

Burn Center Triage Criteria

Prehospital fluid resuscitation requirements

Lactated Ringers preferred Initial resuscitation:

- ≤ 5 y/o: 125 ml/hr
- 6-12 y/o: 250 ml/hr
- ≥ 13 y/o: 500 ml/hr

If > 1 hour transport time = **Adjusted fluid rates**

Flame or scald injuries

- ≥ 13 y/o: $(2 \text{ ml} \times \text{kg} \times \% \text{ TBSA}) / 16 = \text{ml/hr}$
- ≤ 12 y/o: $(3 \text{ ml} \times \text{kg} \times \% \text{ TBSA}) / 16 = \text{ml/hr}$

Electrical Injuries

All ages: $(4 \text{ ml} \times \text{kg} \times \% \text{ TBSA}) / 16 = \text{ml/hr}$

Burn Injury Patterns

- 2nd/3rd degree burns involving $> 10\%$ body surface area
- All 3rd degree burns
- Burns involving face, hands, feet, genitalia, perineum, or major joints
- Circumferential injury
- Chemical burns
- Electrical burns, including lightning injury
- Inhalation injury
- Burns associated with trauma
- Ocular burn injury
- Radiation burns
- Blast injuries

Clinical Pearls

Divert to the nearest ED for stabilization if:

- Unable to obtain a definitive airway in patient with imminent airway compromise
- Unable to obtain IV/IO access in patient with 2nd/3rd degree burns $> 40\%$ BSA
- If diversion is necessary, the provider should proceed to the Burn Center as soon as the patient is stabilized. **Note: This stopover does not qualify as a hospital-to-hospital transfer**
- Do NOT include 1st degree areas in the TBSA calculation (superficial burns without blister formation, eg. sunburn)
- The size of the patient's hand – including the fingers – represents one percent (1%) of his/her total BSA

Special considerations

- EMS provider judgment
- Be prepared to be aggressive with RSI with Airway/Severe burns if needed

LERN should be contacted for every major burn patient and when it is not clear whether patient is a Burn Center candidate

