

MDSAS PAEDIATRIC BURN INJURY REFERRALS

BURNS REQUIRING IMMEDIATE REFERRAL & DISCUSSION

Plastics SpR and/or consultant **0114 2717000**
Ward 2 & Burns: Tel 0114 2717934

Immediate referrals: Complete MDSAS referral + Photo & contact Burns Registrar

≥ 10% are 'RESUS' burns and require urgent treatment and referral.

Smoke inhalations injuries also require urgent referral.

Discussing **significant** injuries in the following:

Any burn larger than 2% would likely benefit from immediate referral.

Any significant burn to face or perineum/groin.

Any burn involving a majority of the hand or foot.

Any burn ED staff are unable to debride (if significant blister/devitalised tissue is present)

Any burn that is circumferential (excluding erythema).

Any child with a significant injury less than 6 months old.

Any ?NAI or safeguarding concern.

Any child presenting unwell & with a burn of any size.

Any child with a suspicion of sepsis/TSS as a diagnosis.

COMPLEX NON-BURN

All Progressive Non-Burn Skin Loss >3%: Blistering skin disorders e.g. Toxic Epidermal Necrolysis, Staphylococcal Scalded Skin Syndrome, and Stevens - Johnson syndrome

WOUND CARE prior to transfer

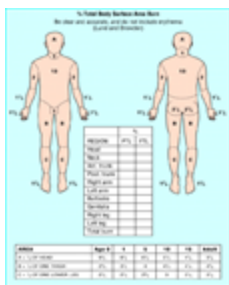
Debride blisters etc with sufficient analgesia, if appropriate and you are competent to do so, to enable full assessment of depth of injury and ensure wound is clean and does not become macerated.

If for immediate transfer cover the burn with cling film (not over faces). Blisters may be left intact if for immediate transfer.

For 48hr referral; please dress with silicone dressing (Mepitel, Atrauman etc) gauze and bandage to secure.

Remind parents re TSS, sepsis information, elevation and swelling, dressing care, analgesia and maintaining ROM information

TBSA calculation



Patients hand



Up to 10% TBSA

Please refer to NBCN Minor Injuries guidance or local protocols for further information.

You are welcome to call the burns staff or plastics reg for advice at any time.

Updated by Liz Nicholls

Northern Burn Care Network BCNA/Burns Lead Nurse SCH March 2023

Original Liz White East Lancs NHS Trust.(2015)

BURNS FOLLOW-UP REFERRAL (48-72 hr check)

Non urgent referral: NO call to Plastics SpR required Complete MDSAS referral including photo and give information letter to parent.

The burns service will review the referral the next day, call the family & arrange a follow-up appointment or refer back to ED/GP for dressings.

Any significant burn that is in a special area: hand, feet, crossing any joint, neck, shoulder.

Any burn that, at ED follow up review, meets the above criteria because the burn has developed (consider immediate referral pathway if appropriate)

Any child with co-morbidities that may affect their healing potential.

Wound Healing: Any wound significantly unhealed at **7-10 days** or any suspicion of clinical infection (did you start OAB's?)

Rehabilitation: Any healed wound where scarring suggests that there may be a significant aesthetic/functional impact, loss of function or psychological disturbance.

For cases that do not meet any of the criteria for referral or referral not 'accepted':

To be followed up in local dressings clinics as per local guideline

Discharge when wound healed, with written advice to moisturise and protect from sun until healed skin loses pink colour

Access MDSAS system at

referrals.mdsas.com

Or google 'MDSAS'

Select **'burn referral'** and follow the instructions to make a referral.

Use SID app & the QR code generated to take secure photos of the injury.

Infection in children: Toxic Shock Syndrome / Burn Sepsis Syndrome

Observe for 2 of the following;

- Temperature >38 °C
- General malaise
- Diarrhoea and vomiting
- Hypotension
- Not eating or drinking
- Rash
- Tachycardia / tachypnoea

This is a medical emergency and rapid transfer to the nearest Burns Service is vital