

ED BURN CARE GUIDELINE

SAFETY

- Assess safety of hospital staff and wear appropriate PPE
- Chemical Exposure: Brush off powder and irrigate with tepid water. Consider type of chemical, ocular involvement, duration of contact, & SDS sheet availability

AIRWAY

If stridor, respiratory distress, soot-tinged sputum, or suspected airway injury → secure with definitive airway device

BREATHING

History suspicious for inhalation injury → Start 100% FiO₂ & consider ABG & Carboxyhemoglobin if no delay in transfer

CIRCULATION

Access: Obtain IV access preferably through unburned skin, peripheral IV or IO in burn PRN

Resuscitation < 20% TBSA: < 14 years weight based IV fluids and make NPO
≥ 14 years 125 cc/hr and make NPO

Resuscitation ≥ 20% TBSA: 5 years or younger LR at 125 cc/hr (<30 kg consider D₅ ¼ or ½ NS MIVF)
6-13 years LR at 250 cc/hr
≥ 14 years LR at 500 cc/hr

Circumferential or Electrical Burn: Check for distal pulse, elevate, consider urgent transfer

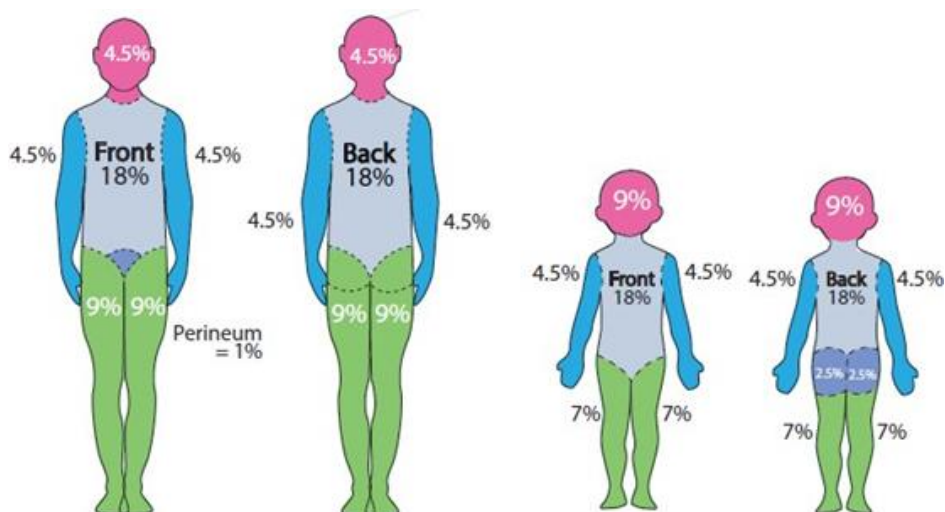
Additionally: Place urinary catheter for ≥ 20% TBSA or Electrical and consider IV pain medication

DISABILITY, DEFICIT, DEFORMITY

Assess for neurologic impairment and if impaired, consider associated injury, carbon monoxide poisoning, substance abuse, hypoxia, or pre-existing medical conditions

EXPOSURE, EXAMINE, ENVIRONMENT

- Assess severity of burn injury by calculating burn size using diagram
- Include only 2nd and 3rd degree burns (blisters, bullae, sloughing skin, white/brown eschar)
- Remove rings, jewelry, contacts if no delay
- Wounds for transferred patients can be dressed with DRY towels, washcloths, or gauze
- Avoid ice packs or cooling the burn and take precautions to prevent hypothermia



FOR ASSISTANCE WITH
TRANSFERS, CALL THE LERN
COMMUNICATION CENTER:

1-866-320-8293



Right Place. Right Time. Right Care.