WESTERN TRAUMA ASSOCIATION PREFERRED TRIAGE OF THE BURNED PATIENT

Establish IV Access and Adequate Pain Control Assess Burn Size Verify Tetanus Status-Inoculate PRN Patient Age Wash Patient With Warm, Soapy Water & **Patient Comorbidities** Debride Dead Epidermis With Washcloth Past Medical & Surgical History Photograph Burn Pre & Post Debridement Wrap Patient in Dry Sheets Maintain Normothermia Age > 5 years & < 50 years old Age < 5 OR > 50 years old Burn < 10% TBSA (Total Burn > 10% Burn Between Burn < 10% Burn > 20% **Body Surface Area)** TBSA 10% - 20% TBSA TBSA TBSA Initiate Burn Center Transfer Dress Wound With Sterile Gauze Formal Fluid Resuscitation Using ABA Consensus Formula Dressing Give (SSD, Bacitracin, or Gentamycin) **Avoid Crystalloid Boluses** Maintenance IV Fluid + **Foley Catheter** Maintenance IV until oral intake is Oral Rehydration - Record Urine Output Hourly adequate Adjust Fluid Rate Up Or Down **Based On Urine Output** Goal Uo 0.5 cc/kg/hr for Adults If Patient Does Not Goal Uo 1 cc/kg/hr for Telephone or Video Consultation with Tolerate Oral Rehydration Children **Burn Center for Formulation of** Treatment Plan Caveat 1 1.) Superficial 1.) Suspicion of Consider Intubation Partial Thickness Abuse Prior to Transfer IF: or < 5% TBSA Deep Partial 2.) Pain Too 1.) Extensive Head, Thickness Wound Severe To Neck, Facial Burns Accomplish Transfer to 2.) > 40% TBSA Burn AND **Dressing Change Burn Center** 3.) Stridor, Wheezing, Without Hoarse Voice, Dyspnea 2.) Patient and Parenteral 4.) CoHbg > 30% and Family Can Narcotics or Obtunded Accomplish Conscious **Wound Care** Sedation If Persistent Lactic Without Acidosis, Consider **Parenteral** 3.) Burn wound Cyanide Poisoning Opioids requires grafting and Cyano Kit Use. D/C Home Caveat 2 Follow Up With Burn Center Consider Escharotomy After Consult w/ Burn American Burn Association Consensus Formula Surgeon 1.) Full Thickness 2-4 ml/kg/% TBSA Burn (using LR) In The 1st 24hr Circumferential Full Give 1/2 In The First 8 Hrs Post Burn Thickness Burns. - Give 1/2 In The Next 16 Hrs Post Burn AND Adults: 2 ml/kg/% TBSA Children: 3 ml/kg/% TBSA 1.) Clinical Signs of Electrical: 4 ml/kg/% TBSA Compartment Syndrome. Adjust Fluid Rate For Goal Uo 0.5 kg/hr In Children (< 14 y/o): 2.) Full Thickness Chest Adjust Fluid Rate For Goal Uo 1 cc/kg/hr **Burns With Restricted**

If Child Is < 30kg Add Maintenance Fluids That Include Dextrose (D5LR or D5½NS) In

Addition To The Consensus Formula

Respiratory Excursion.