FOR CARE OF BURN PATIENTS

STOP THE BURNING PROCESS:
• Remove clothing and jewelry. Briefly flush all burns with tepid water no more than five minutes. Cover with a clean, dry sheet. Do not transport in wet dressings.
• Keep blisters intact. Do not apply ointments.
• Chemical Burns: Brush away dry powders first, irrigate profusely with running water, away from intact skin, for 20 minutes. Monitor for hypothermia while irrigating. Isolate and send victim’s clothing for analysis.

AIRWAY MANAGEMENT:
• Symptoms of smoke exposure may have a delayed onset. Beware of imminent respiratory distress.
• Administer 100% (humidified) oxygen by non-rebreather mask. Consider Albuterol or Racemic Epinephrine respiratory treatments.
• Obtain carboxyhemoglobin level with arterial blood gases.
• Consider orotracheal intubation with any respiratory symptoms. Check position of tubing with a chest x-ray. Take precautionary measures to prevent self-extubation. Be sure the ET tube is secure and in good position.

INTRAVENOUS FLUID RESUSCITATION:
• Insert TWO large-bore I.V. lines. Secure with sutures if necessary.
• Infuse Lactated Ringer’s solution (without dextrose).
• Calculate hourly infusion rate from time of injury: %TBSA x Kg body w ÷ 4 Parkland Formula.
• Insert Foley Catheter.
• Adjust I.V. rate in order to maintain urine output between 1/2 to 1 ml/Kg/hr.

ASSESSMENT AND PREPARATION:
• Take and document a complete history and physical.
• Associated injuries take priority over burns.
• Keep patient NPO. Consider nasogastric tube placement for burns >20%.
• Keep patient warm. Cover with dry blankets.
• Administer analgesia; I.V. Morphine Sulphate (1mg/10kg).
• Infection prophylaxis: tetanus immunization. Defer antibiotics if for burns only.

SPECIAL CONSIDERATIONS:
• THIRD DEGREE CIRCUMFERENTIAL BURNS: assess distal circulation, remove jewelry. Evaluate for escharotomies as necessary. Contact The Burn Center.
• HIGH VOLTAGE ELECTRICAL INJURIES: suspect myoglobinuria or hemoglobinuria. Keep urine output at 100ml/hr and urine alkaline. Place on cardiac monitor. Record EKG. Beware compartment syndrome, consider fasciotomies. Contact The Burn Center.
• FROSTBITE: do not use heat. Warm gradually to room temperature.

For consultation or 24 hour transfer, contact The Burn Center at Saint Barnabas at 973.322.5920

For more information or CEU programs, contact Saint Barnabas Burn Foundation at 973.322.8071