Don’t Get Burned!

Office Evaluation and Management of Burns

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Depth
Size
Treatment
Tips
Pitfalls
1\textsuperscript{st} degree
superficial

2\textsuperscript{nd} degree
partial thickness

3\textsuperscript{rd} degree
full thickness
superficial burns

epidermis

dermis

fat

RED OUCH!

dry
superficial partial thickness burns

- epidermis
- superficial (papillary) dermis
- deep (reticular) dermis
- fat

RED  wet

OUCH!
superficial partial thickness burns
deep partial thickness burns

epidermis

superficial (papillary) dermis

deep (reticular) dermis

fat

mottled wet

ouch!
deep partial thickness burns
1st degree superficial epidermis

superficial (papillary) dermis

deep (reticular) dermis

fat

full thickness burns

dry leathery
full thickness burns
Tip #1

Burn depth is not uniform
Tip #2

Estimating burn depth is often really, really hard
Tip #3

Mechanism is a great initial predictor of burn depth
epidermis

dermis

fat
How Big is the Burn?

Rule of Palm

Sage Diagram
Tip #4

Omit areas of superficial burn when calculating burn size
<table>
<thead>
<tr>
<th>% TBSA burned</th>
<th>Airway Compromise</th>
<th>Hands Feet Face Genitals Joint Borders</th>
<th>Suspicion of Non-Accidental Trauma</th>
<th>Full Thickness</th>
<th>Partial Thickness</th>
<th>Superficial</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 1%</td>
<td>Major</td>
<td>Moderate II</td>
<td>Moderate I</td>
<td>Mild:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-9%</td>
<td></td>
<td></td>
<td></td>
<td>Follow-up with PMD (No surgery consult needed)</td>
<td></td>
<td></td>
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<tr>
<td>10-14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 15%</td>
<td></td>
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**MODERATE I**
- Surgery consult
- Debridement by surgery
- Discharge Home
- Follow up in burn clinic

**MODERATE II**
- Surgery consult
- Debridement by surgery
- Admit to 5E (SCU)
- Moderate burn orders

**MAJOR**
- Call Trauma Stat
- Parkland Formula
- Foley Catheter
- Dry sterile Dressings
- Admit to PICU
- Major burn orders
Special Areas

Hands

Feet

Face

Flexion crease

Genitalia
Inflicted Burns
Tip #5

Children with burns that come to your office rarely need immediate hospital care
Burns You Might See
Electrical Burns
Treadmill Burns
Office-based Burn Treatment

1. Assess burn depth
2. Assess burn size
3. Control pain
4. Clean burn wound
5. Dress burn wound
Office-based Burn Pain Management

Premedicate
“One-wipe”
Keep blisters
Keep covered
OTC medications
Keep or Remove Blisters?

**Keep blisters**
- Less pain
- Blister provide biological coverage
- Less effort
- Fewer supplies needed

**Remove blisters**
- Better assessment of depth
- Better assessment of extent
- Cleaner wound
Tip #6

Small (<2% TBSA) in healthy children rarely become infected
Superficial Burn Treatment
Cleaning Burn Wounds
Topical Antimicrobials
LIKE THIS

NOT LIKE THIS
Other Dressing Options
Tip #7

Combine dressing changes with bath time
When to Refer

- Parental anxiety
- Full thickness burns*
- Large burns (>~2-5%)
- Special areas*
- Healing time >1-2 weeks
- Suspected abuse

*only if large
How to Refer

Burn Clinic

202-476-2150
Summary

Check depth
Check size
Think of abuse
Special areas*
Refer if needed

*only if large