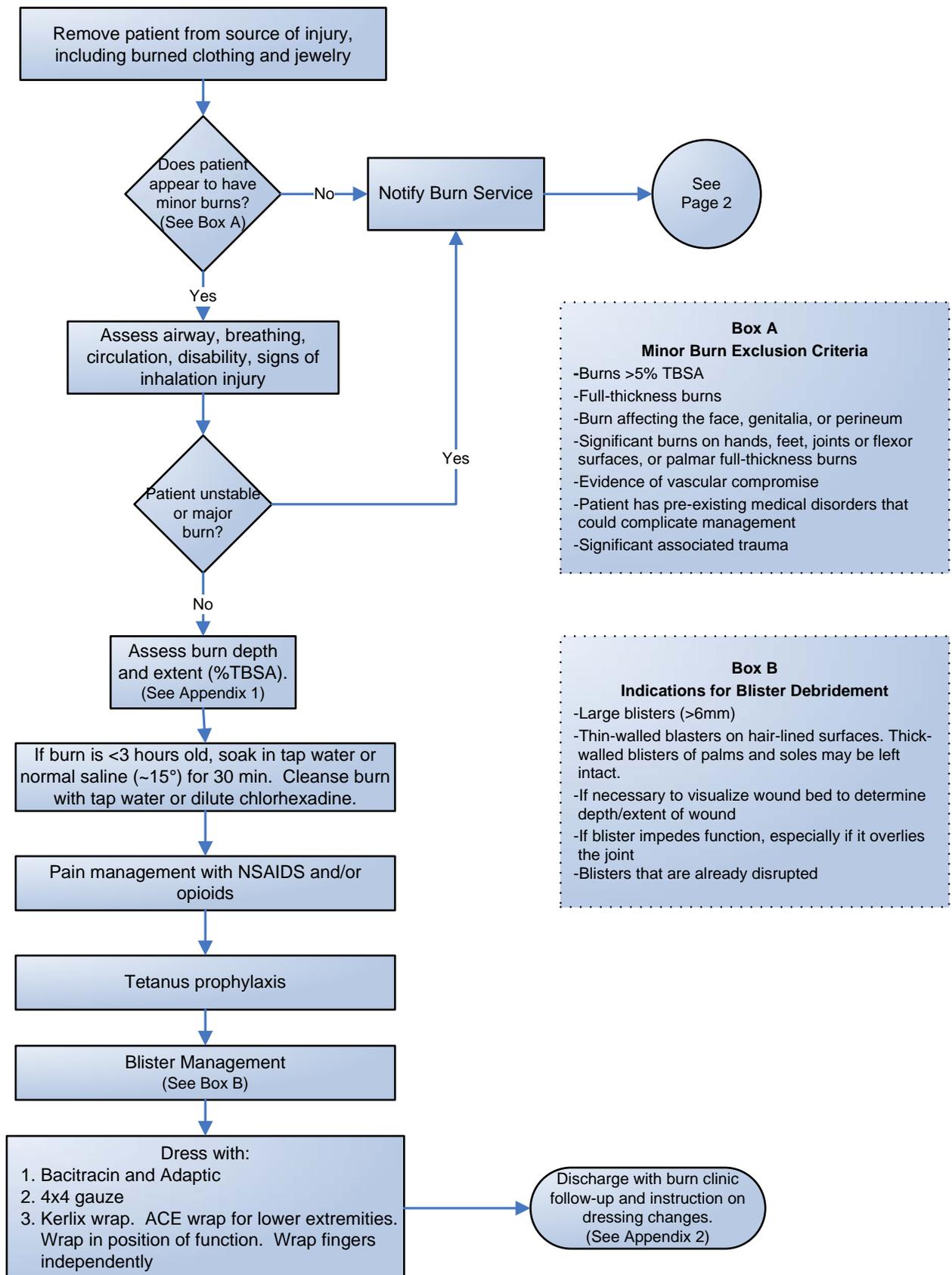
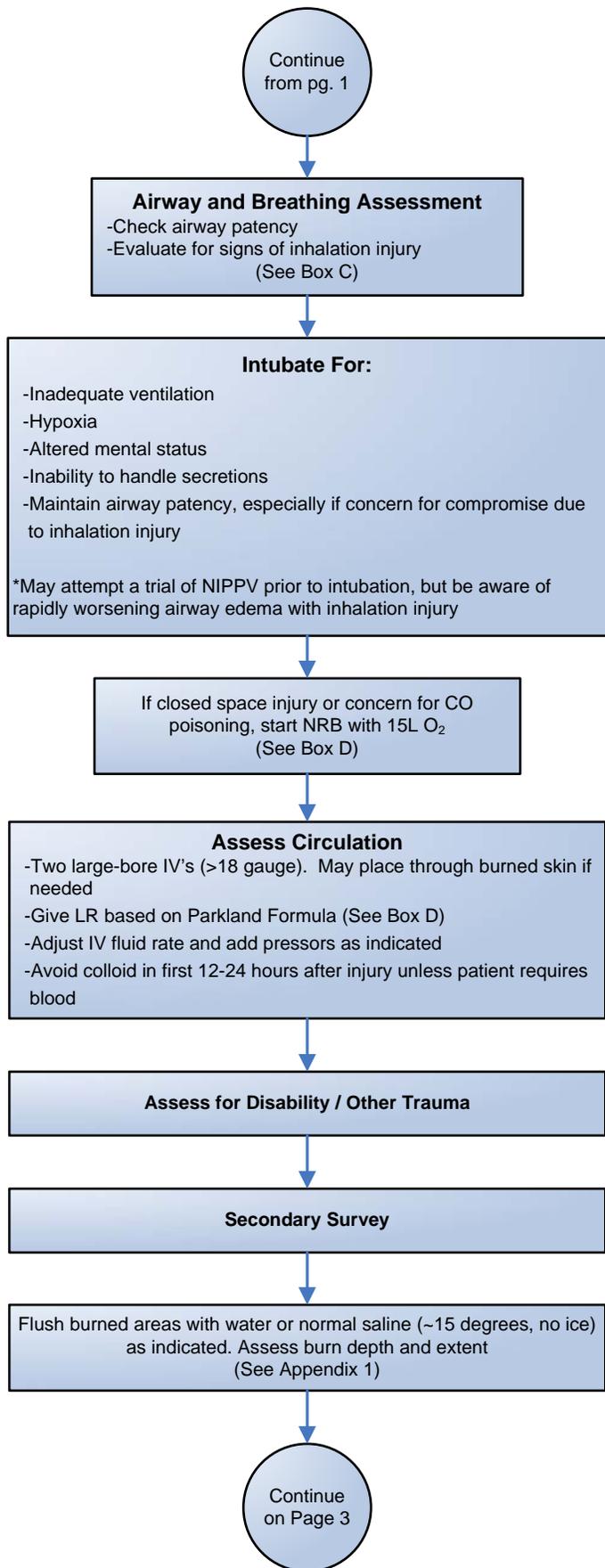


