Transfer to Tertiary Burn Center
Consider transfer to Tertiary Burn Center if patient has:
- Burns greater than 10% total body surface area (TBSA).
- Burns greater than 5% full thickness.
- Burns with complicated injury or trauma.
- Electrical burns, including lightning injury.
- Inhalation injury.
- Burns in the elderly and young children.
- Burns involving face, hands, feet, perineum, or major joints.

Rule of Nines for Adult Patients
When calculating Rule of Nines, count only second- and third-degree burns, not first-degree burns. For patchy areas, the victim’s palmar surface of the hand is 1.5% TBSA.

Rule of Nines for Pediatric Patients
In pediatric patients, adjust for each year over age 1; subtract 1% from the head and add to the legs. At age 10, use adult Rule of Nines.

Primary A-B-C-D-E Survey
- Airway
- Breathing
- Circulation
- Disability
- Environment

The decision to intubate should be based on physician judgment.
Assess for any of these indications for intubation: face and neck burns, singed nasal hair, oral or lip burns, soot in upper airway, carbonaceous sputum, dyspnea/stridor, tachypnea, hoarseness, sore throat, cough, rhonchi, poor consciousness, associated injuries.

Secondary Survey
Complete Head-to-Toe Examination

Treat ing the Patient: Fluid Resuscitation
Burns Less Than 15% TBSA
- If patient does not meet transfer criteria, consider outpatient treatment.

Burns Greater Than 15% TBSA (Require Fluid Resuscitation)
- Fluid protocols are guidelines only; use as a starting point.
- Insert urinary catheter, nasoduodenal (preferred) or nasogastric tube, peripheral IVs (two large bore).
- Cover burns with dry sterile towels.

Initial Fluid – Parkland Formula
- Lactated Ringer’s (LR) 4 ml x % TBSA x weight (kg).
- For the first hour only, calculate infusion rate based on one-half the total fluid over 8 hours.
- After the first hour, adjust fluids according to individual response.

Monitoring the Patient

Electrical Injury
- Monitor urine output hourly.
- Titrate IV fluids to UO 60-100 ml/hr until urine clears.

Alcohol Intoxication
- Increase volume of fluid and titrate IV fluids to UO 30-50 ml/hr.

Tetanus Prophylaxis
- Give TDAP 0.5 ml x 1 dose

Stabilization and Transfer
Patients rarely die from their burn injury in the first few hours after injury. More often, death occurs from undetected and untreated associated injuries. Because patients rarely improve in transit, they must be appropriately evaluated and stabilized according to Advance Burn Life Support (ABLS) guidelines.

The patient is ready for transfer when:
- Airway is secure.
- Patient is ventilated.
- IV fluids are initiated.
- Associated injuries are identified and stabilized to the best of the referring facilities’ capabilities.
- Stomach is decompressed.
- Dry, sterile dressings over burns; blanket to prevent hypothermia.
A GUIDE TO BURN CARE
For Referral Hospitals / EMS
American Burn Association Burn Referral Criteria

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