


ADULT BURNS

Evaluating Burns

SUPERFICIAL	Etiology:	S&S:
	<ul style="list-style-type: none"> Hot Sun Flash Burn Hot Liquids 	<ul style="list-style-type: none"> Pink Dry Tender
Note: Do not count toward total body surface area (TBSA) burned		

PARTIAL THICKNESS	Etiology:	S&S:
	<ul style="list-style-type: none"> Hot Liquids Flame Burns Chemicals 	<ul style="list-style-type: none"> Red Blistered Edema Painful

FULL THICKNESS	Etiology:	S&S:
	<ul style="list-style-type: none"> Fire Scald Electricity Chemicals 	<ul style="list-style-type: none"> Pale White Charred Leathery Insensate

Lund and Browder Burn Chart

for calculating the percentage of total body surface area (TBSA) burned

Burned Area	1	1 to 4	5 to 9	10 to 14	15	Adult
Head	19	17	13	11	9	7
Neck	2	2	2	2	2	3
Anterior Trunk	13	13	13	13	13	13
Posterior Trunk	13	13	13	13	13	13
Right Buttock	2.5	2.5	2.5	2.5	2.5	2.5
Left Buttock	2.5	2.5	2.5	2.5	2.5	2.5
Genitalia	1	1	1	1	1	1
R. U. Arm	4	4	4	4	4	4
L. U. Arm	4	4	4	4	4	4
R. L. Arm	3	3	3	3	3	3
L. L. Arm	3	3	3	3	3	3
Right Hand	1.5	1.5	1.5	1.5	1.5	1.5
Left Hand	1.5	1.5	1.5	1.5	1.5	1.5
Right Thigh	5.5	6.5	8	8.5	9	9.5
Left Thigh	5.5	6.5	8	8.5	9	9.5
Right Lower Leg	5	5	5.5	6	6.5	7
Left Lower Leg	5	5	5.5	6	6.5	7
Right Foot	3.5	3.5	3.5	3.5	3.5	3.5
Left Foot	3.5	3.5	3.5	3.5	3.5	3.5

Outline of Major Burn Management

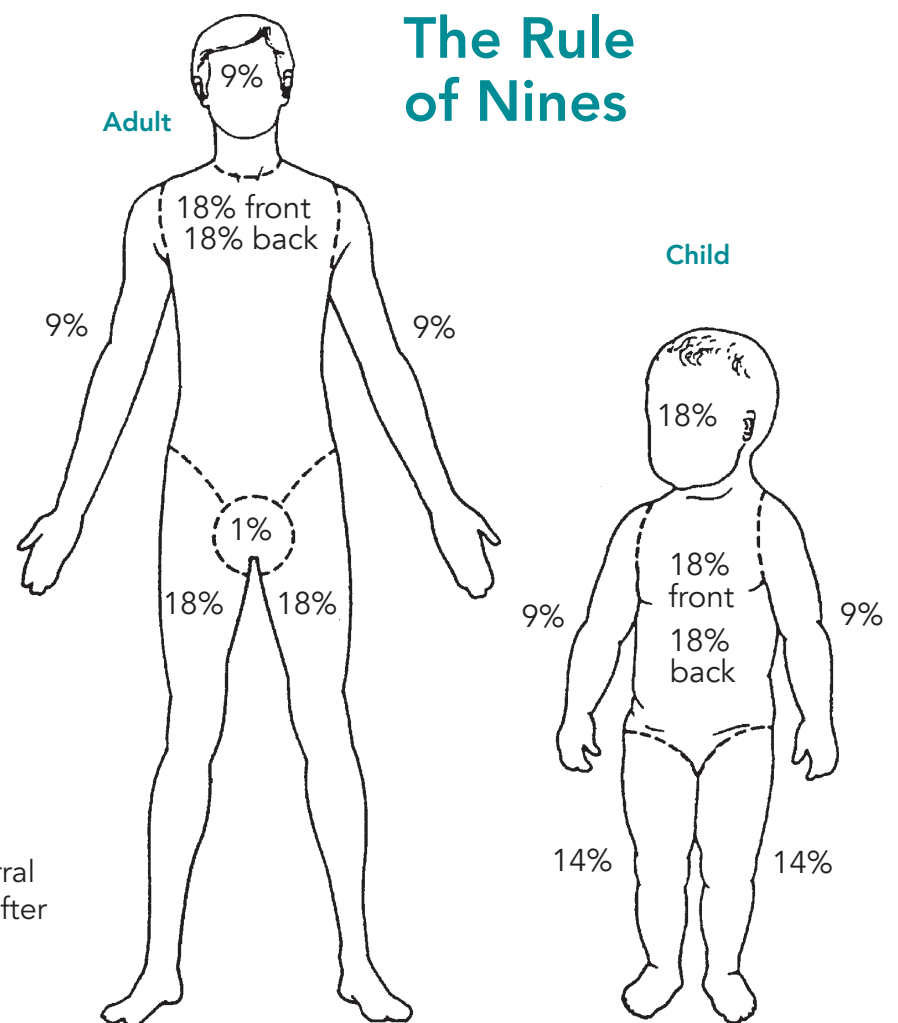
- Assess airway patency and provide oxygen, intubation and ventilatory support as needed.
- Insert two large-bore intravenous lines, preferably through unburned skin in the upper extremities.
- Remove clothing and jewelry and examine for secondary trauma.
- Evaluate the burn wound and determine the extent and depth of the injury. Only second- and third-degree burns count toward total body surface area estimate.
- Obtain admission weight.
- Calculate fluid requirements for first 24 hours post-burn, using Lactated Ringer's solution at 2-4cc's / Kg wt / % TBSA.
- Insert a nasogastric tube to maintain gastric decompression.
- Insert an indwelling Foley catheter to monitor hourly urine output.
- Provide intravenous medication for control of pain and anxiety.
- Obtain baseline laboratory studies.
- Assess need for escharotomies due to constricting circumferential eschar.
- Keep patient warm and cover burns with dry clean sheets.
- Administer appropriate tetanus prophylaxis.

Burn Center Referral Criteria

The American Burn Association has identified the following injuries as those requiring referral to a burn center. Patients with these burns should be treated in a specialized burn facility after initial assessment and stabilization at an emergency department.

- Partial thickness burns greater than 10% total body surface area (TBSA).
- Burns involving the face, hands, feet, genitalia, perineum or major joints.
- Third-degree burns in any age group.
- Burned children in hospitals without qualified personnel or equipment for the care of children.
- Electrical burns, including lightning injury.
- Chemical burns.
- Inhalation injury.
- Burn injury in patients with pre-existing medical problems or disorders that could complicate management.
- Any patients with burns and concomitant trauma in which the burn poses the greatest risk.
- Burn injury in patients who will require special social, emotional or long-term rehabilitation.

The Rule of Nines



Transferring a Patient to

Atrium Health Wake Forest Baptist Burn Center

To arrange a transfer, call: Physician's Access Line (PAL[®]) at 1-800-277-7654