

Burns

Introduction

Severe burns are managed in conjunction with the London & South East Burns Network Guidelines (www.lsebn.nhs.uk) and with the regional burns services: Chelsea & Westminster and Queen Victoria Hospital, East Grinstead.

Documentation for referral and guidance is available at Isebn.nhs.uk and www.trips.nhs.uk

Initial Assessment

This should follow ATLS guidelines with the trauma team being present with primary & secondary surveys being carried out. Note that burns patients may have other injuries and these need to be looked for and excluded. The mechanism of the injury and method of extraction from site of injury will help identify these.

Severe burns need to have size and depth of burn assessed using charts or medical apps.

Airway injury needs to be looked for and in those at risk will need regular re-assessment as often it is progressive. Appropriate investigations for airway injury will guide further management.

Large burns need fluid resuscitation using the Parkland Formula (4ml/kg/%burn from time of injury with half in the first 8 hours after injury and then the rest over the next 16 hours).

Constricted burns affecting breathing or limb circulation need to be identified. These may need escharotomy in due course but can be often performed at the burns service.

Next Steps

Wounds need to be photographed and images uploaded to the TRIPS telemedicine system and a burns referral form filled out. The nearest burns service for the patient should be contacted and a referral made. Ongoing management can be agreed and plans for transfer made.

Wound Care and General Management

Once first aid/cooling has occurred and the burn assessed and photographed wounds can be covered in cling film to protect the burn and reduce pain. The patient should be actively warmed with blankets or hot air as hypothermia is a significant risk.

Patients with head burns or airway injury should be nursed head up and reassessed frequently for airway concerns.

Transfer

Author: K Wright, B Dheansa

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Patients transferred to a burns service should be kept warm and a chart kept of all physiological parameters including BP, pulse, temperature and urine output.

Contact Details

Chelsea & Westminster: Adults: 02033152500 Children: 02033153706

Queen Victoria Hospital: Adults: 01342 414440 Children: 01342 414469

Author: K Wright, B Dheansa

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