# EmergencyKT: Management of Thermal Injury in Adult Patients



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**Box C**  
**Signs of Inhalation Injury**

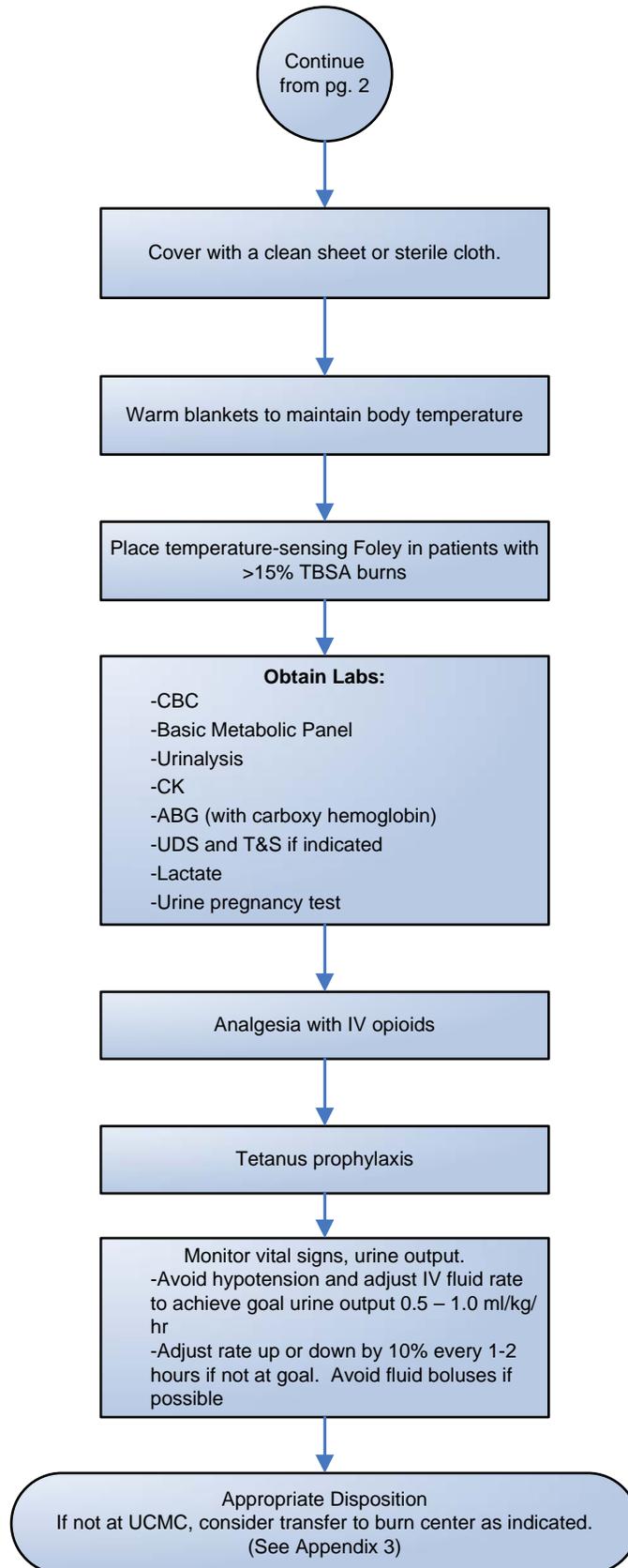
- Soot in the oral cavity
- Facial burns
- Stridor
- Hoarseness
- Drooling
- Dysphagia
- Hypoxia

