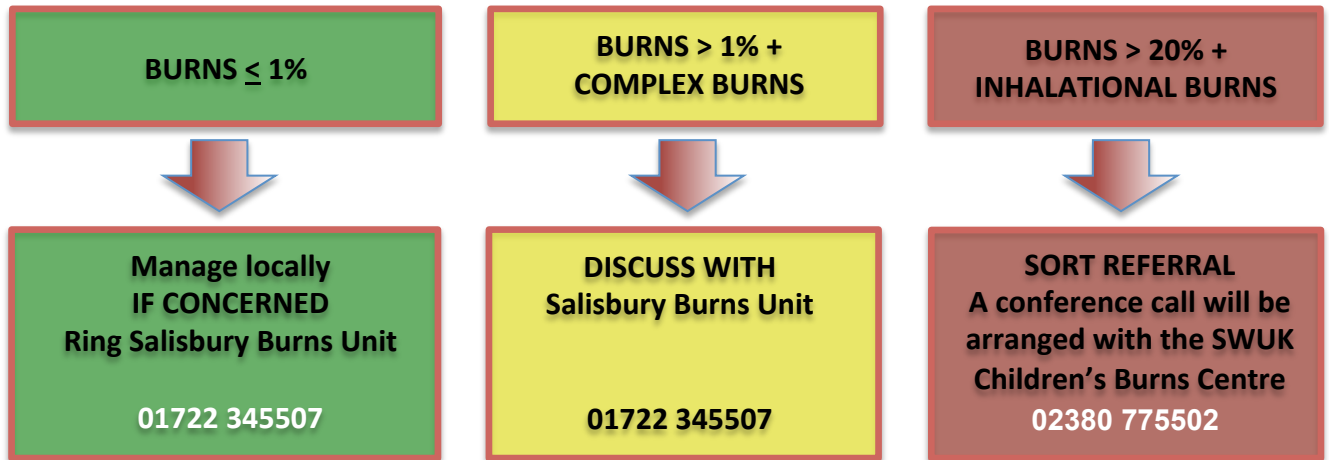


# Management of burns in children

## DECISION FLOW CHART



## CRITERIA FOR COMPLEX BURNS

<b>SITE</b>	Face, hands, perineum, feet, circumferential
<b>DEPTH</b>	Full thickness any site
<b>MECHANISM</b>	Chemical, radiation, high pressure, electrical
<b>AGE</b>	< 5 years
<b>TOXIC SHOCK</b>	Delayed onset of high temperature, rash, D&V, shocked

## BURNS DRESSINGS

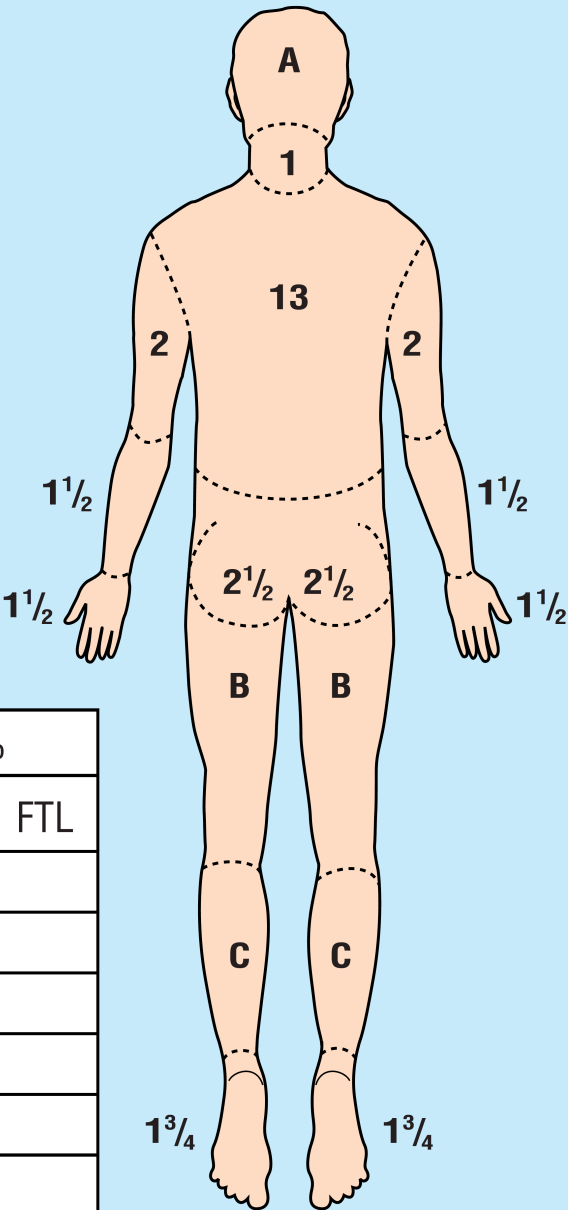
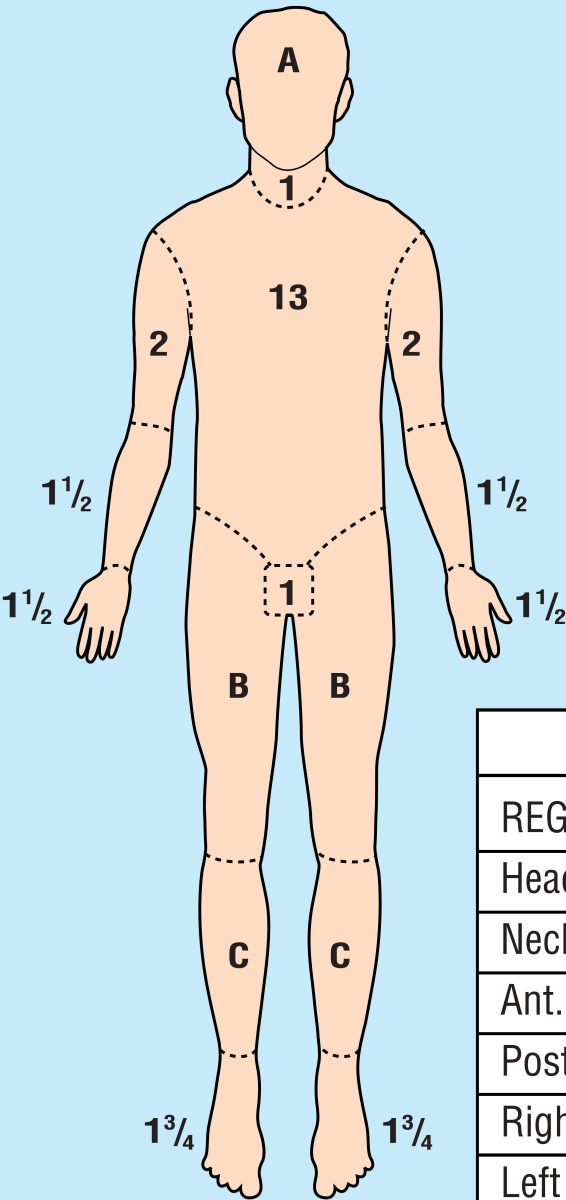
Non-Chemical – Use Cling Film  
Chemical – discuss with Salisbury

