

Initial Management of Severe Burns

Burn injuries >20%TBSA (adults) & >10%TBSA (paediatrics) considered major trauma.

Initiate early consultation (<60mins) with ARV (≥ 16 years) or PIPER (<16 yrs) for timely transfer

CONTACT DETAILS



Ambulance Victoria
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Adult Retrieval Victoria
1300 36 86 61



Paediatric Infant Perinatal Emergency Retrieval
1300 13 76 50



TheAlfred

Alfred Hospital
(03) 9076 2960

Specific points to note in the primary survey with respect to burn injury:

AIRWAY		Assess for history of burn in enclosed space, signs of upper airway oedema, sooty sputum, facial burns, respiratory distress (dyspnoea, stridor, wheeze, hoarse voice). If any of the above present, airway is at risk. Consider need for intubation and secure airway as required. Maintain spinal precautions as required especially with explosion or electrical burns.
BREATHING		Assess breathing and support as required. Assess adequacy of breathing where circumferential burns on chest wall and consider escharotomy. Administer humidified 100%FiO2. Establish baseline ABGs and SaO2 (goal: >95%)
CIRCULATION		Assess circulation: colour, refill, HR, BP Insert 2 large bore peripheral IV lines. If unable consider central or intraosseous access.

Specific points to note in the secondary survey and initial management of burn injury:

FLUID RESUSCITATION	For burns >20%TBSA in adults and burns >10%TBSA in paediatrics. Use Parklands formula/ Ambulance Victoria CPG (below) to estimate initial fluid resuscitation requirements. Insert urinary catheter and titrate fluid resuscitation to urine output. Urine output goals: Adults: 0.5 – 1ml/kg/hr (30 – 50 mls/hour) Paediatrics <30kgs: 1ml/kg/hr Maintain accurate fluid balance chart.
PAIN MANAGEMENT	Assess pain score to determine analgesic requirements. Adults: 2 – 5 mg Morphine repeated every 5 minutes. Paediatrics: 0.1mg/kg Morphine repeated every 5 minutes. Maximum: 0.3mg/kg Re-assess pain score (goal: Adult VAS pain score <4) and adjust analgesia accordingly. Consider Morphine infusion for ongoing pain relief.
MANAGING THE WOUND	Assess extent of burn using Rule of Nines or Lund & Browder chart. Clean then cover the wound (see below).
CIRCUMFERENTIAL BURNS	Elevate limbs where circumferential burns present. Assess perfusion distal to burn: capillary refill, pulse, warmth, colour. Liaise with burn service if escharotomy required (cool to touch, weak or no pulse distally).
OTHER	Cover the patient to minimise heat loss. Insert nasogastric tube for burns >20% TBSA adults and 10%TBSA paediatrics. Keep nil orally. Administer tetanus immunoglobulin if required. Investigative tests as indicated

Wound Care for Transit	Fluid Resuscitation	Transfer Checklist
<p>First Aid: Cool running H2O for 20 mins</p> <p>Clean:</p> <ul style="list-style-type: none"> • Normal Saline/0.1% Chlorhexidine. • If transfer delayed consider debridement of loose dermis and blisters >2.5cms. Additional analgesia required. <p>Assess:</p> <ul style="list-style-type: none"> • Depth of burn • Extent of burn (%TBSA) • Circumferential injury <p>Cover:</p> <p><6 hours: Cling wrap longitudinally</p> <p>>6hours: paraffin gauze/ silver dressing</p>	<p>%TBSA Burns: >20% (adults) & >10% (paediatrics)</p> <p>Modified Parkland formula: 3-4mls X %TBSA X Kgs/24hours ½ fluid in first 8 hours post injury. ½ fluid in next 16 hours post injury. Use Crystalloid: Hartmanns/Normal Saline.</p> <p>Ambulance Victoria %TBSA burn X Weight (Kgs)= IV fluid 2/24</p> <p>Paediatric Maintenance Fluids:</p> <ul style="list-style-type: none"> • Up to 10kgs: 100mls/kg/day. • 10 – 20kgs: 1000mls + 50mls/kg/day. • 20 – 30kgs: 1500+20mls/kg/day. <p>Use: 5% Dextrose & ½ Normal Saline.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Airway secure <input checked="" type="checkbox"/> O2 insitu <input checked="" type="checkbox"/> IV access established & secure <input checked="" type="checkbox"/> Fluid resuscitation commenced <input checked="" type="checkbox"/> Urinary catheter inserted and secure <input checked="" type="checkbox"/> Pain controlled <input checked="" type="checkbox"/> Wounds are covered <input checked="" type="checkbox"/> Measures implemented to prevent heat loss <input checked="" type="checkbox"/> Elevate burnt area as appropriate <input checked="" type="checkbox"/> Tetanus immunoglobulin as required <input checked="" type="checkbox"/> Nasogastric insitu <input checked="" type="checkbox"/> ARV & MTS aware <input checked="" type="checkbox"/> NOK aware <input checked="" type="checkbox"/> History and documentation copied