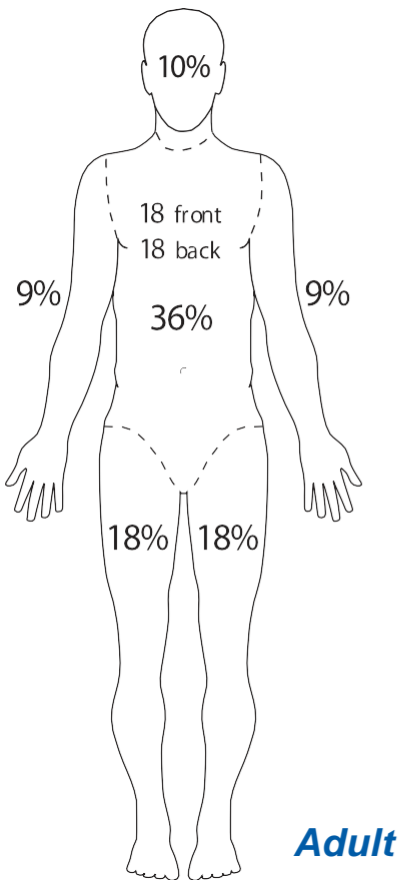


NOW OFFERING TELE NURSE TRIAGE 24/7 BURN CARE 818-676-4177

Emergency Treatment Guidelines for Burn Injuries

Rule of Nines



Lund and Browder

Age and Body Surface Graph

	0-1	1-4	5-9	10-15	Adult	% 2 ^o	% 3 ^o	% 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)

2 ml 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)

3 ml 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 <10 kg use D5LR

Fluid Formula for Electrical Current (not flash or arc) Injuries

4 ml 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%.

Rule of Palm

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



Initial Care

• Primary & Secondary Assessment (ABCs)

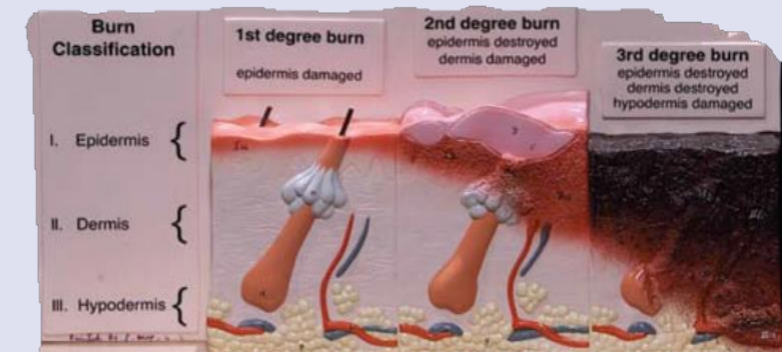
• Initial Treatment

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

Scope of Services

Inpatient Burn Care Management for Adults and Pediatrics

- Intensive Care Unit
- Intermediate Care Unit
- Dedicated Surgical Suites
- Same Day Surgery
- Helipad
- Hyperbaric Oxygen Therapy
- Burn Survivor Support Programs
- Tele-Triage

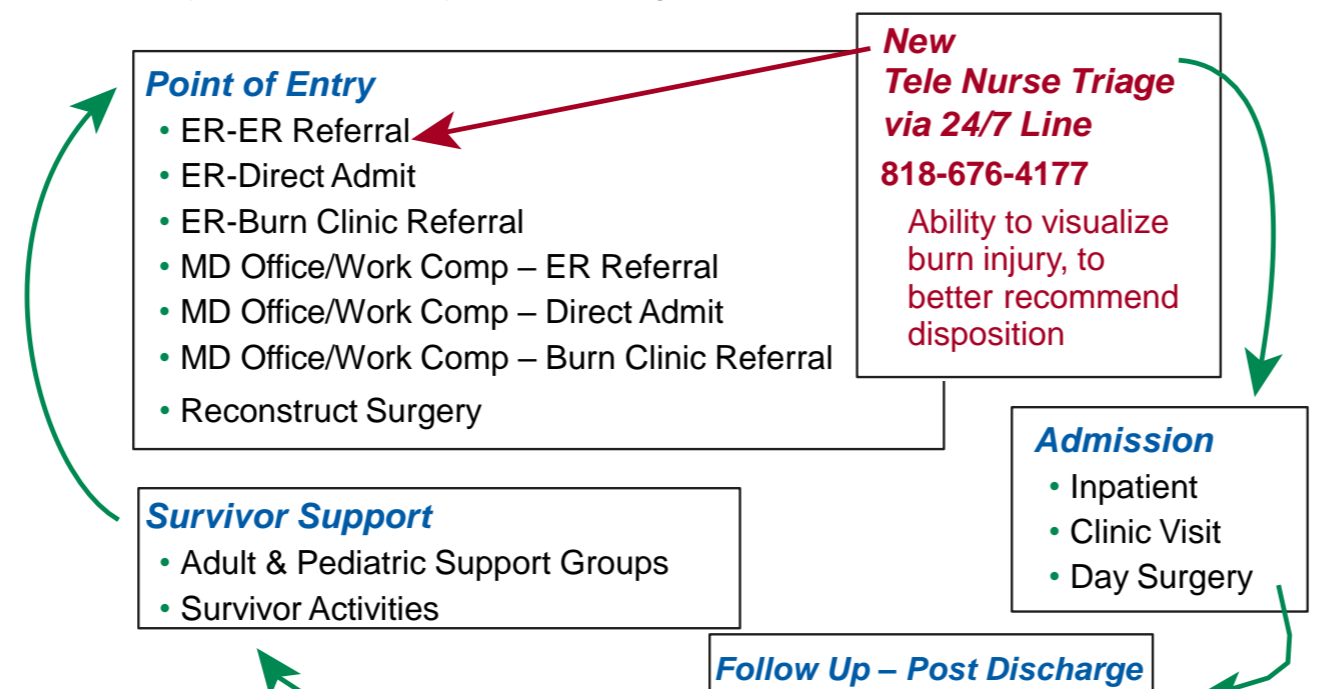
Outpatient Burn Care Management by Appointment

Burn Education Programs

Circle of Care - Referral Process

Comprehensive Care

"Restoring patients to as close to their pre-injury condition as possible – functionally, emotionally and cosmetically, in a nurturing, compassionate and personal environment."



Report

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

When to Call

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.

We are your resource

If the burn does not fall into the above categories, if you are unsure about making a referral, or if you have **any** questions, please call us.