**FOR SIMPLE BURNS  $\leq$  1% BODY SURFACE AREA  
THERE IS NO BURNS SPECIFIC FLUID MANAGEMENT**

**FOR ALL OTHER BURNS REFER TO THE SWUK CHILDREN'S  
BURN CENTRE GUIDANCE BELOW**

% Total Body Surface Area Burn

Be clear and accurate, and do not include erythema  
(Lund and Browder)



	%	
REGION	PTL	FTL
Head		
Neck		
Ant. trunk		
Post. trunk		
Right arm		
Left arm		
Buttocks		
Genitalia		
Right leg		
Left leg		
Total burn		

AREA	Age 0	1	5	10	15	Adult
A = 1/2 OF HEAD	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2	3 1/2
B = 1/2 OF ONE THIGH	2 3/4	3 1/4	4	4 1/2	4 1/2	4 3/4
C = 1/2 OF ONE LOWER LEG	2 1/2	2 1/2	2 3/4	3	3 1/4	3 1/2

## Guidance for referral to Bristol Royal Children's Hospital

### Criteria for Discussion / Referral

- All burns/scalds in children greater than 1%
- All circumferential burns
- All burns with associated injuries such as smoke or gas inhalation or electric shock
- All burns/scalds of any size involving face, hands, perineum and/or chest
- All children 'unwell' shortly after burn injury (of any size)
- All burns of any size in children that have not healed within two weeks
- All full thickness burns
- All neonatal burns of any size
- All children with burns and child protection concerns
- Any other case that causes concern

Burn wound does not meet specified criteria

Child presents unwell with recent burn injury - consider toxic shock?

Case meets criteria

10% TBSA burns and above

**Case requires discussion with the SWUK Children's Burn Centre**  
Telephone: (0117) 923 0000 Bleep 6780

Continue local care and dressings as required

Wound not improving

Plan transfer / outpatient appointment as clinically indicated

If journey > 2hrs consider helicopter transfer

Wound healing well  
Discharge when ready with sun care / scar management advice

**Give Toxic Shock Advice**

**Give Toxic Shock Advice**

### Fluid Guidelines

- 10- 14% scald = 1 cannula, give maintenance fluids only
- 15-20% scald or ≥10% flame = 1 cannula, intravenous fluids as per formula below
- >20% burn = 2 cannulae, intravenous fluids as per formula below

**Fluid formula:** Multiply Body Weight (Kg) by the % area burnt. Give this amount as mls of Hartmann's over the first 8 hours from the time of injury.

**NB** This formula is based on latest guidelines and may differ from regimes quoted in standard texts.

In smaller infants (<12 months of age), please check glucose, and in addition give 70% maintenance fluids (5% dextrose / 0.45% saline). Maintenance fluids are not required in older children.

- To calculate % area burn, use 'Lund and Browder' charts and only include blistered skin or full-thickness burn, ignore erythema
- Do not catheterise unless very lengthy journey planned (>4-6 hrs)
- Do not insert central lines unless absolutely necessary
- Keep child nil by mouth as GA is likely
- Do not start antibiotics
- Cover burns in layered cling film or Vaseline for facial burns

### Toxic Shock Advice

If a child presents with any of the following symptoms following burn injury, a full re-assessment is required and discussion with the Burns Centre.

- High Temperature (>38°C)
- Arash
- Diarrhoea and/or vomiting
- General malaise – not eating or drinking or disinterested in surroundings
- Tachycardia / tachypnoea

### For injuries requiring intravenous fluid support:

If transfer is unlikely within eight hours post injury, contact us again for further instructions

### Scar Management / Sun Care Advice

- When healed, cream and massage the area with moisturising cream twice a day for at least three months
- Avoid direct sunlight for 2 years
- Always protect area with clothing (hats/ T-shirt etc) and use a high factor sun cream