



Thermal Burn

History

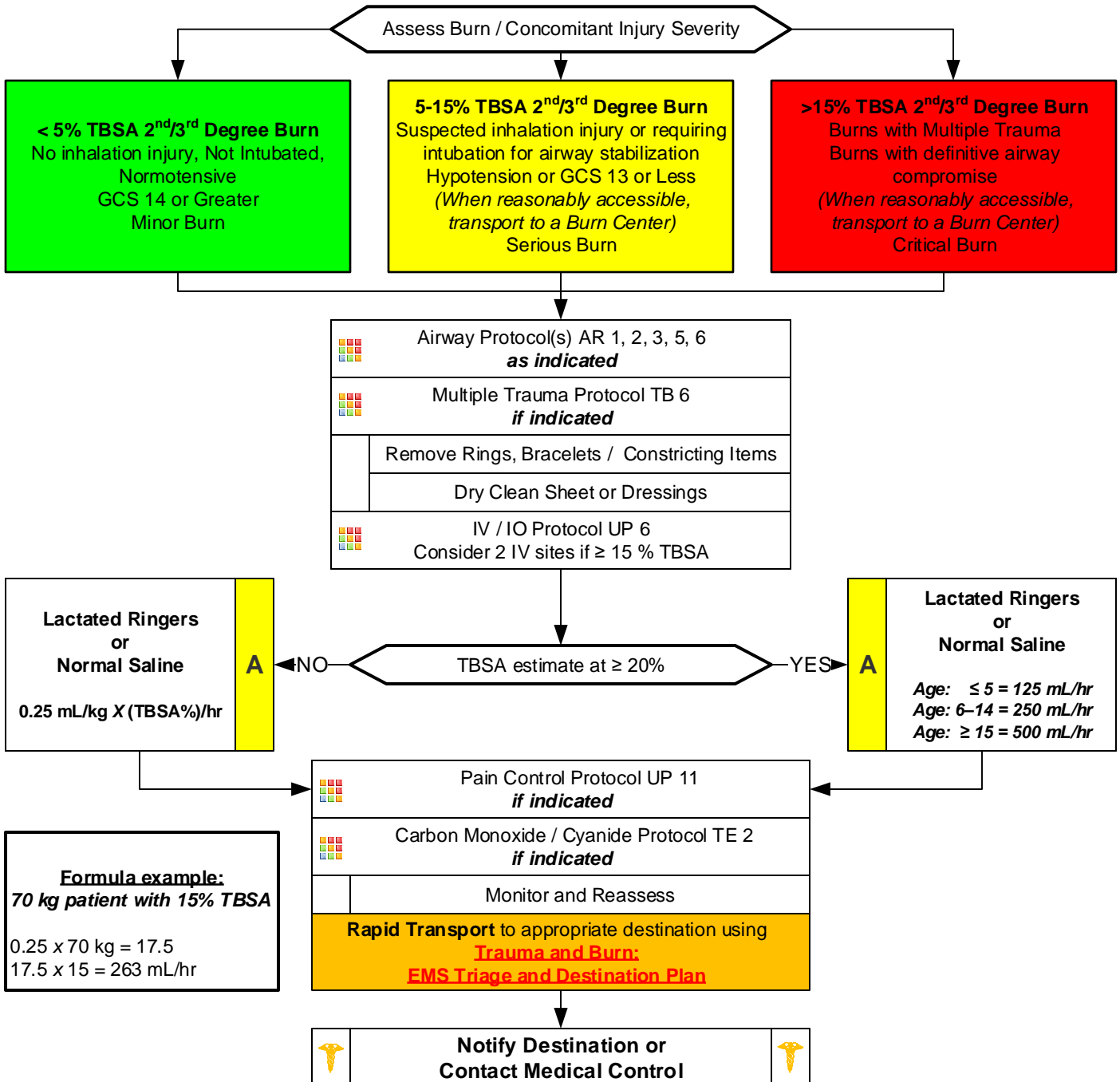
- Type of exposure (heat, gas, chemical)
- Inhalation injury
- Time of Injury
- Past medical history and Medications
- Other trauma
- Loss of Consciousness
- Tetanus/Immunization status

Signs and Symptoms

- Burns, pain, swelling
- Dizziness
- Loss of consciousness
- Hypotension/shock
- Airway compromise/distress could be indicated by hoarseness/wheezing

Differential

- Thermal / Chemical / Electrical Burn Injury
 - Superficial (1st Degree) red – painful (Don't include in TBSA)
 - Partial Thickness (2nd Degree) blistering
 - Full Thickness (3rd Degree) painless/charred or leathery skin
- Radiation injury
- Blast injury

