

ABCs of Burn Care

RICHARD M. FAIRBANKS BURN CENTER AT ESKENAZI HEALTH • INDIANAPOLIS
1.800.4.TRAUMA • For patient transfers and adult and pediatric consultation

Airway

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

Breathing

1. Administer 100 percent high-flow O₂ by non-rebreather mask or ETT.
2. Observe for symptoms of respiratory distress.
3. Evaluate initial ABG, COHb and O₂ saturation.

Circulation

1. Fluid resuscitation begins at time of injury.
2. Initiate with burns of 20 percent TBSA or greater.
3. Insert Foley catheter.
4. Remember: 4 ml x kg (dry weight) x %TBSA = total 24-hour fluid need.
5. Give half of total need in first eight hours.
6. Titrate fluids to keep urine output 0.3 ml - 0.5 ml/kg/hr.

Depth

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

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

Depth of burn will evolve over the next 12 - 18 hours.

Extent

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

Fahrenheit

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

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

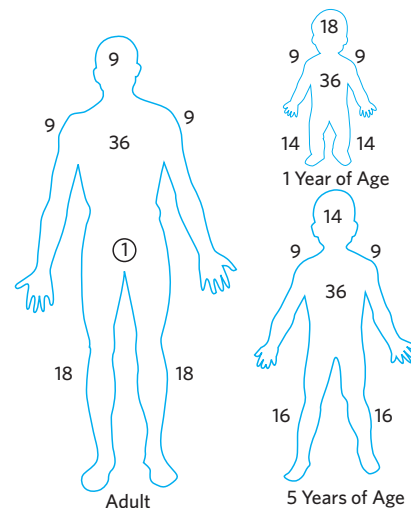
Other considerations: Pain management IV analgesia

Identify Candidates for Transfer

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

1. Partial thickness burns greater than 10 percent of total body surface area (TBSA)
2. Burns that involve the face, hands, feet, genitalia, perineum or major joints
3. Third-degree burns in any age group
4. Electrical burns, including lightning injuries
5. Chemical burns
6. Inhalation injuries
7. Burn injuries in patients with pre-existing medical disorders 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 (In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.)
9. Burned children in hospitals without qualified personnel or equipment for the care of children
10. Burn injury patients who will require special social, emotional or rehabilitative intervention

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.

