

- Minor Burn Exclusion Criteria**
- Burns >5% TBS
 - Full-thickness burns
 - Burn affecting the face, genitalia, or perineum
 - Significant burns on hands, feet, joints, flexor surfaces or palmar full-thickness burns
 - Evidence of vascular compromise
 - Patient has pre-existing medical disorders that could complicate management
 - Significant associated trauma

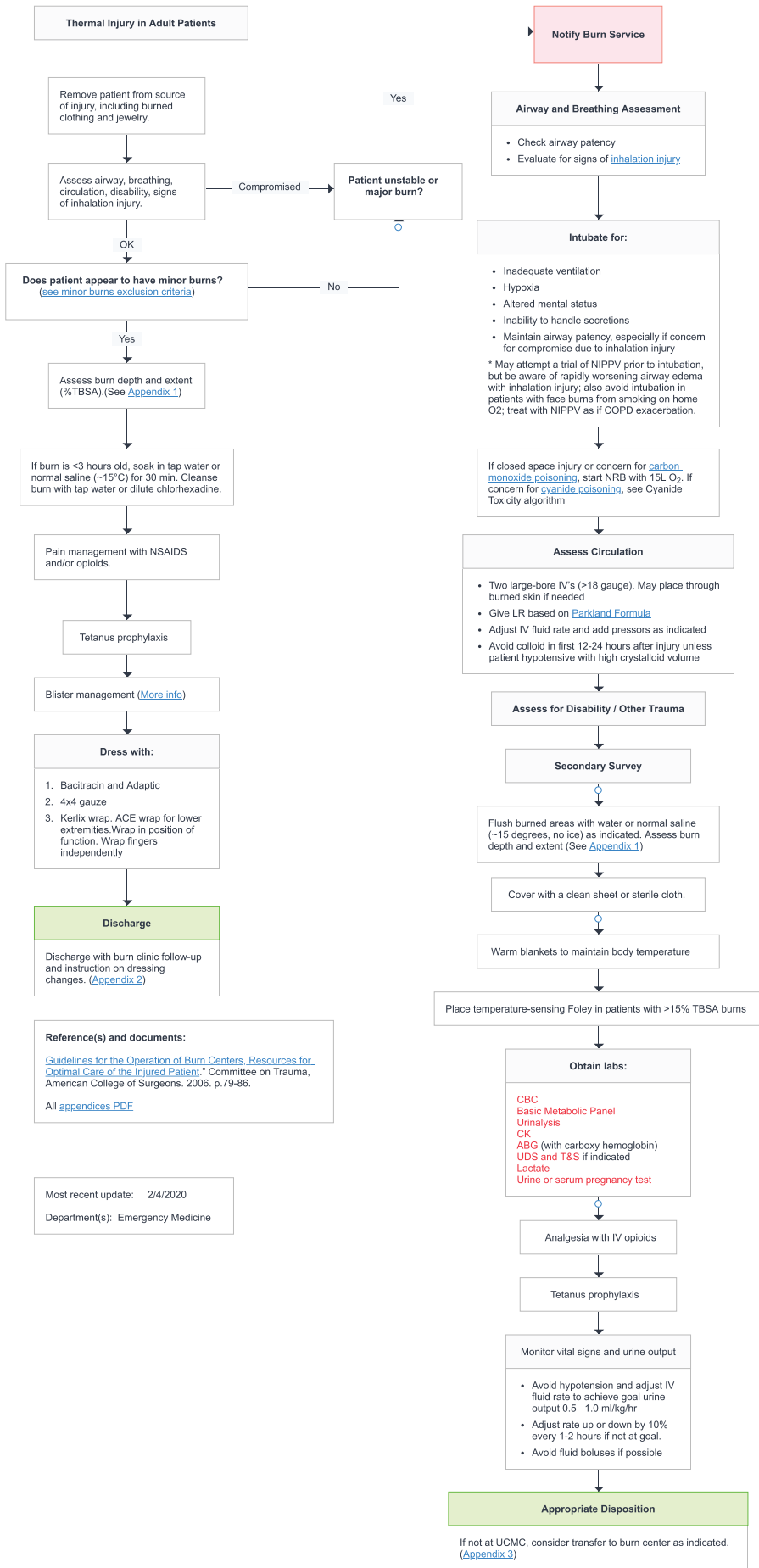
- Indications for Blister Debridement**
- Large blisters (>6mm)
 - Thin-walled blisters on hair-lined surfaces.
 - Thick-walled blisters of palms and soles may be left intact
 - If necessary to visualize wound bed to determine depth/extent of the wound
 - If blister impedes function, especially if it overlies the joint
 - Blisters that are already disrupted

- Signs of Inhalation Injury**
- Soot in the oral cavity
 - Facial burns
 - Stridor
 - Hoarseness
 - Drooling
 - Dysphagia
 - Hypoxia

- Signs of CO Poisoning**
- Restlessness
 - Headache
 - Nausea
 - Poor coordination
 - Memory impairment
 - Skin redness
 - Coma

- Signs of Cyanide Poisoning**
- Signs of smoke inhalation
 - AMS
 - Hypotension

- Parkland Formula**
4ml/kg/%TBSA of LR
- Only deep partial thickness and full thickness burns contribute
 - ½ of this volume is given in the first 8 hours post-burn
 - Remainder is given over the next 16 hours.