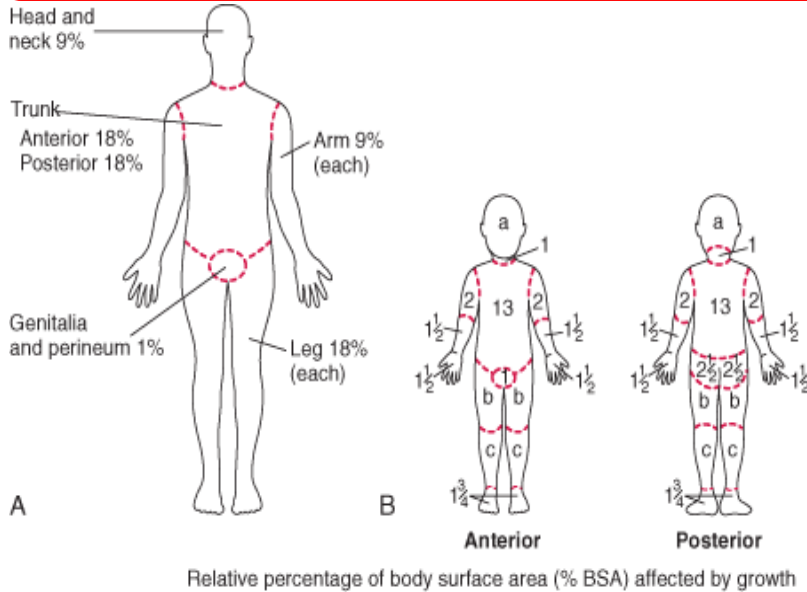


Trauma and Burn Protocol Section

1. Lactated Ringers preferred over Normal Saline. Use if available, if not change over once available.



Thermal Burn



Body Part	Age				
	0 yr	1 yr	5 yr	10 yr	15 yr
a = 1/2 of head	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2
b = 1/2 of 1 thigh	2 3/4	3 1/4	4	4 1/4	4 1/2
c = 1/2 of 1 lower leg	2 1/2	2 1/2	2 3/4	3	3 1/4

Rule of Nines

- Rarely find a complete isolated body part that is injured as described in the Rule of Nines.
- More likely, it will be portions of one area, portions of another, and an approximation will be needed.
- For the purpose of determining the extent of serious injury, differentiate the area with minimal or 1st degree burn (superficial) from those of partial (2nd) or full (3rd) thickness burns.
- For the purpose of determining Total Body Surface Area (TBSA) of burn, include only Partial (2nd) and Full Thickness (3rd) burns. Report the observation of other superficial (1st degree) burns but do not include those burns in your TBSA estimate.
- Some texts will refer to 4th, 5th and 6th degree burns. There is significant debate regarding the actual value of identifying a burn injury beyond that of the superficial, partial and full thickness burn at least at the level of emergent and primary care. For our work, all are included in Full Thickness burns

Estimate spotty areas of burn by using the size of the patient's palm as 1 %

Pearls

- **Recommended Exam: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, and Neuro**
- **Green, Yellow and Red** in burn severity do not apply to the Start / JumpStart Triage System.
- **Airway considerations:**
 - For systems performing RSI, Rocuronium is preferred agent (succinylcholine can be used in the first 24-hours)
 - Singed nasal hairs, facial burns, and/or carbonaceous sputum are not absolute indications for intubation in a burn patient.
 - Utilizing non-rebreather face mask as well as NIPPV procedure are acceptable as tolerated.
- **Critical or Serious Burns:**
 - > 5-15% total body surface area (TBSA) 2nd or 3rd degree burns
 - 3rd (full thickness) degree burns > 5% TBSA for any age group
 - Circumferential burns of extremities
 - Electrical or lightning injuries
 - Suspicion of abuse or neglect
 - Inhalation injury
 - Chemical burns
 - Burns of face, hands, perineum, or feet
 - Require direct transport to a Burn Center. Local facility should be utilized only if distance to Burn Center is excessive or critical interventions such as airway management are not available in the field.
- Burn patients are trauma patients, evaluate for multisystem trauma.
- Assure whatever has caused the burn is no longer contacting the injury. (Stop the burning process!)
- Circumferential burns to extremities are dangerous due to potential vascular compromise secondary to soft tissue swelling.
- Burn patients are prone to hypothermia - never apply ice or cool the burn, must maintain normal body temperature.
- Evaluate the possibility of geriatric abuse with burn injuries in the elderly.
- Never administer IM pain injections to a burn patient.