



## **Burn Care Highlights for Emergency/Urgent Care Providers**

**24/7 Burn Nurse Number – 818-676-4177**

**Remember these are guides, patient's individual responses to treatments/interventions must be monitored and plan adjusted accordingly.**

### **When to cool the burn?**

When total body surface area (TBSA) is less than 15-20%, initial cooling is ok. Ensure that you are monitoring patient's temperature and treating the pain with pharmacological measures. IV opioids (dilaudid, morphine, fentanyl are preferred choices)

When TBSA is greater than 15-20%, use caution with cooling. As more of a patient's skin is involved, the risk for hypothermia increases. Normothermia is the target for these patients. IV opioids are recommended for these patients. Burns are very painful.

### **What dressing should be placed on patient?**

If the decision is to send the patient to a burn center for evaluation or possible admission, we recommend covering with a clean dry cloth or sheet. Any ointment or dressing applied will be removed upon arrival to a burn center to that the burn team can visualize and assess the burn injury.

If it is smaller burn and the decision is to have the patient follow up in the burn clinic on a different day. A silvadene dressing is the recommendation for areas other than the face. We do not recommend for the face as it can cause some staining on the skin. Remember you only need a thin layer of the ointment like spreading butter on toast, not frosting a cake. Bacitracin or antibiotic ointment can be used on facial burns, again apply a thin layer like you would put Vaseline on your lips.

### **IV Fluid Resuscitation**

Lactated Ringer's Solution is the IV fluid of choice for burns. Bolus infusions are not recommended. Prior to calculating the TBSA, you can use the following as a guide to start fluids.

Children < 6yrs= 125ml/hr

Children 6-13 yrs = 250ml/hr

Children >13yrs old and adults = 500ml/hr

### **IV Access**

If possible place large bore IV or Central Line in non-burned skin, for severely burned patients, you can place IV access through burn skin.

### **Blisters – should you pop them?**

If you are transferring them directly to a burn center for treatment you can leave them intact. When we assess the patient we pop/de-roof the blister and cut away that dead skin to assess the burn wound bed and treat the patient.

### **Intubation**

Carefully assess need for intubation. Consider the circumstances of the burn injury, were they in an enclosed space or open air. When you intubate, ensure that you also insert an NGT or OGT. This is used to decompress the stomach initially, then once admitted to the burn center we start nutrition early on these patients.

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Burn Nurse can help triage the patient and coordinate the transfer