

**ADULT BURN REFERRAL CRITERIA AND GUIDELINES – June 2012 V1.0**

**NON-COMPLEX BURN**

**\* Complete and Fax NBCN Non-Complex Burn Referral Form \***

**Size:** 1-2% deep dermal to full thickness loss  
≥ 5% epidermal/superficial dermal

**Wound Healing:** Any wound unhealed at 14 days or suspicion of clinical infection

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

**IV Access:** All adults with burns ≥15% should have **two** well secured IV cannulae

**IV Resuscitation Fluids:** All adults with burns ≥15% TBSA will receive fluid according to the Parkland Formula:-  
3 ml/kg/% burn over 24 hrs from time of injury given ½ in the 1<sup>st</sup> 8 hrs & ½ in the 2<sup>nd</sup> 16 hours given as Hartmann's solution

**COMPLEX BURN**

**\* Complete and Fax NBCN Complex Burn Referral Form \***

**Total Body Surface Area (TBSA)/Depth:** ≥15% (above 16 years)  
>10% (65 years and over)  
>2% deep dermal / full thickness

**Any depth and size of the following;**

**Mechanism:** All burns associated with chemical or electrical injuries, exposure to ionising radiation or high pressure steam, or suspicion of non-accidental injury

**Site:** Buttocks, perineum, facial, neck, feet, joints or flexural creases  
All circumferential burns and deep dermal/full thickness to hands

**Existing Conditions:** Cardiac limitation, respiratory limitation, diabetes, pregnancy, renal impairment, immuno suppressive disorders, hepatic impairment, cirrhosis, infected burn injuries

**Associated Injuries:** All burns associated with inhalation or trauma

**Analgesia:** Ensure adequate analgesia is given prior to intervention/transfer. Consider use of IV opiate/Entonox

**Catheterisation:** All adults with burns ≥15% TBSA should have an appropriate size catheter. Consider catheter if burn ≥10% TBSA in patients 65 years or older. Consider for burns to perineal/genital area

**Suspected Inhalation Injury:** If there is a suspected inhalation injury, give oxygen and seek anaesthetic review

**COMPLEX NON-BURN**

**Progressive Non-Burn Skin Loss >5%:** Blistering skin disorders e.g. Toxic Epidermal Necrolysis, Staphylococcal Scalded Skin Syndrome, and Stevens - Johnson syndrome

Inhalation injury with no cutaneous burn should follow local ICU referral guidelines

**Infection:** Observe for signs of infection

- Temperature >38°C
- Tachycardia/Tachpnoea
- Hypotension
- Increased pain
- Offensive/increased exudate
- General malaise

**REFERRAL NOT NECESSARY**  
**\*Unless indicated by complexity\***

Erythema <5%      Superficial <2%

**For cases that do not meet the criteria for referral:**

**Continue** local care and give advice to observe signs for infection. Refer on if wound unhealed at 14 days  
**Discharge** when wound healed, with written advice to moisturise and protect from sun until healed skin loses pink colour

**FLUID GUIDELINES**

≥ 15% TBSA – IV fluid resuscitation according to Parkland Formula (age 16-65 years old)  
≥ 10% TBSA if multiple comorbidities - IV fluid resuscitation according to Parkland Formula (>65years old)

**Contact Burn Unit for advice re: NBM, sedation, analgesia and future fluids**

**MEETS CRITERIA FOR REFERRAL – CALL LOCAL BURN SERVICE**

**Sheffield:** 0114 2714129 / 0114 2714126  
**Wakefield:** 01924 541700

**Preston:** 01772 522244  
**Liverpool:** 0151 4301540 / 0151 4302349

**Manchester:** 0161 2916314  
**Newcastle:** 0191 2825637 / 0191 2820271