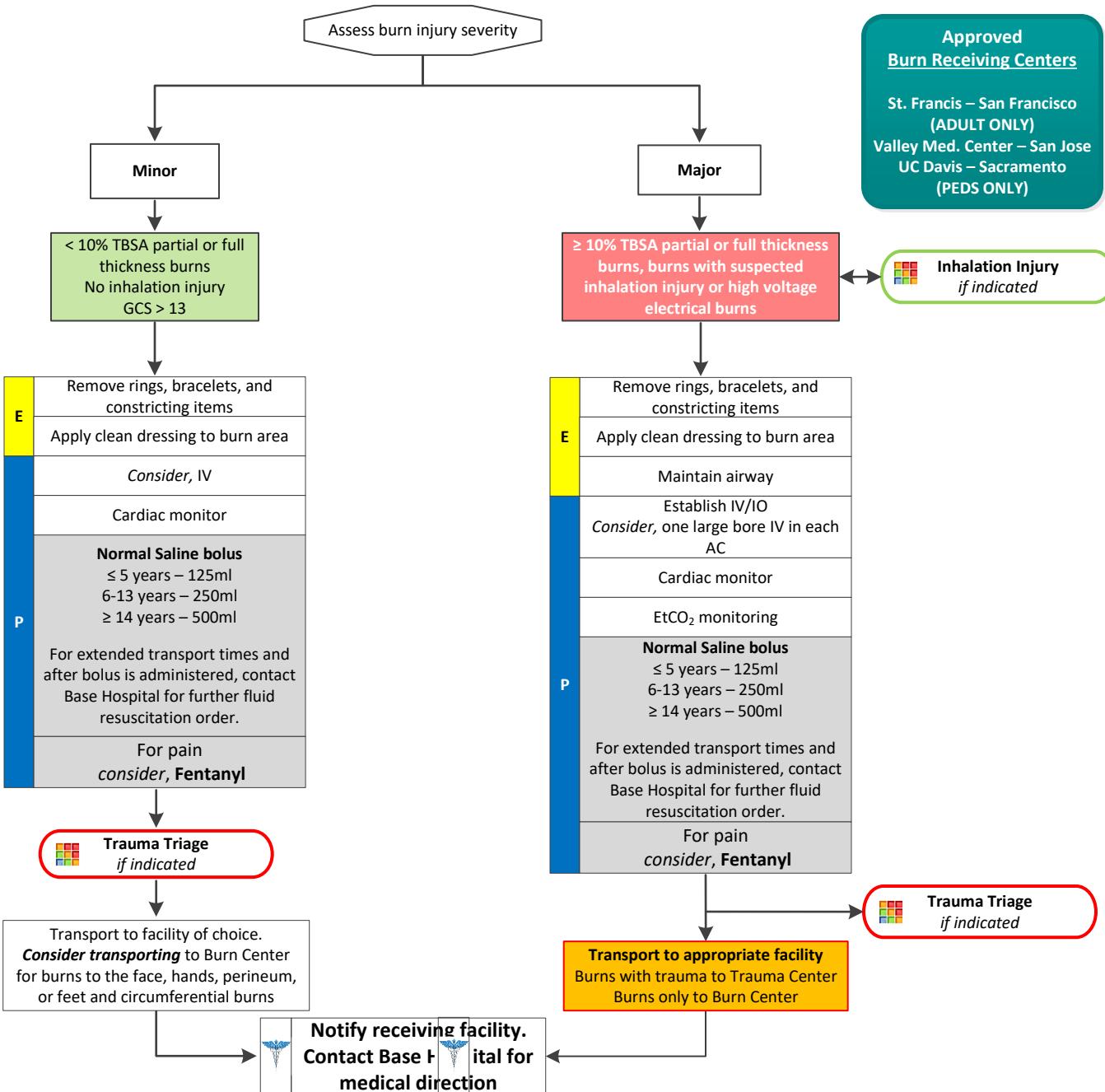


Burns

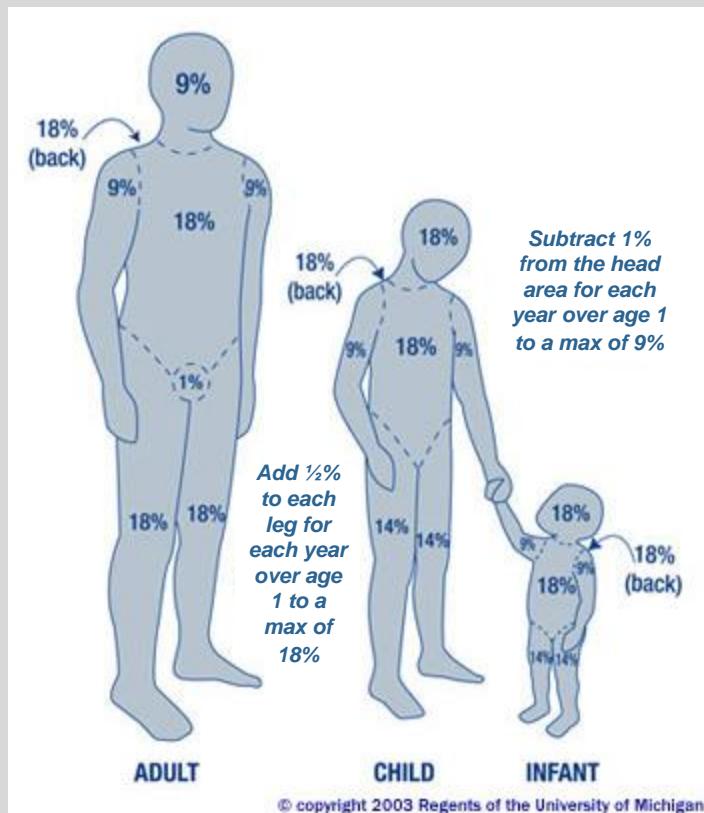
For any burn injury to skin. For inhalation injury, use primary impression Inhalation Injury. Use with primary impression Traumatic Injury if other trauma present

History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> Type of exposure (heat, gas or chemical) Inhalation injury Time of injury Other trauma Past medical history Medications 	<ul style="list-style-type: none"> Burns, pain, or swelling Dizziness Loss of consciousness Hypotension/shock Airway compromise or distress could be presented as hoarseness or wheezing 	<ul style="list-style-type: none"> Superficial – red and painful (do <u>not</u> include in TBSA) Partial thickness – blistering Full thickness – painless with charred or leathery skin Chemical injury Thermal injury Radiation injury Blast injury



Burns

For any burn injury to skin. For inhalation injury, use primary impression Inhalation Injury. Use with primary impression Traumatic Injury if other trauma present



Rule of Nines

- Seldom will you 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 (superficial) burn from those of partial or full thickness burns.
- When calculating TBSA of burns, include only partial and full thickness burns; do not include superficial burns in the calculation.

Burn Assessment Terminology

Approved Terminology	Old Terminology
Superficial	1 st degree
Partial thickness	2 nd degree
Full thickness	3 rd degree

