MANAGEMENT OF BURNS IN THE EMERGENCY DEPARTMENT

**PRIMARY SURVEY (ABCDE)**

- **A**irway: Ensure a patent airway.
- **B**reathing: Assess respiratory rate and effort.
- **C**irculation: Assess blood pressure, heart rate, and capillary refill.
- **D**isability: Assess neurologic status and level of consciousness.
- **E**xposure: Assess for visible burns.

**COOL THE BURN**

Remove hot or soaked clothing and jewellery. First aid can be effective for up to 3 hours post burn. Apply cool running tap water for 20 mins. If running water not practical, either submerge burn in cold water / spray with water / sponge burn with water. If using wet cloths, change every 2 minutes. Do not use ice. Do not use Burnaid in place of first aid. Burnaid may be useful for analgesia but only after initial cooling. Keep the patient warm. After cooling the burn, **COVER** it with cling film to reduce pain. Keep covered with cling film until formal burns dressing applied. Do not cling wrap the face or chemical burns. Do not wrap cling film circumferentially around a limb.

**FLUID RESUSCITATION (see protocol)**

- **>15% TBSA Adults**
  - 3-4ml/kg/ %TBSA (Hartmann's)
  - Aim for u/o of 0.5ml/kg/hr (haemo/moglobinuria to 2ml/kg/hr)
- **>10% TBSA Children**
  - 3-4ml/kg/%TBSA + maintenance
  - For children <30kg, aim for u/o of 1ml/kg/hr.

**ANALGESIA**

- Consider taking a photo (get consent) and compare to initial.
- Streaming (Mon-Fri) or F/T Review on weekend. Nurse to remove dressing and clean wound. Cover with Intrasite.
- Elevate burnt limbs (above the level of heart).
- Decompress large blisters especially over palms/soles/joints (do not derof).
- Consider taking photos (get consent).
- Check tetanus status.

**SECONDARY SURVEY & BURN HISTORY**

- **Burning agent?**
- **Duration of exposure?**
- **Enclosed space?**
- **First aid (type & length)?**
- **Depth & site?**
- **Assess % TBSA?**

**BURN WOUND CARE**

- Wear sterile gloves and plastic gown.
- Wash burn with 0.1% Chlorhexidine (in burns box) then rinse off with water.
- Remove any loose devitalised tissue. Leave small blisters intact.
- Decompress large blisters especially over palms/soles/joints (do not derof).
- Consider taking photos (get consent).
- Check tetanus status.

**SUPERFICIAL DERMAL**

- Does the pt need O.T. assessment? (see criteria below).
- Does it require admission? (see Adult admission criteria)
- Elevate burnt limbs and nurse pts elevated unless C spine injury. Dress with Acticoat.

**EPIDERMAL**

- If only erythema, no dressing is required. Apply emollient cream (e.g. Sorbolene) & D/C home.
- Instruct pt to return to E.D. if blisters appear.

**MID - DEEP DERMAL**

- Refer pt to O.T. +/- Physio (see criteria below).
- Elevate burnt limbs (above the level of the heart). Nurse pts with facial burns in upright position unless C spine injury.
- Does the pt need admission (see Adult admission criteria)
- All children to be referred to Paeds Outreach.

**FULL THICKNESS**

- Does the pt need O.T. assessment? (see criteria below).
- Does it require admission? (see Adult admission criteria)
- All children to be referred to Paeds Outreach.

**ADULT ADMISSION/RETRIEVAL**

- Seek Surgical r/v for admission
- ICU r/v and admission as required.
- Consult with RBWH Burns Unit as required. Email photos to burn unit if requested.
- Contact RSQ 1300 799127 if transfer requested.
- If transfer <8hrs apply Bactigras
- If transfer >8hrs apply Acticoat (cover with Intratable Conformable)

**ANZBA REFERRAL CRITERIA**

- Burns >10% TBSA (Adults)
- Burns >5% TBSA (Paediatrics)
- Burns of special areas – face, hands, feet, genitalia, perineum and major joints
- Full Thickness Burns > 5% TBSA
- Electrical Burns
- Chemical Burns
- Burns with an associated inhalation injury
- Circumferential burns of the limbs or chest
- Burns in the very young or very old
- Burns in patients with pre-existing medical disorders which could complicate management, prolong recovery or affect mortality.
- Burn injury in pregnant women
- Any burn patient with associated trauma
- Intra-accidental injury.

**PAEDIATRIC BURNS**

- If between 0800-1600hrs, ring Paediatric Outreach 7 days a week.
- If A/H, contact Surg Reg, however if severe burns, phone Paediatric Surgeon directly.
- Take photos (get consent).
- Apply Acticoat only (not Mepilex Ag)

**REFERENCE**

- Chemical Burns require separate management

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**Pt or guardian to sign consent form.** Camera in locked cupboard at Fast Track. Place paper next to burn. Write pts name or UR number or pt label on the ruler. Take photo of the consent form. Download photos onto computer at Shift Coordinators desk if they need to be emailed immediately (Burns Unit or EAO). Photocopy burn images on camera. Delete photos from the computer once emailed.