

Burn Referral Resources for Outside Facilities

Background:

The Burn Team at USA responds to a broad catchment area that extends into Mississippi, middle Alabama, and west Florida. Many facilities transfer patients. Some of these transfers are non-routine. Our intention is to improve the efficiency of transfers and to also provide helpful education and feedback to referral sources.

Keys to Transfer

- Stop the burning (decontaminate)
 - Pain control
 - No antibiotics
 - Warm the patient
- Cover burns with sterile dry towels
 - Avoid boluses
- Use Initial Fluid rates based on age/Kg and adjust with TBSA if time permits (don't delay transfer):

	Initial	Adjusted
Adults	500cc/h	2ml LR x Kg x TBSA
Child <14	250cc/h	3ml LR x Kg x TBSA
Infants to 30 Kg	125cc/h	3ml LR x Kg x TBSA plus D5LR at maintenance

USA burn center at 833-USA-STAT

- Follow ABA Burn Center referral criteria
 - We take all adults at USA
- Pediatric cases are individualized; >15 TBSA may require transfer to larger pediatric center

Our Review & Feedback Process

Outreach Coordinator Prepares Letter to referral facility, informed by any opportunities for improvement identified by burn team.

Reviewed by Burn Surgeon with notes added as appropriate

Sent to referral facility POC for distribution, thank you for referral

ER staff visit:

- Handouts
- Posters
- Short talks and slideshows
- Call Trauma Division office at 251-471-7971

Online:

- American Burn Association
- USA Health
- USA CPGs:
<https://www.southalabama.edu/colleges/com/departments/surgery/burn-protocols.html>

Advanced Burn Life Support:

- 8 CME hours
- Initial burn care, catastrophic burns
- Register:
<https://members.ameriburn.org/abls/abls-courses>

Grand Rounds:

- Novel skin expansion
- Dermal salvage
- Enzymatics
- New Skin Substitutes
- Basic grafting technique
- Recovery and Scar Mitigation

Symposium:

- "Annual Gulf Coast Trauma Symposium"
- Usually in March
- Nationwide Speakers
- Prehospital and Nursing focus