Burn assessment should be documented and reported using only approved terminology

Pearls

- If burn is < 30% TBSA and within 3 hours of injury, run under cool water for 20 continuous minutes prior to transport to stop the burning process.
- Airway burns may lead to rapid compromise of the airway and can be identified by soot around the nares or mouth or visible burns or edematous mucosa in the mouth.
- Early intubation is required when the patient experiences significant inhalation injuries. If the patient requires advanced airway management that cannot be quickly achieved in the field, transport to the nearest facility for stabilization prior to transfer to the Burn Center. Do not wait for a helicopter if airway patency is a critical concern.
- Contact Burn Center prior to transport to confirm bed availability.
- For pediatric burn patients, UC Davis should only be considered if Valley Medical Center is unable to accept.
- For major burns, do not apply wet dressings, liquids or gels to burns unless it is to remove whatever caused the burn (i.e. dry chemical agent, etc.). Cooling large burns may lead to hypothermia.
- Burn patients are often trauma patients. If burns are evident in the presence of trauma, follow trauma triage guidelines and transport to trauma center if activation criteria is met.
- Circumferential burns to extremities are dangerous due to potential vascular compromise secondary to soft tissue swelling.
- Never administer IM pain medication into a burned area.
- IV/IOs may be placed through burns as a last resort.

