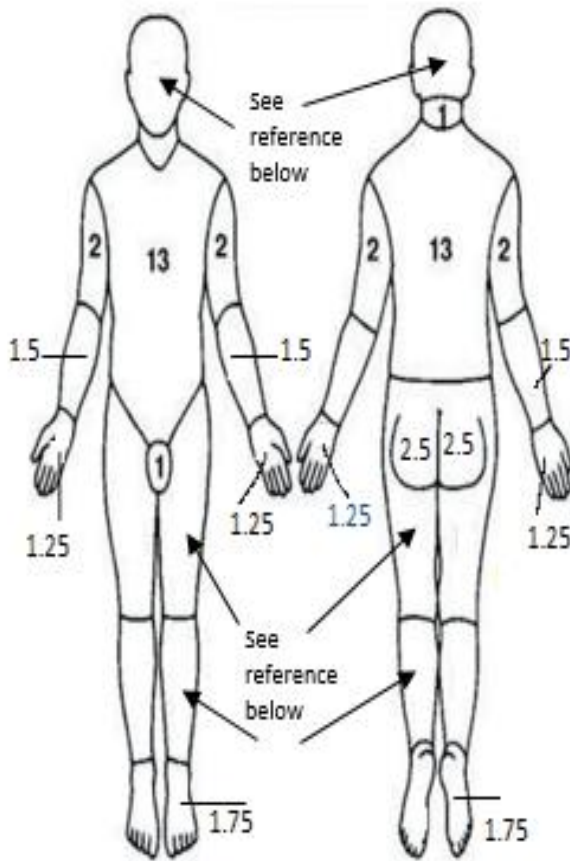
Third Degree (Full Thickness)

White or khaki, charred, dry, no sensation

Quick Fluid Recommendations for Burns >20% TBSA

≤ 5 yrs.	125ml LR/hr
6-13 yrs.	250 ml LR/hr
≥ 14 yrs.	500 ml LR/hr

Total Body Surface Area (TBSA) Guideline



Burn Center Referral Guidelines:

- Partial thickness burns greater than 10% total body surface area (TBSA)
- Burns that involve the face, hands, feet, genitalia, perineum, or major joints
- Full thickness burns in any age group
- Electrical burns including lightning injuries
- Chemical burns
- Inhalation injuries
- Patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality
- Burned children in hospitals without qualified personnel or equipment for the care of children
- Patients who require special social, emotional, or rehabilitative interventions

Prepare Patient for Transport to Burn Center

- You do not have to clean wounds before transport but if you do; wash with any type of surgical soap and place patients in dry dressings between clean sheets. Do not apply topical agents.
- Ensure patient is kept warm by applying blankets as needed.
- Provide summary of patient's intake and output

Reference of body surface area adjusted by age

Age	<1 year old	1-4 yrs	5-9 yrs	10-14 yrs	15 yrs	Adult
Head	19%	17%	13%	11%	9%	7%
Thigh	5.5%	6.5%	8%	8.5%	9%	9.5%
Lower Leg	5%	5%	5.5%	6%	6.5%	7%

Topical Recommendations for Outpatient Burn Care

Silver Sulfadiazine covered with gauze. Patient should be instructed to apply in a thick layer and keep covered with gauze. Wounds should be washed once a day with soap and water removing all creams, ointments and loose skin. Do not use on face.

For faces, we recommend **Bacitracin** ointment except areas around eyes. Bacitracin ophthalmic ointment should be used on tissue surrounding eyes. Needs to be reapplied 3-5 times a day. Once a day, wash face with soap and water removing ointment and loose skin.

Sunscreen is recommended once burns have healed.