Accurate diagnosis of the severity of a burn injury is important as it informs treatment decisions. Jeschke et al. (Smith, 2021) identified two levels of diagnosing burn injuries namely, the primary and secondary survey. In the primary survey, it is often conducted at the scene of accident which consist of immediate standardized assessment, in this order of: the airway, breathing, ventilation, circulation and cardiac status, disability, neurological deficit, gross deformity and degree of exposure (Smith, 2021). To prevent hypothermia, especially in children and the elderly, it is expected that the primary survey is conducted while maintaining a warm environment. In the secondary survey, it is either conducted in the emergency department or the burn center and it consists of laboratory analyses and imaging, tetanus prophylaxis, blood count, arterial blood gas measurement, electrolyte assessment, and coagulation profile. The secondary survey is crucial as it ensures a definitive evaluation of the burn severity including depth and size based on total body surface affected. In the care and treatment of burn injuries, Jeschke et al. (Smith, 2021) recommend that first aid treatment should provided and usually sufficient in treating minor burn injuries. Although more severe burn injuries would benefit from the procedures of first aid treatment, they just be provided with another four components of care once admitted: resuscitation; burn-wound coverage; critical and supportive care; and rehabilitation.