Objectives

- Learn ABA criteria for burn injuries requiring burn center referral
- Be able to describe pre-transfer stabilization protocols
- Gain an understanding of appropriate transfer procedures
Immediate assessment & stabilization at closest appropriate hospital

Complete primary & secondary surveys

Evaluate for associated injuries

Document all procedures and transfer record with patient

Have existing transfer agreements
Referral Criteria

♦ Extremes of age less tolerant of burn injuries

♦ Team approach has significant influence on outcome for major burn injuries
The ABA identifies the following as injuries requiring a Burn Center referral:

- 2\textsuperscript{nd} degree burns > 10\% TBSA
- Burns to face, hands, feet, genitalia, perineum, major joints
- 3\textsuperscript{rd} degree burns
- Electrical burns (lightening included)
- Chemical burns
- Inhalation injuries
- Burns accompanied by pre-existing medical conditions
- Burns accompanied by trauma, where the burn injury poses the greatest risk of morbidity or mortality
- Burns to children in hospitals without pediatric services
- Patients with special social, emotional or rehabilitative needs
Respiratory Support

- Evaluate upper airway for potential obstruction
- Assess lower airway for compromise
- 100% $\text{O}_2$ by mask, or intubation if indicated
Establish large bore IV access, using a non-burn site if possible

Initial fluid infusion rate per formula

Indwelling urinary catheter

UOP

- Adult: 0.5 cc / Kg / hr (30 – 50 cc/hr)
- Children weighing <30 kg: 1 cc / kg / hour
- Electric injury less predictable: UOP 75-100 ml / hr
Gastrointestinal

- NPO for transport
- Nasogastric tube for all with >20% TBSA burn &/or intubated
Stabilization: Prepare to Transport

Wound Care

- Cover with clean, dry sheets
- Protect from heat loss
  - Use thermal insulating blanket
  - Do not use wet dressings or sheets

- Do not delay transfer for debridement or application of antimicrobial ointment
- No cold application
Pain Medication

- Small doses IV narcotics
- Dosage influenced by co-existing injury, illness, medical condition
- Monitor respiratory status
Tetanus Immunization

- Consistent with American College of Surgeons recommendations
- Tetanus prophylaxis may be delayed 72 hours to determine status, BUT document deferral to prevent omission of needed immunization
**Stabilization: Prepare to Transport**

**Documentation**

- **Circumstances of injury**
- **Physical findings**
- **Flow sheet of resuscitation measures**
- **History & physical**
- **Treatments & medications administered**

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**SAMPLE TRANSFER INFORMATION FORM**

Today's date: ________  Time: ________

Information Obtained From: ______________________ Referring Agency: ______________________

Referring Physician: ______________________ Phone #: ______________________

Patient's Name: ______________________ Age: ___ Sex: ___ Wt: ___ lb = ___ kg

Time of Burn: ________ Source of Burn: ______________________ Est %BSA: ________

Body Areas Burned: ____________________________________________________________

Associated Injuries: ____________________________________________________________

Other procedures performed (e.g., x-ray): ______________________________________

Allergies: ______________________ Current Meds: ______________________

Past Medical History: _________________________________________________________

Tetanus: ___ Analgesics Given: ______________________ Route/Dosage: ________ Time: ________

Inhalation: Yes No  Intubated: Yes No  O₂ ________ per ______________________

Circumferential: Yes No  Where: ______________ Distal Pulses: Yes No

Escharotomies: Yes No  Where: ______________ Pulses After: Yes No

IVs: 1. ______________________ Rate ______________________ /hr.

2. ______________________ Rate ______________________ /hr

Total IV since burn ______ ml

Output (Foley) ________ past hr.  Total Output post burn ________ ml

Rx of Burn ______________________

Present status of pt: BP ________ P ________ R ________ Combative: Yes No
Transfer Process

- Physician-to-physician contact
- Referring physician provides demographic & historical data, along with results of primary & secondary surveys
- Transfer decision is a collaboration
- Transport by medically trained personnel
- Referring physician maintains responsibility until transfer complete
Summary

- Patients who meet ABA Criteria for Burn Center Referral should be
  - Assessed
  - Stabilized
  - Promptly transferred

- Burn center personnel must be available for consultation, and may assist in stabilization and preparation for transfer