

- Physical Exam
- Additional X-rays
- Other labs if not already sent

### **History**

Did the burn occur inside or outside?

Did the patient fall?

Did the burn occur in an MVA?

Loss of Consciousness?

Are the Injuries compatible with story? Abuse?

What happened exactly?

Chemicals involved? (See Chapter 4. Industrial Chemicals, Chemical Warfare and Thermonuclear Burns) Act QUICKLY– you must protect yourself and treat the patient)

Was electricity involved? What Voltage?

Scald?

Flame?

Allergies?

What other medical problems does the patient have/meds?

Is the patient pregnant?

Time of last meal?

Is the patient intoxicated?

Is there a history of substance abuse?

Does the patient smoke? History of asthma?

**The history and mechanism of injury will direct the trauma work-up**

### **Physical Examination (systematic approach)**

IN THE BURNED PATIENT DON'T FORGET:

#### **Eyes**

- Fluorescein examination to look for corneal abrasions (have a high index of suspicion if there is a history of splash, explosion, flash, or chemicals)
- If a corneal abrasion is present:
  - Ophthalmic antibiotics are essential
  - Get ophthalmology involved early
- If chemical Injury is known or suspected, steps must be taken immediately to prevent permanent damage. If the patient is being transferred, treatment may have to be continued en route. See Chapter 4: Industrial Chemical, Chemical Warfare and Thermonuclear Burns

## Chapter 11: Aeromedical Evacuation

*Raul Vivar*

Aeromedical evacuation (AE) is a modern, complex transportation system designed to move casualties rapidly to a medical treatment facility.

AE is critical during:

- Military operations or civilian crises
- Operations other than war
- Domestic crises, including acts of terrorism

Burned patients are also expeditiously transported to burn units when indicated to provide the highest level of care.

### **Considerations**

The transfer and evacuation of a burn patient should be coordinated between the referring and the receiving physician at the burn center. The receiving physician will evaluate current information about the patient's clinical status and interventions. Any recommendations for change in the resuscitative care are given to the referring physician.

Transfer and transport of the burned patient is best accomplished by a multidisciplinary burn team during the resuscitative phase (within the first 48 hours if the patient is stable enough to be moved) before the patient encounters complications, which could contraindicate movement.

### **Burn Unit Referral Criteria**

Partial thickness burns >10%,

Burns involving the hands, feet, face, genitalia, perineum or major joints

Third degree burns in patients of any age

Electrical burns, Lightning injury, Inhalation injury, Chemical burns

Patients with preexisting medical problems that could complicate management, affect mortality or prolong recovery

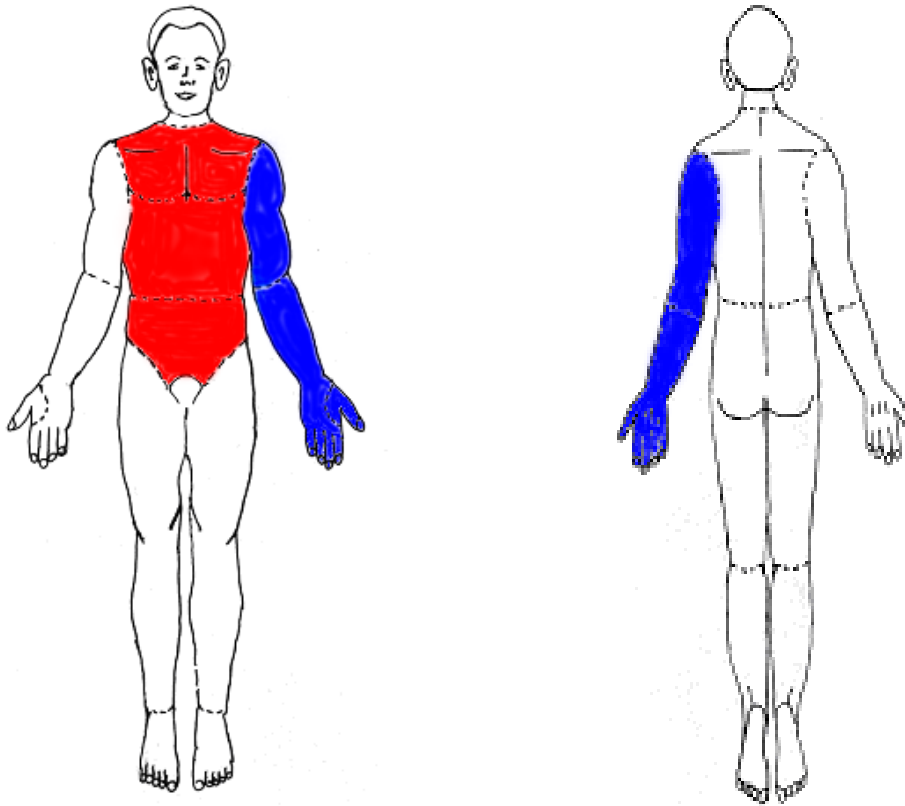
Burns in patients with other trauma in which the burn poses the greatest risk of morbidity or mortality. If the trauma poses the greatest risk, the patient may be stabilized in a trauma center first.

