ABCs of Burn Care

RICHARD M. FAIRBANKS BURN CENTER AT ESKENAZI HEALTH • INDIANAPOLIS

1.800.4.TRAUMA • For burn patient consults and request for transfer

Airway

1. Assess for symptoms of airway/inhalation injury.
2. Consider intubation for inhalation injury, facial burn, respiratory distress, singed nasal hair and singed eyebrows.

Breathing

1. Administer 100% high-flow O_2 by non-rebreather mask or ETT.
2. Observe for symptoms of respiratory distress.
3. Evaluate initial ABG, COHb and O_2 saturation.

Circulation

Initial Fluid Rates

Pre-hospital and early hospital settings

If the burn clearly exceeds 20% TBSA

≤ 5 years old	6-12 years old	≥ 13 years and older
125 ml LR per hour	250 ml LR per hour	500 ml LR per hour

Insert Foley Catheter for % TBSA > 20%

Depth

Classify the burn as one of the following based on indicated characteristics:

Superficial	Partial Thickness	Full Thickness
Pink	Moist	Dry, leathery
Intact	Blisters	Insensate
Painful	Painful	Color variable

Depth of burn will evolve over the next 12 - 18 hours. **Superficial burn injuries should not be included in estimated percentage of TBSA.**

Extent

1. Estimate percentage of burn. (Refer to adjacent chart.)

Fahrenheit

1. Maintain normothermia.
2. Apply dry dressings.
3. Provide warm blankets.
4. Provide warm fluids.

GI Tract

1. Keep NPO for stabilization and transport.
2. Place NG tube on intubated patients.

History Head to Toe

Record the following:

1. Mechanism of injury
2. Past medical history
3. Tetanus immunization status
4. Medications
5. Allergies
6. Head to toe survey
7. Time of last meal

Other considerations: Pain management
IV analgesia

Identify Candidates for Transfer

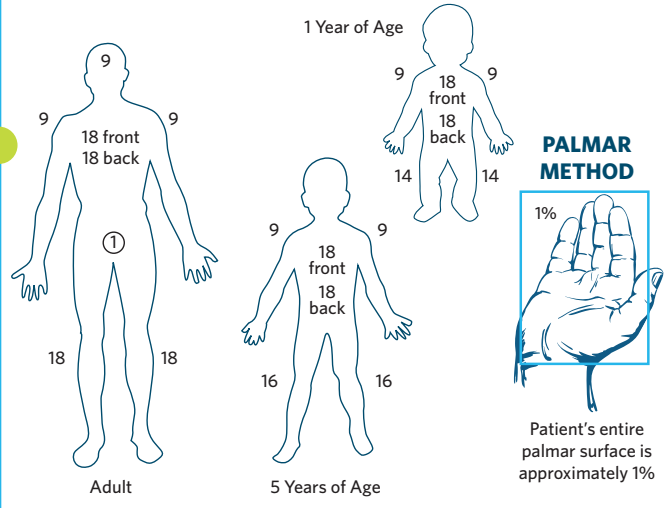
Burn injuries that should be referred to a burn center include:

1. Partial thickness burns greater than 10% of TBSA
2. Full thickness burns in any age group
3. Burns that involve the face, hands, feet, genitalia, perineum or major joints
4. Electrical burns greater than 1,000 volts, including lightning injuries
5. Chemical burns
6. Inhalation injuries
7. Burn injuries in patients with pre-existing medical conditions that could complicate management, prolong recovery or affect mortality
8. Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality (Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.)
9. Frostbite/cold weather injuries
10. For all pediatric burn consults and transfer request (patients <18 y/o) please call the Riley Burn Center transfer line at 317.963.3330 or toll free 877.247.1177.

Consultations are recommended for:

- Partial thickness burns less than 10% of TBSA
- All potentially deep burns of any size
- Electrical injuries less than 1,000 volts

Estimating Percent of Burn: Rule of Nines



Estimate percentage of burn for each body part according to age.

- **Protect** yourself and your team.
- **Stop** the burning process.
- **Decontaminate** chemical injuries.
- **Consider** spine precautions based on mechanism of injury.