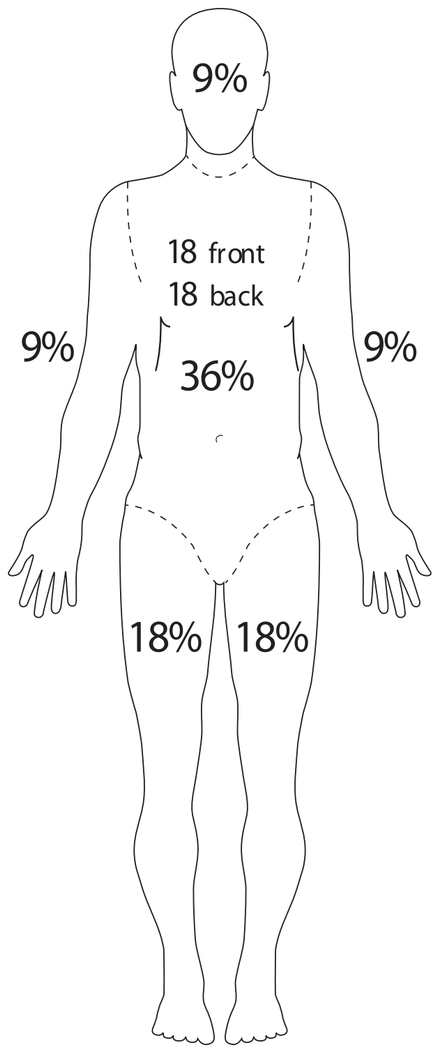
Emergency Treatment Guidelines for

Burn Injuries

Rule of Nines



Adult

Rule of Palm

Patient's palm (including fingers)
= 1% body surface area

Lund and Browder

Age and Body Surface Graph

	0-1	1-4	5-9	10-15	Adult	%20	%30	Total
Head	19	17	13	10	7			
Neck	2	2	2	2	2			
Ant Trunk	13	13	13	13	13			
Post Trunk	13	13	13	13	13			
R. Buttock	2 ½	2 ½	2 ½	2 ½	2 ½			
L. Buttock	2 ½	2 ½	2 ½	2 ½	2 ½			
Genitalia	1	1	1	1	1			
R.U. Arm	4	4	4	4	4			
L.U. Arm	4	4	4	4	4			
R.L. Arm	3	3	3	3	3			
L.L. Arm	3	3	3	3	3			
R. Hand	2 ½	2 ½	2 ½	2 ½	2 ½			
L. Hand	2 ½	2 ½	2 ½	2 ½	2 ½			
R. Thigh	5 ½	6 ½	8	8 ½	9 ½			
L. Thigh	5 ½	6 ½	8	8 ½	9 ½			
R. Leg	5	5	5 ½	6	7			
L. Leg	5	5	5 ½	6	7			
R. Foot	3 ½	3 ½	3 ½	3 ½	3 ½			
L. Foot	3 ½	3 ½	3 ½	3 ½	3 ½			
Do not include 1st degree burns in the burn size calculation					Total			

Fluid Formula for Adults (for burns >20%) (not parkland)
2ml X (patient ideal weight) X (% burn area)
Half of this amount is administered over the first 8 hours post-burn; fluid of choice is "LR"

Fluid Formula for Children (<14 yrs <40kgs) *
3ml X (child ideal weight) X (% burn area)
Half of this amount is administered over the first 8 hours post-burn; fluid of choice is "LR" for children <10kg use D5LR. Children should also receive maintenance fluid of D5LR.

Fluid Formula for Electrical Current (not flash or arc) Injuries
4ml X (patient ideal weight) X (% burn area)
Half of this amount is administered over the first 8 hours post-burn; fluid of choice is "LR"

Note: Calculation of fluid resuscitation must be done from the time the burn injury occurred. If fluid resuscitation is employed, then a foley catheter should be placed for hourly monitoring. For adults, if urine output is <30 ml/hour, increase fluid by 30%.

Initial Care

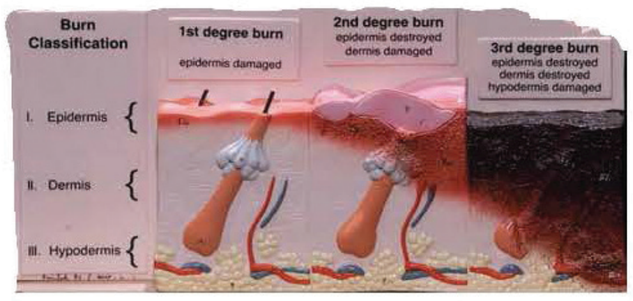
- *Primary & Secondary Assessment (ABCs)*
- *Initial Treatment*

1. Circulatory support – 2 large bore IV catheters (preferably through non-burned areas). Consider IO if necessary.
2. IV pain medication.
3. Evaluate the size and depth of the burn.
4. Maintain body temperature and use warming devices as necessary.
5. Keep NPO.
6. Monitor pulse presence and quality, especially on circumferential burns.
7. Briefly cool the burn with water for 3–5 minutes, then cover with a clean, dry sheet.

DON'T

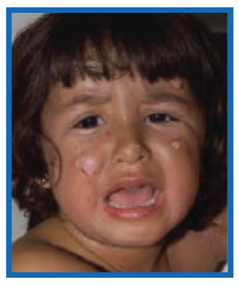
1. No application of topical medications to wounds
2. No debridement
3. No ice
4. Do not remove adhered clothing
5. Do not remove tar from a burn prior to transfer

Assessing Depth of Injury

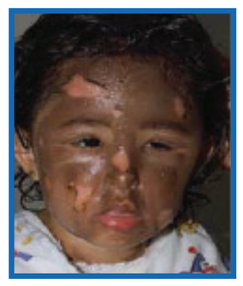


What you see is not what you get!

Burns are a progressive and dynamic injury; depth can be difficult to accurately assess initially as their appearance can change rapidly over the first 48 hours.



At Admission



24 Hours Later *

When to Call Us

When assessing the need for burn center consultation or referral the guidelines are recommended:

- Partial thickness burns to greater than 10% of total body surface area in patients of all ages
- Burns involving the face, hands, feet, genitalia or major joint areas
- Third degree burns
- Electrical injuries
- Chemical burns
- Circumferential limb or chest burns

Report

- Patient name, age & gender
- Time & cause of burn
- Percentage, location & depth of burn
- Past medical history & allergies
- Total IV fluids in, urine output, drugs given since time of burn
- Pulse presence & quality - especially on circumferential burns
- Other injuries present
- Diagnostics done & last set of vital signs

Scope of Services

We now offer 24-hour Emergency Burn Care and Surgical Services for Burns and related wounds affecting up to 20% of the body's surface area. * Services are for patient aged 18 and older.

The Grossman Burn and Wound Alliance

At Mission Community Hospital

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