Checklist: Outpatient Burn Management

For more information, please refer to the Burn Centre Consultation Guidelines. This checklist has been developed to aid in clinical decision making at Referring Hospitals caring for patients with burn injuries. This is not a replacement of the burn consultation and should only be used at the care team's discretion. Burn Centre should be consulted as deemed necessary.

For Burn Consultation, please call CritiCall Ontario at 1-800-668-4357

This Checklist is ONLY meant for patients who will be discharged home after consultation at your hospital.

- Review referral criteria; contact burn centre for advice if necessary П
- Update tetanus if required Remove jewellery
- П Administer analgesia to facilitate cleansing and dressing of wound
 - Acetaminophen, ibuprofen, +/- Gabapentin or Pregabalin (Neuropathic pain management) +/hydromorphone
- Debride any large blisters and/or exfoliating (loose) skin
- Apply greasy gauze to wound, followed by saline soaked gauze and dry gauze
 - Wrap fingers and toes individually (gloves to be used instead of mittens)
 - Greasy gauze: Jelonet, Adaptic
 - For burns on extremities: secure with tensor bandage wrapped taut but not tight
- Complete Home and Community Care Support Services (HCCSS) referral for wound care
 - o Jelonet, normal saline wet to dry, change daily
- Counsel patient to wash burn wound daily at time of dressing change with soap (plain, mild, and unscented) and clean, running water
- Counsel patient to elevate burned extremities on pillows above heart
- No antibiotics necessary unless:
 - o There are signs of infection (very rare unless delayed presentation)
 - Patient immersed the burnt area in lake water (need to cover for aeromonas species)
 - Foot burn in patients with Diabetes Mellitus (DM), as these are high risk for infection
- Counsel patient on analgesia: standing acetaminophen and ibuprofen (4x daily) unless contraindicated, consider neuropathic pain agents (gabapentin or pregabalin) and may require opioid prescription. Suggest that patient take pain medication 30 minutes prior to dressing
- No activity restrictions are necessary; encourage patient to move affected area through full range of motion

Outpatient Consultation Information

Hamilton Health Sciences: BurnClinicReferrals@hhsc.ca Sunnybrook Health: BurnClinic@sunnybrook.ca or Fax 416-480-6844 The Hospital for Sick Children: Sandy.Davies@sickkids.ca

Immediate Consultation with Consideration for Transfer to a **Burn Centre**

Thermal Burns

- Full thickness burns
- Partial thickness burns ≥ 10% TBSA
- . Deep partial or full thickness burns involving the face, hands, genitalia, feet, perineum, or over any joints
- · Patients with burn and comorbidities
- Inhalation Injury Inhalation injury and partial and/or full

thickness burns ≥5% TBSA

Paediatrics (≤14 years or <30 kg)

 All paediatric burns may benefit from burn centre referral due to pain. dressing, rehabilitation, patient/caregiver needs, or nonaccidental trauma

Chemical Injuries

All chemical injuries

Electrical Injuries

- . All high voltage (≥1000V) injuries
- Lightning injury

High-Risk Considerations

- ≥ 50 years of age
- Anticoagulation
- Immunosuppression
- Pregnancy
- Diabetes
- · Patients with burns requiring special social, emotional, or rehabilitation care
- · Patients requiring more care based on the assessment of the ED Physician
- · Significant medical problems

Consultation Recommendation

Thermal Burns

- · All potentially deep burns of any size
- Poorly controlled pain
- Advice for non-urgent or non-emergent burns at hospital with qualified personnel and equipment for burn care and scar management
- · Outpatient referral for Partial thickness non-functional burns < 10%

Inhalation Injury

- Inhalation injury with burn
- · Inhalation injury without burn, consult critical care

Electrical Injuries

• Low voltage (<1000 V) electrical injuries should receive consultation and consideration for follow up in a burn centre to screen for delayed symptom onset and vision problems

© 2024 Critical Care Services Ontario [Updated on May 13, 2024] Developed by Dr. Stephanie Mason, Interim Associate Medical Director, Sunnybrook Health Sciences Centre in consultation with Ontario Burn Committee, Subject Matter Experts, and Critical Care Services Ontario using the current recommendations from American Burn Association.