**Box D**  
**Signs of CO Poisoning**

- Restlessness
- Headache
- Nausea
- Poor coordination
- Memory impairment
- Skin redness
- Coma

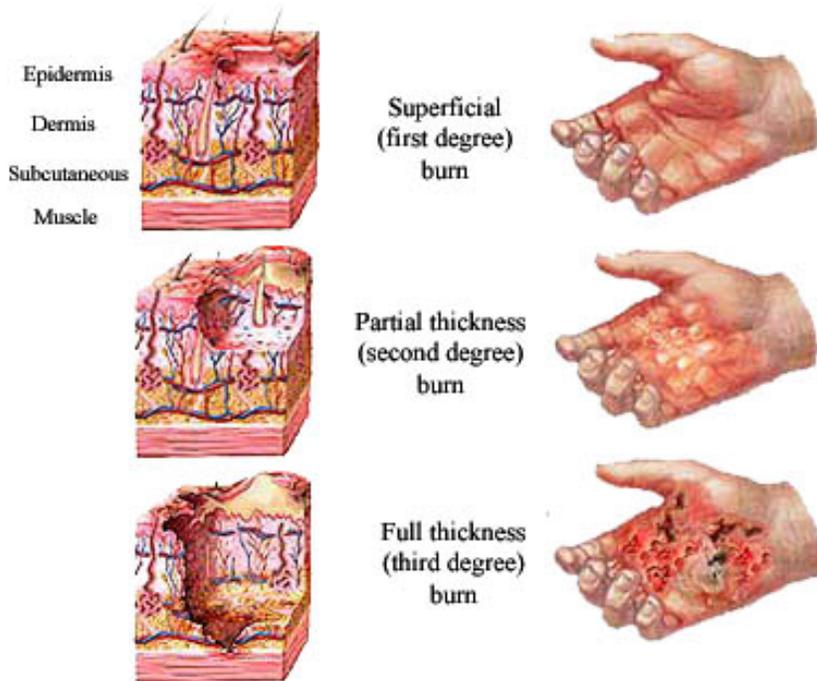
**Box E**  
**Parkland Formula:**  
4ml/kg/%TBSA of LR

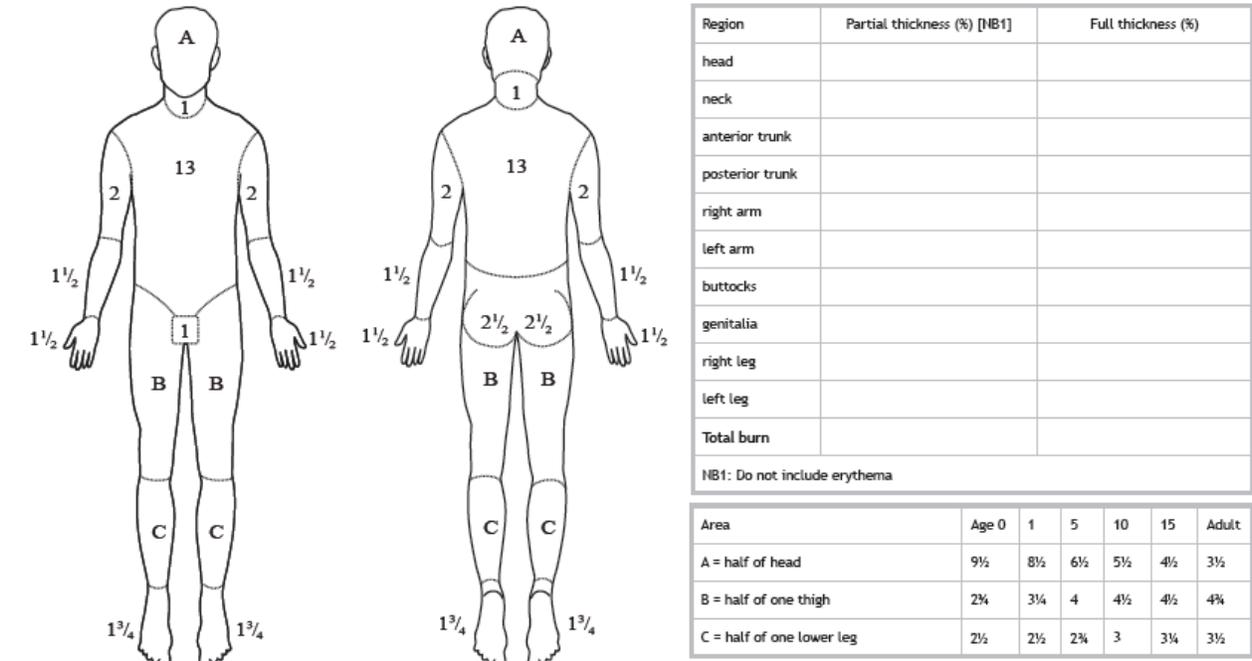
- Only deep partial thickness and full thickness burns contribute
- ½ of this volume is given in the first 8 hours post-burn
- Remainder is given over the next 16 hours.



