CHILDREN'S BURN REFERRAL GUIDELINES

LONDON & SOUTH EAST OF ENGLAND BURN NETWORK (LSEBN) - Version 2 (November 2010)

REFERRAL CRITERIA FOR SPECIALISED BURN SERVICE

- Consider if >1% Total Body Surface Area (TBSA) Partial Thickness (PT) burn
- All deep dermal and full thickness (FT), circumferential burns and burns involving the face, hands, soles of feet, perineum
- All burns associated with smoke inhalation, electrical shock or trauma
- Severe metabolic disturbance
- Children with burn wound infection
- All children 'unwell' with a burn (see below)
- Unhealed burns after 2 weeks
- Neonatal burns of any size
- All children with burns and child protection concerns
- Progressive non burn skin loss condition (TENS, SSSS)
- Any other case that causes concern

MEETS CRITERIA FOR REFERRAL TO SPECIALISED BURN **SERVICE**

CALL LOCAL BURN SERVICE

St Andrews Centre, Broomfield Hospital (Chelmsford) 01245 516037 **Chelsea & Westminster Hospital (London)** 0203 3152500 **Queen Victoria Hospital (East Grinstead)** 01342 414469 Stoke Mandeville Hospital (Aylesbury) 01296 315040

National Burn Bed Bureau 01384 215576 Children's Acute Transport Service (CATS) 0800 0850003

GIVE FLUID / FAST AS BELOW AGE BURN SIZE (TBSA) FLUID LESS < 10% TBSA Feed as Normal FT or PT BURNS **THAN** (<) 3/12 OLD Feed as Normal IV fluid resuscitation according to Parkland Formula ≥ 10% TBSA BUT < 20% TBSA FT or PT BURNS Do not give IV Maintenance Fluid ≥ 20% TBSA Keep NBM FT or PT BURNS IV fluid resuscitation according to Parkland Give IV Maintenance Fluids < 10% TBSA FT or **OLDER** Keep NBM PT BURNS Consider giving IV Maintenance Fluids **THAN** (>) 3/12 OLD ≥ 10% TBSA Keep NBM FT or PT BURNS IV fluid resuscitation according to Parkland Formula only Do not give IV Maintenance Fluid

UNWELL: Toxic Shock Syndrome / Burns Sepsis Syndrome - ANY OF:

- Temperature > 38°C
- Not eating or drinking

Rash

+/- FFP

- Tachycardia/tachypnoea
- Diarrhoea and vomiting
- Hypotension
- General malaise
- Seek advice from local Burn Service and consider treating with fluid resuscitation, IV antibiotics

GENERAL INFORMATION

IV Access

All children with Burns ≥ 10% but <30% Total Body Suface Area (TBSA) should have one well secured IV cannula

All children with burns ≥ 30% TBSA should have 2 well secured IV cannulae **Consider Central Access if Patient** Unstable

IV Resuscitation Fluids

All children with Burns ≥ 10% TBSA will receive fluid according to the Parkland

4 ml/Kg/% burn over 24 hrs from the time of injury given ½ in the 1st 8 hrs & ½ in the 2nd 16 hrs given as Hartmann's

IV Maintenance Fluids

100 ml/Kg over 24 hrs for 1st 10 Kg. Plus 50 ml/Kg over 24 hrs for 2nd 10 Kg Plus 20 ml/Kg over 24 hrs for each additional Kg Give as 0.45% Sodium Chloride and 5%

Glucose solution

Fluid Balance

All children receiving IV Fluids should have fluid balance documented on the **LSEBN Transfer Document** (located on the LSEBN Website)

Catheterisation

All children with burns ≥ 20% TBSA should have an appropriate size catheter.

Consider catheter if burn 10-19% TBSA Consider for all perineal burns

Suspected Smoke Inhalation or **Airway Compromise**

Give oxygen and seek anaesthetic

NOTE: Referral Criteria for **Specialised Burn Centre**

Burn ≥ 30% TBSA

(Consider CATS Transfer)

Burn ≥ 20% TBSA Full Thickness (FT)

Burn ≥ 15% TBSA in ≤ 1 year old

Burn + inhalation injury or need to ventilate

Burn + Major Trauma

Burn + requirement for inotropic support

Burn + requirement for renal support

Burn + base deficit >6 and deteriorating

Burn + O₂ Requirement > FIO₂ of 50%

For cases that do not meet the criteria for referral:

Continue local care + give advice to observe for signs of Toxic Shock Syndrome (Refer to "Unwell")

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

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