Pediatric patients in hospitals without qualified persons or equipment to care for children

Burns in patients who will require special social, emotional or long-term rehabilitation, [www.ameriburn.org](http://www.ameriburn.org)

### **Transportation of the Burn Patient; Two Phases**

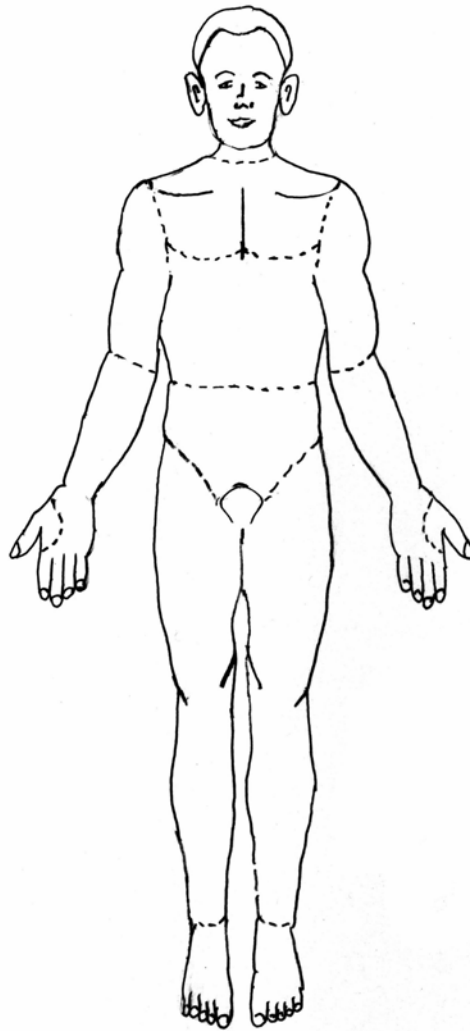
## Calculation of Total Body Surface Area (TBSA) Burned:



Blue – 2<sup>nd</sup> Degree: 9% (left arm)

Red – 3<sup>rd</sup> Degree: 18% (anterior torso)  
27% TBSA burned

[See Rule of Nines Chart, page 108]



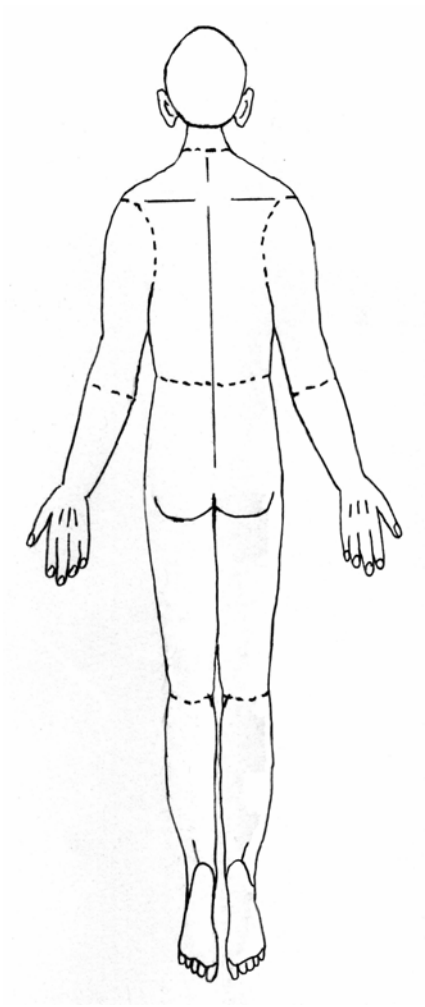
## Adult

*this page may removed for burn mapping*

Blue – 2<sup>nd</sup> Degree: \_\_\_\_\_

Red – 3<sup>rd</sup> Degree: \_\_\_\_\_

% TBSA burned: \_\_\_\_\_



## Adult

*this page may removed for burn mapping*

Blue – 2<sup>nd</sup> Degree: \_\_\_\_\_

Red – 3<sup>rd</sup> Degree: \_\_\_\_\_

% TBSA burned: \_\_\_\_\_

**INTERNS AND RESIDENTS ON CALL, POCKET HANDBOOK  
BURN TRANSFER FORM**

[Page 1 of 3]

Date and Time Of Call \_\_\_\_\_  
Referring MD \_\_\_\_\_ Phone#/Pager \_\_\_\_\_  
Referring Hospital \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Patient Information:

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Names of Next of Kin \_\_\_\_\_  
Next of Kin Contact Numbers \_\_\_\_\_  
Next of Kin accompanying patient: Y/N  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_  
Comorbid Medical Problems \_\_\_\_\_  
Preburn Weight \_\_\_\_\_

Date and Time of Burn \_\_\_\_\_  
Approximate time intravenous fluids initiated \_\_\_\_\_  
Cause of Burn \_\_\_\_\_  
City/State of Burn \_\_\_\_\_  
% TBSA Burned \_\_\_\_\_  
Total 2<sup>nd</sup> Degree \_\_\_\_\_ Total 3<sup>rd</sup> Degree \_\_\_\_\_  
Areas Burned? \_\_\_\_\_

Burn Diagram completed? Y/N  
Trauma Workup done: Y/N, (see page 3, Checklist)  
Circumferential or near-Circumferential Burns: Y/N, Location? \_\_\_\_\_

Pulses Present/Escharatomies? \_\_\_\_\_  
Inhalation Injury suspected or confirmed: Y/N  
ETT size \_\_\_\_\_ Number at the teeth \_\_\_\_\_

Resuscitation: