

# The Burn Center at Saint Barnabas Guidelines of Care for Small Burns

Small burns are defined as any burn less than 10%, not meeting recommended referral criteria. A burn is caused by heat absorbed into the skin, damaging structure and compromising function. The higher the temperature, or the longer an exposure, the deeper the degree of injury. Burn types are classified as flame, smoke inhalation, scald, chemical, electrical or contact. Abrasions such as road rash should be treated as a second degree burn, making sure to clean any foreign bodies such as gravel or debris from the wound prior to dressing.

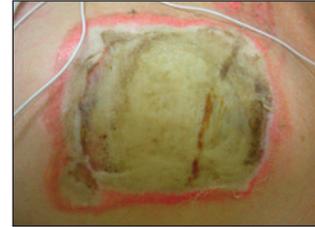
**1°: Skin irritated but remains intact.  
Do not include with % TBSA estimations.**



**2°: Weepy moist surface, painful when exposed to air.**



**3°: Surface dry, leathery, lacks sensation, requires grafting.**

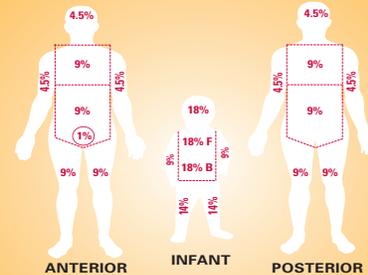


## American Burn Association Referral Criteria

- ▶ Partial thickness (2°) burns >10% TBSA
- ▶ Full thickness (3°) burns in any age group
- ▶ Burns to the hands, feet, face, genitalia or major joints
- ▶ Burns with concomitant trauma. Follow local trauma protocols
- ▶ Electrical, Chemical and Smoke Inhalation burns
- ▶ Pre-existing or serious medical history compromising outcome
- ▶ Extensive social, emotional or long-term rehabilitation support
- ▶ Pediatric burns without qualified personnel or equipment

For immediate patient transfer, to consult with a burn surgeon or share encrypted imagery contact **The Burn Center directly at 973.322.5920.**

## [ RULE OF 9'S ]



**PALMAR METHOD**  
(Patient's hand)



First degree burns are not to be included when estimating %TBSA

## Wound Management of Small Minor Burns

Any burn not meeting criteria for transfer may still require wound care. For burns less than 10 minutes old or less than 10% TBSA a cool compress may be applied for a few minutes. Do not apply ice or cold packs. Provide analgesia prior to any wound care.



- ▶ Wash with mild soap and water. Leave blisters intact or gently lance.
- ▶ Rinse area with clean, warm water; pat dry.
- ▶ Document size, color, and depth. Assess for infection, cellulitis or rashes. For toddlers with face and neck scald burns examine scalp area as well.

- ▶ Apply antimicrobial topical liberally to dry sterile gauze, extend dressing 3 inches beyond wound border.
- ▶ Cover with absorbent pads or dressings. Secure with several layers of rolled bandage and tape. Do not tape to unburned skin. (Note: For the first 24-48 hours, weeping burn wounds require multiple layers of absorbent dressing).

- ▶ Bandage dressing securely, proximal to distal, being careful not to restrict joints or compromise circulation. Edema may be present for up to 48 hours post-burn.
- ▶ Dressings should be changed every 24-48 hours. Consult The Burn Center for more information.

## Additional Considerations

Burns are progressive and the full appearance may not be evident for up to 24 hours post-incident. Complications include sensitivity to heat and cold, pain, restricted movement or infection.

For patients who have been exposed to flames, especially in an enclosed space, or complain of a headache or nausea, consider carbon monoxide poisoning. These individuals may need carboxyhemoglobin levels to determine exposure to this odorless, tasteless gas. Consult The Burn Center regarding proper treatment, or prior to arranging Hyperbaric therapy.

The Burn Center at  
**Saint Barnabas  
Medical Center**

**RWJBarnabas  
HEALTH**

The Burn Center at Saint Barnabas, located in Livingston, New Jersey, is the state's only designated burn treatment facility. To arrange follow-up appointments, contact the **Burn Surgeons Office at 973.322.5924.**