**Western Trauma Association Preferred Triage of the Burned Patient**

**Assess**
- Burn Size
- Patient Age
- Patient Comorbidities
- Past Medical & Surgical History

**Establish IV Access and Adequate Pain Control**
- Verify Tetanus Status-Inoculate PRN
- Wash Patient With Warm, Soapy Water & Debride Dead Epidermis With Washcloth
- Photograph Burn Pre & Post Debridement
- Wrap Patient in Dry Sheets
- Maintain Normothermia

**Age < 5 OR > 50 years old**
- Burn < 10% TBSA (Total Body Surface Area)
  - Dress Wound With Sterile Gauze Dressing (SSD, Bacitracin, or Gentamycin)
  - Maintenance IV until oral intake is adequate
  - Telephone or Video Consultation with Burn Center for Formulation of Treatment Plan
  - IF: 1.) Superficial Partial Thickness or < 5% TBSA Deep Partial Thickness Wound AND 2.) Patient and Family Can Accomplish Wound Care Without Parenteral Opioids
    - D/C Home Follow Up With Burn Center
  - IF: 1.) Suspicion of Abuse 2.) Severe To Accomplish Dressing Change Without Parenteral Narcotics or Conscious Sedation 3.) Burn wound requires grafting
  - Transfer to Burn Center

**Age > 5 years & < 50 years old**
- Burn > 10% TBSA
  - Give Maintenance IV Fluid + Oral Rehydration
  - If Patient Does Not Tolerate Oral Rehydration
    - Initiate Burn Center Transfer
      - Formal Fluid Resuscitation Using ABA Consensus Formula
      - Avoid Crystalloid Boluses
      - Foley Catheter - Record Urine Output Hourly
      - Adjust Fluid Rate Up Or Down Based On Urine Output
        - Goal Ur 0.5 cc/kg/hr for Adults
        - Goal Ur 1 cc/kg/hr for Children
        - Transfer to Burn Center

**Caveat 1**
- Consider Intubation Prior to Transfer IF: 1.) Extensive Head, Neck, Facial Burns 2.) > 40% TBSA Burn 3.) Stridor, Wheezing, Hecrose, Dyspnea 4.) Coli < 50% and Obtunded
  - If Persistent Lactic Acidosis, Consider Cyanide Poisoning and Cyanokit Use.

**Caveat 2**
- Consider Escharotomy After Consult w/ Burn Surgeon
  - 1.) Full Thickness Circumferential Full Thickness Burns.
    - AND
    - 1.) Clinical Signs of Compartment Syndrome.
      - Or
      - 2.) Full Thickness Chest Burns With Restricted Respiratory Excursion.

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**American Burn Association Consensus Formula**

- 2-4 ml/kg/% TBSA Burn (using Ltr) in the 1st 24hr
  - Give ½ in the First 8 Hrs Post Burn
  - Give ½ in the Next 16 Hrs Post Burn

- **Adults:** 2 ml/kg/% TBSA
- **Children:** 3 ml/kg/% TBSA
- **Electrical:** 4 ml/kg/% TBSA

- In Adults:
  - Adjust Fluid Rate For Goal Ur 0.5 cc/hr

- In Children (< 14 y/o):
  - Adjust Fluid Rate For Goal Ur 1 cc/hr
  - If Child Is < 30kg Add Maintenance Fluids That Include Dextrose (D5LR or D5NS) In Addition To The Consensus Formula