Reference(s) and documents:
[Guidelines for the Operation of Burn Centers, Resources for Optimal Care of the Injured Patient.](#) Committee on Trauma, American College of Surgeons. 2006. p.79-86.
 All [appendices PDF](#)

Most recent update: 2/4/2020
 Department(s): Emergency Medicine

Appendix 1: Assessment of Burn Depth and Extent

Burn Type	Destruction	Color	Presence of Blisters	Capillary Refill Rate	Pain
Superficial thickness (1st degree)	Epidermis only	Red	No	Brisk	Yes
Superficial partial thickness (2nd degree)	Epidermis and some dermis	Pink	Yes	Brisk to slow	Yes
Deep partial thickness (2nd degree)	Epidermis and dermis	Dark pink or dry, blotchy red	Maybe	Absent	Diminished
Full thickness (3rd degree)	Epidermis, dermis, and underlying SQ tissue	Dry white or black	No	Absent	No

1st Degree (Superficial)



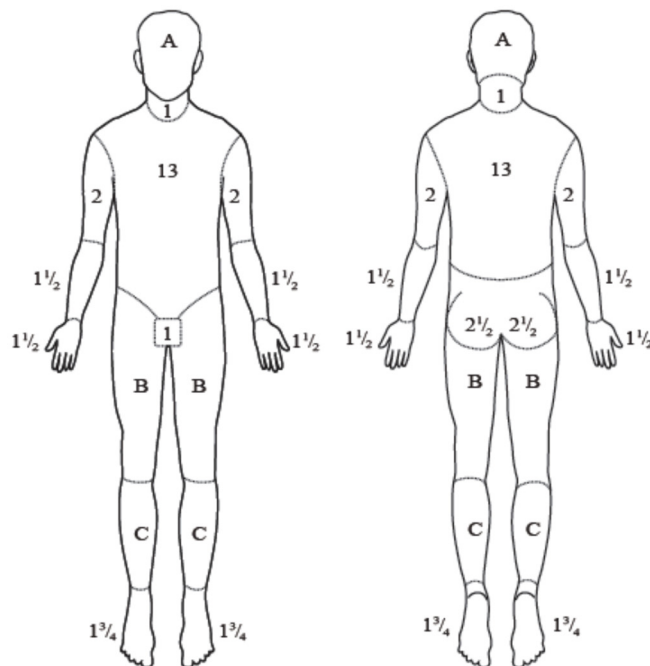
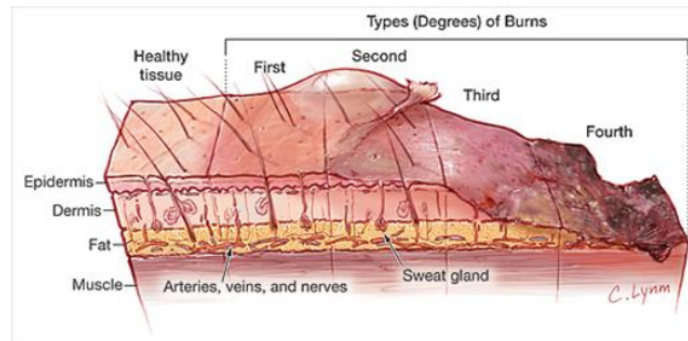
2nd Degree (Superficial)



2nd Degree (Deep)



3rd Degree (Full thickness)



Region	Partial thickness (%) [NB1]	Full thickness (%)
head		
neck		
anterior trunk		
posterior trunk		
right arm		
left arm		
buttocks		
genitalia		
right leg		
left leg		
Total burn		

NB1: Do not include erythema

Area	Age 0	1	5	10	15	Adult
A = half of head	9½	8½	6½	5½	4½	3½
B = half of one thigh	2¼	3¼	4	4½	4½	4¼
C = half of one lower leg	2½	2½	2¼	3	3¼	3½

Appendix 2: Follow-up and Dressing Changes

- If patient is not appropriate for admission, may follow-up in the Burn Clinic. Every patient must have an appointment, but can usually be seen within 24 hours of ED visit.
- Burn Clinic is located at Holmes Hospital in Suite 1200 on the first floor
- If a burn consult is not needed for the patient in the ED, then call 584-3140 if the patient needs outpatient follow-up. If you have to leave a message, include the patient's name, medical record number, and phone number. The clinic staff will call the patient with an appointment if you have to leave a message.
- If a burn consult is done in the ED, the burn surgery team may handle making the follow-up appointment.
- Prewritten discharge instructions, including the burn clinic address and phone numbers, can be obtained in Epic by typing .eddcburn.

Inclusion criteria for Burn Clinic:

1. Age ≥ 18 (refer younger patients to Shriners' Hospital for Children) -First degree burns of any size
2. Second degree burns involving $\leq 15\%$ TBSA
3. Third degree burns involving $\leq 5\%$ TBSA
4. Minimal co-morbid conditions

Exclusion criteria for Burn Clinic (i.e. get a burn consult while patient is in the ED):

1. Suspected inhalation injury
2. Burns with significant associated trauma
3. Electrical injury (>1000 volts and/or loss of consciousness)
4. Chemical burns with systemic toxicity
5. Ocular injury
6. Non-ambulatory or non-wheelchair patient

Appendix 3: Criteria for Transfer to a Burn Center

- Partial thickness burns $>10\%$ TBSA
- Burns involving the face, hands, feet, genitalia, perineum, or major joints
- Full-thickness burns of any extent
- Electrical or chemical burns
- Inhalation injury
- Patient with burns and concomitant trauma or pre-existing medical disorders that could complicate management, prolong recovery, or affect mortality. If trauma poses greatest immediate risk, patient may be initially stabilized at a trauma center.
- Burn injury in patients who will require special social, emotional, or long-term rehabilitation/intervention
- Circumferential burns or limbs or chest