Assess the following points with respect to burn injury as part of standard ATLS protocol

**AIRWAY**

- **Suspect inhalation injury:**
  - respiratory distress (dyspnoea, stridor, wheeze)
  - voice changes
  - signs of upper airway oedema
  - deep facial burns
  - sooty sputum
  - history of burn in enclosed space
- **Suspect smoke inhalation injury if raised COHb level**
- **Consider Cyanokit with reduced GCS, early lactate acidosis**
- **Administer 100% FiO₂ if carbon monoxide injury suspected**
- **Establish baseline ABG’s and SaO₂ (goal >95%)**
- Discuss with local Burn Service need for Escharotomy

**BREATHING**

- **Suspect smoke inhalation injury if raised COHb level**
- **Consider Cyanokit with reduced GCS, early lactate acidosis**
- **Administer 100% FiO₂ if carbon monoxide injury suspected**
- **Establish baseline ABG’s and SaO₂ (goal >95%)**
- **Discuss with local Burn Service need for Escharotomy**

**CIRCULATION**

- **Insert 2 large bore peripheral IV lines in unburned skin, if able**
- **Take baseline bloods (U&E, FBC, LFT, CRP, Amylase, CK, X-Match, Drug/Tox)**
- **Discuss with local Burn Service need for escharotomy in circumferential burns to limb/digit:**
  - Assess perfusion distal to burn
  - Elevate limbs

**DISABILITY**

- **Assess pain score**
- **Administer IV opiate analgesia according to patient’s needs**

**EXPOSURE**

- **Remove:**
  - Hydrogel burn dressings
  - Loose clothing/jewellery/nappies proximal to burn injury. Leave any adherent clothing.
- **Cool:**
  - Wounds for 20 mins (with running water or wet compress if possible)
- **Clean:**
  - With Normal Saline or Tap H₂O
- **Assess:**
  - Extent of burn (%TBSA) using Lund & Browder chart. Do not include erythema in %TBSA estimation.
  - Depth of burn
  - Send photos via TRIPS [www.trips.nhs.uk](http://www.trips.nhs.uk)
- **Cover:**
  - With loose longitudinal strips of Cling Film. Do not apply Cling Film to face.
  - Chemical injuries must be fully decontaminated
  - Implement active warming measures to prevent heat loss

**FLUIDS**

- **Assess patient’s weight**
- **Use Parkland formula to estimate fluid resuscitation requirements from time of injury:**
  - 4mls/kg/% burn, half over the first 8 hrs, rest over next 16 hrs
  - Adjust formula if delay between time of injury & presentation
- **Insert urinary catheter and titrate fluids to urine output:**
  - Adults: 0.5 – 1ml/kg/hr
  - Children <30kgs: 1ml/kg/hr
  - Electrical: 1-2ml/kg/hr
- **Maintain accurate fluid balance chart**

**OTHER**

- **Discuss with local Burn Service:**
  - Tetanus status
  - Nasogastic tube
  - Antibiotics (routine prophylaxis not required)
  - Nil by mouth
  - Safeguarding concerns

**REFER**

- **Complete LSEBN Burns Transfer Information and send via TRIPS to local Burn Service**
- **LSEBN guideline documents are available via TRIPS Help & Information on [www.trips.nhs.uk](http://www.trips.nhs.uk)**
- **Refer patient by calling the local Burn Service**
  - Make transfer arrangements. Keep warm. Sit head up.
  - Telephone support and advice on care of any patient with a burn injury is available at all times