**Appendix 1: Assessment of Burn Depth and Extent**

Burn Type	Destruction	Color	Presence of Blisters	Capillary Refill Rate	Pain
<b>Superficial thickness</b>	Epidermis only	Red	No	Brisk	Yes
<b>Superficial partial thickness</b>	Epidermis and some dermis	Pink	Yes	Brisk to slow	Yes
<b>Deep partial thickness</b>	Epidermis and dermis	Dark pink or dry, blotchy red	Maybe	Absent	Diminished
<b>Full thickness</b>	Epidermis, dermis, and underlying subcutaneous tissue	Dry white or black	No	Absent	No





**Appendix 2: Follow-up and Dressing Changes**

-If patient is not appropriate for admission, may follow-up in the Burn Clinic. Walk-ins are no longer accepted, so every patient must have an appointment.

-Burn Clinic is located at Holmes Hospital in Suite 1200 on the first floor

-If a burn consult is not needed for the patient in the ED, then call 584-8017 if the patient needs outpatient follow-up. If you have to leave a message, include the patient’s name, medical record number, and phone number. The clinic staff will call the patient with an appointment if you have to leave a message.

-If a burn consult is done in the ED, the burn surgery team may handle making the follow-up appointment.

-Inclusion criteria for Burn Clinic:

- Age ≥18 (refer younger patients to Shriners’s Hospital for Children)
- First degree burns of any size,
- Second degree burns involving ≤15% TBSA
- Third degree burns involving ≤5% TBSA
- Burns involving the face, hands, feet, perineum, or major joints
- Minimal co-morbid conditions

-Exclusion criteria for Burn Clinic (i.e. get a burn consult while patient is in the ED):

- Suspected inhalation injury
- Burns with significant associated trauma
- Electrical injury (>1000 volts and/or loss of consciousness)
- Chemical burns with systemic toxicity
- Ocular injury
- Non-ambulatory or non-wheelchair patient

### **Dressing changes for burns:**

-Superficial burns: If extensive, follow-up with primary care doctor in 3-5 days. Keep the wound clean, apply moisturizers (Eucerin, mineral oil, cocoa butter, etc.).

-Superficial partial and deep partial thickness burns should be seen in 3-5 days if patient is not admitted. Bacitracin and Adaptic dressings. Make sure to wipe all of the Bacitracin away completely before applying more and re-dressing the wound. Change dressing daily. Earlier dressing change if contaminated or soiled dressings, slipped dressings, smelly wound, or signs of infection (fever, etc.). If significant area of eschar, discuss with burn consult resident regarding silver sulfadiazine (Silvadene).

-Full-thickness burns: Same as care for deep partial thickness burns, but refer to burn clinic early if not admitting.

-Treat facial burns by washing twice a day with tap water and then applying polymyxin B ointment. Should be seen in burn clinic in 48 hours.

### **Appendix 3: Criteria for Transfer to a Burn Center**

-Partial thickness burns >10% TBSA

-Burns involving the face, hands, feet, genitalia, perineum, or major joints

-Full-thickness burns of any extent

-Electrical or chemical burns

-Inhalation injury

-Patient with burns and concomitant trauma. If trauma poses greatest immediate risk, patient may be initially stabilized at a trauma center.

-Burn injury in patients who will require special social, emotional, or long-term rehabilitation intervention

-Circumferential burns on limbs or chest

“Guidelines for the Operation of Burn Centers, Resources for Optimal Care of the Injured Patient.”  
Committee on Trauma, American College of Surgeons. 2006. p.79-86.