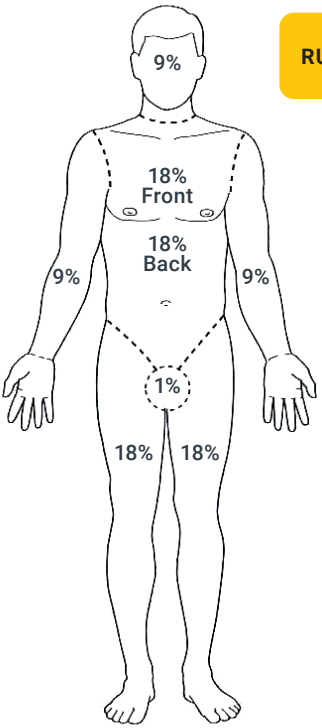
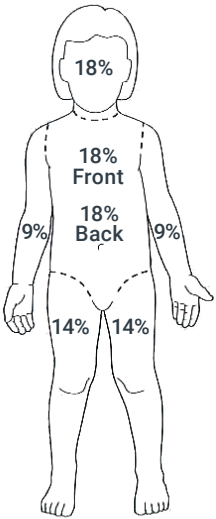
Quick Reference Card: **BURN STABILIZATION**

RULE OF NINES for adult and child





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Pre-Hospital Burn Stabilization Protocol

1. Responder safety always comes first. Remove any sources of heat. If chemical burn, brush off first, then flush thoroughly. Cover with dry sheet or blanket to prevent hypothermia.
2. Assess and assist airway/breathing. Intubate early if inhalation injury or respiratory distress. 100% O_2 if inhalation suspected. Insert orogastric tube if intubated.
3. Estimate percent of total body surface area burned (% TBSA) using Rule of Nines diagram.
4. Obtain IV access for burns ≥ 15% TBSA preferably in upper extremities. Going through burned tissue is acceptable; two large bore IVs >40% TBSA.
5. Initiate IV fluid resuscitation for burns ≥15% TBSA. Use LR based on Consensus formula (2 mL x weight in kg x % TBSA = 24 hour fluid total). Give 1/2 this amount in the first 8 hours post burn. (Pediatric patients < 30 kg: use 3 mL x weight in kg x % TBSA)
6. After fluid resuscitation is started, titrate small amounts of IV narcotics for pain control. Consider sedation.
7. Urine output for an adult should be 30 mL/hr: Pediatric patients < 30 kg it is 1mL/kg/hr.
8. Treat hypotension with a fluid bolus. Do not bolus for low urine output, titrate fluid up slowly.
9. Wound care is not necessary unless transport is delayed more than 12 hours. Cover with dry sheet or blanket.
10. Assess immunization status and give tetanus as needed. Antibiotics are not indicated.

Burn Injuries That Should Be Referred To A Burn Center

- Partial thickness burns greater than 10% TBSA.
- Burns that involve the face, hands, feet, genitalia, perineum or major joints.
- Third degree burns in any age group.
- Electrical burns, including lightning injury.
- Chemical burns.
- Inhalation injury.
- Burn injury in a patient with preexisting medical disorders.
- Any patient with burns and concomitant trauma.
- Burn children in hospitals without qualified personnel and equipment.
- Burn injury in patients who will require social, emotional or rehabilitative intervention.