



Assessment





Action





- High pressure steam.

Adult Burn Referral Guidance

Total Body Surface Area (TBSA) is the percentage of the body that is covered with a Burn. The size of the patient's whole palm surface is approximately equal to 1% TBSA. For larger burns please refer to the Lund and Brower chart found in the Northern Burn Care Operational Delivery Network Referral Information Pack (link at bottom of pathway).

> All referrals to Burns Service (whether urgent, complex or non complex) can be done by calling Sheffield Burns Unit on 0114 2714129, or via https://referrals.mdsas.com/

1. Is there suspected Inhalation Injury and/or - Give oxygen and seek anaesthetic review. Yes burns to face, neck and chest. - Inhalation injury with no cutaneous burns should follow local ICU referral guidelines - If associated burn injury refer to Burns Service for urgent referral. No 2. Is the burn more than 15% TBSA, of any - Complex Burn- refer to Burns Services. depth (patient age over 16 years old)? - Urgently Commence fluid resuscitation using the Parkland Formula. Yes - Catheterise patient. - Ensure patient has two well secured IV cannula. No Administer first aid if able. Ensure adequate analgesia. 2. Is the burn more than 10% TBSA of any depth Yes Check tetanus status. (patient over 65 years old)? Any questions answered yes in amber sections indicates Complex Burn Referral 4. Is the burn equal to or over 2% deep dermal or full thickness? Yes Refer to Burns Service for urgent referral of complex Burn. Administer first aid if able by 5. Is the burn of any depth or size related to the following? running affected area under cool - Chemical Injury - Electrical Injury - Exposure to ionising radiation Yes

referral to Safeguarding Team and/or Police)

No

6. Is the burn suspected or confirmed non-accidental injury? (if yes please also consider a

7. Is the burn of any depth or any size on any of the following body areas:

- Buttocks - Feet - Perineum - Joints - Face - Flexural Creases - Neck

8. Is the burn circumferential, any size or depth?

9. Is the burn of any size or depth infected or non-healing after two weeks of initial injury?

10. Is the burn deep dermal or full thickness to the hands? Yes

- running water for 20 minutes (this is effective in cooling the burn for up to 3 hours post burn).
- Layers of polyvinylchloride (PVC) film (i.e. cling film, Glad wrap, Saran wrap).
- Provide adequate analgesia.
- Check tetanus status.
- Consider catheterising patient if burns to perineal or genital area.
- Cleanse wounds with Prontosan
- Cleansing Solution and deroof any blister more than 1cm².

Any questions answered yes in green section indicates Non-Complex Burn Referral required

11. Is the burn 1-2% TBSA deep dermal or full thickness

12. Is the burn >5% TBSA epidermal or superficial dermal

- Refer to Burns Service for non-complex Burn.

Yes

Yes

Yes

Yes

- Administer first aid if able by running affected area under cool running water for 20 minutes (this is effective in cooling the burn for up to 3 hours post burn.

YES - Provide adequate analgesia.

- Cleanse with Prontosan Cleansing Solution and deroof any blistered more than 1cm².
- Check tetanus status.

If no to all the above questions refer to Non-Complex Burn Wound Management Pathway

Link to Northern Burn Care Operational Delivery Network Referral Information Pack- includes for Lund and Browder Chart and Fluid Resusitation Guidelines. Click here:

https://www.sheffieldchildrens.nhs.uk/download/1019/burns-and-trauma/4716/burns-nbcn-referral-pack.pdf