BURN INJURY

Poster Supporting the Northern Burn Care Network (NBCN) Guidelines

BURNS REQUIRING REFERRAL NBCN CRITERIA

Royal Preston: Tel:01772 522244 Fax: 01772 523694
Wythenshawe Manchester: Tel: 0161 2916314 Fax: 0161 2916315
Manchester Childrens: Tel: 0161 701 8100 Fax: 0161 276 1234

COMPLEX BURN

Paediatrics Total Body Surface Area (TBSA)/Depth:
≥ 10% (<16 years)
>1% TBSA Deep Dermal burn all children <1 year
All Full Thickness burns >size of a patients finger tip
Adults Total Body Surface Area (TBSA)/Depth:
≥15% (above 16 years)
>10% (65 years and over)
>2% deep dermal / full thickness
All Any depth and size of the following;
Mechanism: All burns associated with chemical or electrical injuries, exposure to ionising radiation or high pressure steam, or suspicion of non-accidental injury
Site: Buttocks, perineum, facial, neck, feet, joints or flexural creases
All circumferential burns and deep dermal/full thickness to hands
Existing Conditions: Cardiac limitation, respiratory limitation, diabetes, pregnancy, renal impairment, immune-suppressive disorders, hepatic impairment, cirrhosis, infected burn injuries
Associated Injuries: Burns associated with inhalation or trauma

COMPLEX NON-BURN

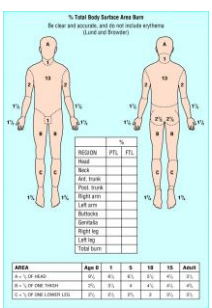
All Progressive Non-Burn Skin Loss >5%: Blistering skin disorders e.g. Toxic Epidermal Necrolysis, Staphylococcal Scalded Skin Syndrome, and Stevens - Johnson syndrome

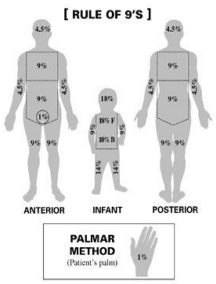
NON-COMPLEX BURN

Paediatric Size: 2-10% TBSA >1 and <16 years old all depths
Adult Size: 1-2% deep dermal to full thickness loss
≥ 5% epidermal/superficial dermal
Wound Healing: Any wound unhealed at 14 days / 7 days paediatrics or suspicion of clinical infection
Rehabilitation: Any healed wound where scarring suggests that there may be a significant aesthetic/functional impact, loss of function or psychological disturbance.

Complete + Fax NBCN Burn Referral Form
following discussion with the Burns Centre who will give advice on management for transfer

BODY SURFACE AREA (B.S.A.) charts used to calculate

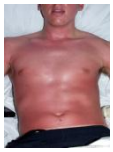




Infection in children: *Toxic Shock Syndrome / Burn Sepsis Syndrome*
Observe for 2 of the following;
- Temperature >38 °C
- General malaise
- Rash
- Hypotension
- Diarrhoea and vomiting
- Not eating or drinking
- Tachycardia / tachypnoea

This is a medical emergency and rapid transfer to the nearest emergency department is vital.

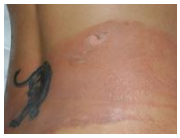
Erythema



- Injury only to the epidermis.
- Red **(unbroken)** skin with mild oedema.
- Brisk capillary refill
- Often very painful.
- Careful assessment of skin viability is necessary as skin may look intact but may not be viable.

Superficial epidermal

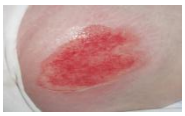
Injury to the epidermis and the upper portion of the dermis



- Characterised by uniform pink colour to wound bed
- Brisk capillary refill
- Painful
- Blisters often present

Superficial dermal

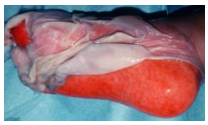
Injury to the epidermis extending to the upper and middle portion of the dermis



- Pink colour but may have some white mottling.
- Less brisk capillary refill
- Painful
- Blisters often present

Deep dermal

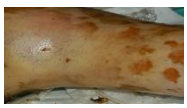
Injury to the epidermis and lower portion of the dermis



- Fixed red capillary staining and/or pale white mottling
- Sluggish capillary refill
- Reduced pain and sensitivity
- Blisters may sometimes be present

Full Thickness

Injury may extend beyond dermis into subcutaneous layer, muscle and bone



- White to charred colour. Dry leathery appearance
- Does not blanch (no capillary refill)
- Does not bleed on pinprick
- Insensate (but may be painful around edges)

For cases that do not meet the criteria for referral:
Continue local care and give advice to observe signs for infection.
Refer on if wound unhealed at 14 days adults / 7 days paediatrics
Discharge when wound healed, with written advice to moisturise and protect from sun until healed skin loses pink colour

Burns requiring transfer
See full guidance and check lists

Complex Burn FLUID RESUSCITATION.
See guidance for when indicated

Parkland Formula:
The first 24 hours following the injury are divided into 3 periods of 8 hours.

First 8 hours
0.1875ml X % B.S.A. X Weight pt in Kg. = ml / hr Hartmans (Sodium Lactate Infusion).

N.B. The first period starts at the **time of the injury.**
Please check calculations and discuss with the burns unit along with any "catch up" fluids that may be required
The expectation is that the patient will be transferred to the burns unit within the 8 hours

WOUND CARE prior to transfer
Please do not apply topical agents these can alter the appearance of the burn making assessment difficult.
If for immediate transfer cover the burn with cling film (not over faces).
If delay in transfer or old burn please dress with Atrauman, gauze, padding and light bandage to secure. Hands / feet can be put in clear plastic bags.

Full NBCN guidelines and forms are kept in this department: (indicate where)

Liz White Tissue Viability Nurse Specialist 11/2012