

Are there signs of airway injury? If so, contact anaesthetist

If appropriate, **COOL THE BURN** with cool running tap water. However, keep the person warm

Burn TBSA > 15%

YES

- Heat room
- Insert PVC
- Obtain FBC, U&Es, CRP, Blood Glucose, G&S.
- Commence maintenance fluids
- Commence resus fluid following COBIS Protocol (see below)
- Apply a loose layer of cling film
- Administer analgesia by IV route
- Contact Burns/Plastics Registrar on call as per local arrangement/burns unit to arrange transfer

Is transfer going to be delayed?

YES

- Keep person warm.
- Clean wound and dress.
- Site NG tube and commence slow feed
- If circumferential burn, discuss need for escharotomy with receiving team

NO

Continue care as above

NO

Burn TBSA > 10%

YES

- Heat room
- Apply a loose layer of cling film
- Administer analgesia
- Contact Burns/Plastics Registrar on call as per local arrangement/burns unit to arrange transfer

NO

- Is burn full thickness?
- Does it involve hands, face, feet, perineum or joints?
- Is burn full circumferential?
- Is burn electrical/chemical?
- Is Burn > 3% → for discussion with receiving team
- Are there any Vulnerable Adult Issues?

YES

- Apply a loose layer of cling film
- Administer analgesia
- Contact Burns/Plastics Registrar on call as per local arrangement/burns unit to discuss transfer

NO

- Deroof blisters
- Cleanse and swab wound
- Apply non-adherent dressing and a suitable secondary dressing
- Patient can go home with appropriate follow up

Check Tetanus Status

FLUIDS. The initial resuscitation period is 24 hours, split into 2 periods;

Modified **Parkland** formula - given as Ringers Lactate (Hartmann's) solution

$$4 \text{ (ml)} \times \text{Weight (in Kg)} \times \% \text{Burn}$$

This is a guide to the total volume of resuscitation fluid required by 24 hours post-injury

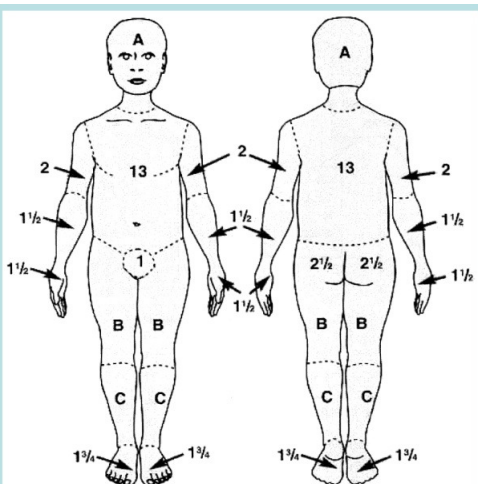
Half is given in first 8 hours and calculated from **Time of Injury**
Half in next 16 hours

If fluid boluses have been given it should be a clinical decision whether bolus volumes are included in the total amount

Adequacy of resuscitation should be based on target urine output of **0.5-1.0 ml/kg/hr**

Over-resuscitation as well as under-resuscitation can lead to poor outcomes

Detailed guidance available from **Care of Burns in Scotland (COBIS) Website**



Relative percentages affected by growth

AREA	AGE 0	1	5	10	15	ADULT
A=1/2 of head	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2	3 1/2
B=1/2 of one thigh	2 1/4	3 1/4	4	4 1/4	4 1/2	4 1/4
C=1/2 of one leg	2 1/2	2 1/2	2 1/4	3	3 1/4	3 1/2

It is also reasonable to use the Rule of Nines for rapid TBSA assessment in Adults