

TREATMENT of MINOR BURNS

1 STOP THE BURNING PROCESS

- + Remove all clothing, diapers, jewelry, metal and restrictive garments.
- + Do not place ice or cold water on burns.
- + Obtain patient's medical history.
- + Check tetanus status and give tetanus if last immunization was more than five years ago.

2 BURN CENTER REFERRAL CRITERIA*

- These guidelines are designed to be used to aid in clinical decision making. If you have sustained a burn injury, please seek medical advice from a medical professional.
- Local and regional infrastructure, resources and relationships may determine the necessity and timeliness of burn center referral.
- These guidelines are not meant to be definitive care recommendations. They may facilitate building the proper referral network within the local healthcare community.

IMMEDIATE CONSULTATION WITH CONSIDERATION FOR TRANSFER

Thermal Burns

- + Full-thickness burn.
- + Partial thickness burn >10% TBSA.
- + Any deep partial or full thickness burns involving the face, hands, genitalia, feet, perineum or over any joints.
- + Patients with burns and other comorbidities.
- + Patients with concomitant traumatic injuries.
- + Poorly controlled pain.

All Suspected Inhalation Injuries

Pediatric (≤14 years, <30 kg) Injuries

All Chemical Injuries

Electrical Injuries

- + All high-voltage (≥1,000V) electrical injuries.
- + Lightning injuries.

* American Burn Association

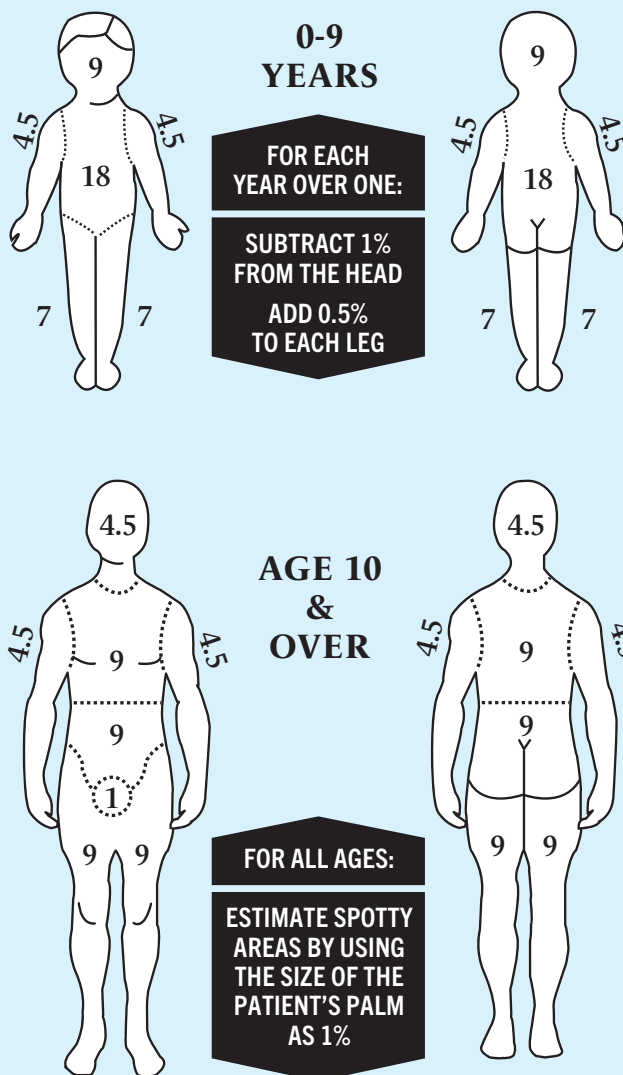


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BURN AND RECONSTRUCTIVE CENTERS OF AMERICA

TOTAL BODY SURFACE AREA (TBSA) BY PERCENTAGE

RULE OF NINES



3 ESTIMATE DEPTH OF BURN INJURY

First-degree burns:

- + Are marked by red, pink or darkened skin.
- + Are painful and warm to touch.
- + No blisters or skin sloughing present.
- + Not included in TBSA calculation.

Second-degree (partial thickness) burns:

- + Are moist, reddened, blistered and painful to touch.
- + Blanch to touch.
- + Are at risk of developing into a third-degree burn. Regularly reassess second-degree burns to ensure the injury has not converted to a third-degree burn.

Third-degree (full thickness) burns:

- + Are dry/tight/leathery, brown/tan/waxy or pearly white.
- + Are devoid of blanching or capillary refill.
- + Are relatively pain-free, devoid of blisters and may initially appear as second-degree.
- + Need skin grafting to heal.

4 TREAT MINOR BURN WOUNDS

- + Medicate for pain before wound care.
- + Remove all blisters and devitalized tissue.
- + Clean the wound with antibacterial soap and low-pressure, room-temperature water.
- + Apply antibacterial ointment.
- + Wrap the wound with a light gauze.
- + Inform patient that they may follow up at one of our clinics.

5 WATCH FOR POSSIBLE COMPLICATIONS

Complications include:

- + Infection of the burn or wound.
- + Localized cellulitis.
- + Fever, chills or nausea.
- + Development of eschar.
- + Uncontrollable pain.

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OUR PROVIDERS ARE AVAILABLE 24/7 FOR CONSULTATIONS, REFERRALS & TRANSFERS