# **Burn Center Transfer and Treatment Algorithm**

All Burn Center transfer and treatment decisions are up to the discretion of the treating physician/provider

## **Transfer**



- Any burn with >20% TBSA that will require fluid resuscitation per the ABA Guidelines
- High risk mechanism of injury: electrical, chemical, radiation, or inhalation burns
- · Full thickness burn of any TBSA
- · Circumferential burn of any extremity
- 2nd degree burn <20% TBSA to the face, hands, feet, genitalia, perineum, or major joint



- Cover burns with DRY dressings
- · Cover with blankets to prevent hypothermia
- Administer pain medication
- Administer Tetanus shot if applicable
- Consider Foley catheter if initiating ABA fluid resuscitation

# **UofL Hospital** Burn Center



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## **Outpatient Burn Treatment with Referral to Burn Center**



#### 2nd degree burn <20% TBSA to any surface:

- Stop the burning process
- · Administer Tetanus shot if applicable
- · Administer pain medication
- · Unless infection is noted, antibiotics DO NOT need to be ordered



### Superficial (1st Degree)

- Clean burn wound with baby soap/water or NS
- Apply moisturizer (4-6 x/day)
- · Elevate extremity
- Perform active range of motion
- Educate on wound management to include daily showers and frequency of moisturizer application
- If blisters develop, return to the ED, PCP, or Burn Center

#### Partial Thickness (2<sup>nd</sup> Degree)

- · Clean burn wound with baby soap/water or NS
- Debridement of bullae performed at discretion of provider (may consider if > 2cm<sup>2</sup>)
- Apply topical medication (bacitracin to face, hands, and perineum; silvadene to other surfaces)
- Cover with non-adherent gauze followed by dry gauze for exudate absorption
- Elevate extremity
- · Perform active range of motion
- Educate on wound management to include daily showers and frequency of dressing change