

PAEDIATRIC BURN REFERRAL CRITERIA AND GUIDELINES – June 2012 v1.0

NON-COMPLEX BURN

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

Size: 2-10% TBSA >1 and <16 years old

Wound healing: Any wound unhealed at 7 days

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

MUST GIVE

IV Resuscitation Fluids: All children with burns $\geq 10\%$ TBSA will receive fluid according to the Parkland Formula:-
3 ml/kg/% burn over 24 hrs from time of injury given $\frac{1}{2}$ in the 1st 8 hrs & $\frac{1}{2}$ in the 2nd 16 hours given as Hartmann's solution.

AND

IV Maintenance Fluids: 100ml/kg over 24hrs from time of injury for 1st 10kg, plus 50ml/kg over 24hrs for 2nd 10kg, plus 20ml/kg over 24hrs for each additional kg. Give as 0.45% Sodium Chloride and 5% Glucose solution or a suitable local alternative

COMPLEX BURN

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

Total Body Surface Area (TBSA)/Depth:

$\geq 10\%$ (<16 years)

>1% TBSA Deep Dermal burn (all children <1 year

All Full Thickness burns >size of a patients finger tip

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, nappy area, perineum, facial, neck, hands, feet, joints or flexural creases

All circumferential burns

Existing Conditions: Burn wound infection, congenital conditions or significant medical conditions

Associated Injuries: All burns associated with inhalation or trauma

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

Analgesia: Ensure adequate analgesia is given prior to intervention/transfer. Discuss with burn service

Catheterisation: All children with burns $\geq 10-15\%$ TBSA and/or burns to genitalia should have an appropriate size catheter.

Infection: Toxic Shock Syndrome / Burn Sepsis Syndrome

Observe for 2 of the following;

- Temperature $>38^{\circ}\text{C}$
- General malaise
- Rash
- Hypotension
- Diarrhoea and vomiting
- Not eating or drinking
- Tachycardia / tachypnoea

Suspected Inhalation Injury: If there is a suspected inhalation injury, give oxygen (15 litres via non-re-breathe mask and bag) and seek anaesthetic review

FLUID GUIDELINES

<10% encouraged to have oral fluids unless NBM

$\geq 10\%$ cannula, resus fluids and maintenance

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

For cases that do not meet the criteria for referral:

Continue local care and give advice to observe for signs of infection. Refer on if unhealed at 7 days

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

MEETS CRITERIA FOR REFERRAL – CALL LOCAL BURN SERVICE

Newcastle: 0191 2826011 / 0191 2829009
Liverpool: 0151 252 5400

Manchester: 0161 701 8100
Wakefield: 01924 541931

Sheffield: 0114 2260694