

PROTOCOL FOR: Burns: Care of the Patient with

POLICY: In accordance with EMTALA regulations, patients with burn injuries will receive emergency medical screening and care, be stabilized in the Emergency Department, and considered for transfer to a Burn Center.

DESIRED
PATIENT OUTCOME: 1. The patient's initial burn management will be completed upon transfer or discharge from the Emergency Department.
2. The patient will be stabilized within the capability of the hospital prior to transfer or discharge from the Emergency Department.

CLINICAL
ASSESSMENT
AND CARE: 1. Perform primary assessment and re-assess as needed according to patient's acuity level.
2. Treat any life-threatening occurrence immediately, i.e., CPR.
3. Perform secondary assessment and reassess, as needed according to patient's acuity level.
4. Assist MD in burn assessment (Total Body Surface Area (TBSA) and depth of burn) using burn assessment chart ("Rule of Nines").
5. Assess possibility of chemical exposure.
6. Remove clothing/jewelry (especially rings).
7. Estimate weight of patient.
8. Administer humidified oxygen per MD order.
9. Establish two large bore IV(s) in unaffected part if possible, and administer fluids per MD order.
10. Obtain blood work per MD order.
11. Assess pain using pain assessment scale. Administer pain medication per MD order. Reassess pain using pain scale with medication.
12. Foley catheter insertion per MD order for TBSA > 15-20% adult. Maintain urine output 30-50 cc/hour.
13. Consider nasogastric tube insertion per MD order for TBSA > 20%.
14. Assist MD in burn care using sterile burn supplies and linen.

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15. For chemical burns, begin hydrotherapy and/or other appropriate treatment per MD order.
16. CXR and other x-rays per MD order.
17. Administer diphtheria/tetanus immunization per MD order.
18. Prepare patient for transport to burn treatment center.

REPORTABLE

CONDITIONS: Notify ED physician if any of the following occur:

- a. Any deterioration of airway, breathing, or circulation.
- b. Inadequate pain control.

DECISION MAKING/
CRITERIA FOR

TRANSFER: Burn injury patients may be candidates for transfer to a hospital which has a burn unit. Burn injured patients shall be transferred to a Burn Center for any one of the following criteria:

- Second or third degree burns greater than 10% of body surface area (BSA) in patients under 10 or over 50 years of age.
- Second or third degree burns involving face, hands, feet, genitalia, or perineum or which involve skin overlying major points.
- Third degree burns covering more than 15% of body surface area (BSA) or third degree burns which involve face or airway.
- Third degree burns greater than 5% BSA in any age group.
- Significant electrical burns including lightning injury.
- Significant (multi-system) chemical burns.
- Inhalation injury.
- Burn injuries in which patient's preexisting illness complicates management of care.
- Burn injured patients who require social/emotional support.

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PATIENT/FAMILY

- TEACHING:
1. If patient to be discharged, instruct patient/family regarding:
 - a. burn care and dressing changes
 - b. signs and symptoms of infection.
 - c. importance of follow-up care, i.e., wound checks, surgical clinic appointment.
 2. If patient is to transfer, once efforts to stabilize the patient have been completed, inform the patient/family of:
 - a. the hospital's obligation and risks and benefits.
 - b. that medical benefits of transfer outweigh any increased risk to the individual as a result of the transfer.

- DOCUMENTATION:
1. Document assessments, interventions and patient response in the ED Record.
 2. Burn Injury Report (Appendix A) to be completed by ED attending and filed to the state Fire Marshall within 48 hours.
 3. Consent to Transfer form if patient is transferred to Burn Center.

ASSOCIATED

PROTOCOLS: ED Admin. Protocol: EMTALA: Medical Screening Exam
ED Admin. Protocol: EMTALA: Stabilization Treatment
ED Admin. Protocol: EMTALA: Transfer to Another Facility

APPROVAL: Emergency Department Unit Review
Nursing Standards Committee

EFFECTIVE

DATE: 1/89

REVISION

DATES: 4/94, 5/97, 11/02, 2/06, 4/06

REVIEWED DATES: 9/08