

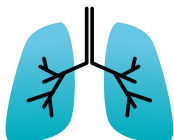


### Specific points to note in the Primary Survey for Burn Injuries



**Suspect smoke inhalation injury if any of the following are present & call Anaesthetics:**

- Burn in an enclosed space
- Upper airway oedema
- Soot in the airway/sputum
- Shortness of breath/respiratory distress
- Facial Burns
- Stridor
- Change in voice/hoarseness
- Oropharyngeal injury



- Assess breathing, ventilation and support needed as required
- Administer humidified **100% oxygen**
- Establish baseline ABGs and COHb (carboxyhaemoglobin level)
- Consider administration of Cyanokit



- Insert at least **two large bore IV Cannulae**, ideally through unburnt skin and avoiding joints
- If unable, consider Central Access



### Specific points to note in the Secondary Survey for Burn Injuries

Fluid Resuscitation

- For Burns >20% TBSA in adults and >10% TBSA in over 65's
- Use the PARKLAND Formula to estimate initial fluid resuscitation (2-4ml x %TBSA x KG)
- Insert urinary catheter and titrate fluid resuscitation against urine output aiming for **0.5-1mls/kg/hr**
- Commence and maintain accurate record of fluids given and hourly urine output

Pain

- Consider early administration of **intravenous** opiates and titrate against response
- Frequently reassess the pain score and adjust analgesia accordingly against pain and sedation scores

Burn Assessment

- Assess the area of the Burn using ideally a Lund & Browder chart, excluding simple erythema
- Burn dressings depending on time of transfer- longitudinal cling film to prevent heat & fluid losses if <6hours to transfer

Circumferential Burns

- Elevate limbs when burnt especially in the setting of circumferential burns
- Assess and document perfusion distal to the burn- cap refill, pulses, warmth, colour
- Liaise with the National Burns Unit if concerned that escharotomies may be required

Other

- Cover the patient to minimise heat loss and maintain normothermia
- Insert nasogastric tube for burns **>20% TBSA** (>10% TBSA if over 65) and keep nil by mouth
- Administer tetanus immunoglobulin as needed
- Consider additional investigations as indicated by secondary survey
- Maintain spinal precautions and treat any associated injuries as indicated

### Transfer Checklist

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Airway assessed +/- secured       | <input type="checkbox"/> Urinary Catheter inserted                      | <input type="checkbox"/> Tetanus administered   |
| <input type="checkbox"/> Supplemental O2 administered      | <input type="checkbox"/> Pain Controlled                                | <input type="checkbox"/> NG Tube sited  |
| <input type="checkbox"/> IV Access established and secured | <input type="checkbox"/> Wound covered & burn area elevated if possible | <input type="checkbox"/> Next of Kin informed & documentation copied                    |
| <input type="checkbox"/> Fluid resuscitation commenced     | <input type="checkbox"/> Temperature Management                         | <input type="checkbox"/> Ambulance arranged & Discussed with <b>National Burns Unit</b> |

