

Clinical Management Summary

EDcare: Handbook for Emergency Practice

Available from the Amazon Kindle Bookstore

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Clinical Management Summary Management of Burns

Primary Survey + Resuscitation



Airway: Look for clues of Airway Burns

- Facial / oropharyngeal burns, Singed nasal hairs,
- Altered voice / Hoarseness (Early)
- Stridor / Respiratory distress (Late)

Arrange urgent intubation where upper airway burns are suspected.

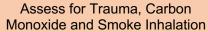
Assess for IV Fluids



Burn replacement IV fluids are required in

- Adults with BSA ≥ 15%, Children with BSA ≥ 10%
- Use Hartmanns (or 0.9% NS if Hartmann N/A)
- Give 4 ml/kg% burn, with half over first 8 hours and second half over 16 hours
- Add maintenance fluids in children (but not adults)

Further Management

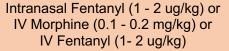




Local Burn Management

- Remove hot clothing and restrictive jewelry
- · Cool burn: Running tap water (20 mins), Burn Aid
- · After cooling, gently dry burn with clean towel
- Assess Size / Depth of burns
- · Assess for Circumferential Burns
- · Cover with Cling/Glad wrap or Burns dressing

Provide Analgesia



+/- IV Ketamine (0.2 - 0.3 mg/kg) administered over 10 mins

PO Oxycodone (0.1 - 0.2 mg/kg), PO/IV Paracetamol, PO Ibuprofen



Take care to avoid hypothermia

- · Ensure room is warm
- Avoid using Burn aid on trunk or for > 20 mins

Assess and administer Tetanus Toxoid



Discuss with Burns Unit

(Unless a very minor burn)



Clinical Classification of Burn Depth

Epidermal Red +/- Local oedema. Painful ++

Manage with moisterising cream

Superficial

Dermal

Thin walled blisters. Pink Blanching Manage with Mepilex AG or Acticoat

Deep

Mottled red/white +/-Thick walled Blisters. Decreased/absent blanching

Dermal

Leathery white or charcoal.



Full **Thickness**

Absent blanching. No sensation.

Management of Deep Dermal/Full thickness burns

Cling Wrap + Transfer or Mepilex AG/Acticoat + Burns

OPD review after discussion with burns unit





Indications for Transfer

- Burns > 10% BSA
- · Face, hands, feet, perineal burns
- Full thickness burns > 5%
- Circumferential Burns.
- · Burns with inhalational injury
- Suspected Non-accidental injury
- · Chemical / Electrical Burns

