Emergency Trauma and Burn Services includes a 12-member acute response team that provides immediate intervention when an injured patient arrives by helicopter or ambulance. The trauma team follows the patient from admission to discharge and outpatient care. Extensive burn outpatient services are offered for the follow-up of inpatients or new referrals.

The Emergency Communication Information Center (ECIC) provides 24-hour communication to community emergency and primary care providers for the arrangement of consultation and/or transport to Children’s National.
If your patient has received treatment and experiences any of the following, please refer the patient to the burn team:

- Has a temperature greater than 101.5 for two days
- Has thick, foul smelling fluid from burn wound
- Has redness around wound
- Has bleeding that continues after applying constant pressure for two minutes
- Has a dressing that will not stay in place
- Has an outer dressing that is saturated
- Has inadequate oral intake
- Has pain that does not respond to acetaminophen or ibuprofen or prescribed medications

Initial treatment:

- Remove clothing that removes easily
- Cool burn with cool water
- Cover with a moist non-adherent dressing
- Call surgical resident on call

Burn referral:

- Blisters are present
- The skin is broken
- The burn is on a hand, foot, genital area, face, or crosses a joint
- Chemical and electric burns
- Burn patients who require special social, emotional, or rehabilitative intervention

Initial treatment:

- Remove clothing that removes easily
- Cool burn with cool water
- Cover with a moist non-adherent dressing
- Call surgical resident on call

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- Remove clothing that removes easily
- Cool burn with cool water
- Cover with a moist non-adherent dressing
- Call surgical resident on call