

Legacy Oregon Burn Center

at Legacy Emanuel Medical Center

503-413-4232 or 1-888-598-4232

Please call to speak with a Burn Center intake/triage/consult nurse for all concerns and referrals.

Transfers / Consults: Call 503-413-4232 or 888-598-4232

1. Speak directly with the RN in charge 24/7. *MD consult is always available.*
2. Use RITAPICS to transmit photos of the burn injury.
3. Transport – consider your community's resources, patient condition, and geographic location

Referral Criteria:

- Partial and full thickness burns equaling more than 10% of total body surface area (*1st degree or superficial burns not Included*).
- Burns involving the face, hands feet, genitalia, perineum or major joints.
- All electrical (including lightning), chemical or inhalation Injuries.
- Burn injury patients with pre-existing medical conditions or history.
- Burn injuries associated with traumatic Injuries.
- Any suspicion of non-accidental trauma, special social, emotional or rehabilitative considerations.

Treatment Protocols:

Fluid Resuscitation Rates <i>(does not include 1st degree or superficial burns)</i>	Infants and young children (30 kg or less): 3 ml Lactated Ringers X wt. kg X % TBSA plus D5LR at maintenance rate (4*2*1 formula)
	Children 14 and older and adults: 2ml Lactated Ringers X wt. kg X % TBSA
	Children < 14 : 3 ml Lactated Ringers X wt. kg X % TBSA
	Electrical injury all ages: 4 ml Lactated Ringers X wt. kg X % TBSA
Target Urine Output	Adult: 30 - 50 ml/hr
	Child: 1ml/kg/hr
	Infant: 2ml/kg/hr
General Immediate Care	Maintain patient airway.
	Assess breathing/ high flow O2.
	Assess and treat associated injuries (Trauma is the priority).
	C-spine precaution if indicated.
	Monitor peripheral pulses.
	Assess for circumferential burn.
	<u>Keep warm and dry!</u>
Check tetanus status.	

	Baseline lab: CBC, ABG/VBG, Glucose in children, EKG with electric injury, Carboxyhemoglobin if indicated.
	Cover wounds with clean dry sheet.
	Apply dressings only after speaking to the burn center.
FLAME	Stop burning process with cool water, not ice, for 5 minutes maximum.
	Remove all jewelry including piercings, check for contact lenses.
	Remove clothing and cover with a clean dry sheet.
	Increase ambient temperature in the room, if the temperature is comfortable to you it is too cold. Hypothermia is third leading cause of death for a large burn.
SCALD	Remove clothing and diapers with hot liquid contact.
	Does the pattern of the burn match the story? Assess for possibility of non-accidental injury.
	What liquid was the cause of the injury? Materials that are in a liquid state when exposure happens are considered scalds.
SURFACE CONTACT	What was the surface that was contacted and how long was the patient in contact with it?
	Do not remove tar/asphalt from the skin. Call the burn center for recommendations.
ELECTRICAL	Contact or arc flash - how many volts were involved?
	Increased fluid rate for electrical injury, due to potential for hidden muscle and tissue damage.
	Obtain baseline EKG.
	Continuous cardiac monitoring and observation of respiratory status.
	Do not refer to injury as electrocuted or electrocution.
CHEMICAL	Protect yourself using universal precautions
	If dry chemical brush the chemical off.
	If wet chemical, remove clothing and flush with copious amounts of water for a minimum of 30 minutes. **Use tepid water to avoid hypothermia. Check ph of skin to determine if it is neutralizing.
	Never use a neutralizer as it can cause more injury from heat.
	Contact poison control and/or hazmat regarding chemical.
INHALATION	Treat the symptom NOT the sign.
	Symptom = wheezing, stridor, etc.
	Sign = Soot.
	Immediately contact Burn Center regarding injury.
	Refer to decision matrix for intubation.

