

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 THAN (<) 3/12 OLD	< 10% TBSA FT or PT BURNS	<ul style="list-style-type: none"> • Feed as Normal
	≥ 10% TBSA BUT < 20% TBSA FT or PT BURNS	<ul style="list-style-type: none"> • Feed as Normal • IV fluid resuscitation according to Parkland Formula only • Do not give IV Maintenance Fluid
	≥ 20% TBSA FT or PT BURNS	<ul style="list-style-type: none"> • Keep NBM • IV fluid resuscitation according to Parkland Formula • Give IV Maintenance Fluids
OLDER THAN (>) 3/12 OLD	< 10% TBSA FT or PT BURNS	<ul style="list-style-type: none"> • Keep NBM • Consider giving IV Maintenance Fluids
	≥ 10% TBSA FT or PT BURNS	<ul style="list-style-type: none"> • Keep NBM • 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
- Rash
- Diarrhoea and vomiting
- General malaise
- Not eating or drinking
- Tachycardia/tachypnoea
- Hypotension

Seek advice from local Burn Service and consider treating with fluid resuscitation, IV antibiotics +/- FFP

GENERAL INFORMATION

IV Access

All children with Burns ≥ 10% but <30% Total Body Surface 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 Formula:-
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 fluid

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 review

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