STOP THE BURNING PROCESS

- Remove all clothing, diapers, jewelry, metal & restrictive garments
- DO NOT place ice or cold water on burns
- Obtain patient’s medical history
- Check tetanus status & give tetanus if last immunization was greater than 5 years

ESTIMATE SPOTTY AREAS BY USING THE SIZE OF THE PATIENT'S PALM AS 1% FOR EACH YEAR OVER ONE: SUBTRACT 1% FROM THE HEAD, ADD 1/2% TO EACH LEG

ABSA CRITERIA FOR REFERRAL

The American Burn Association has identified the following injuries as requiring referral to a burn center after initial assessment and treatment:
1. Partial thickness burns >10% TBSA
2. Burns that involve the face, hands, feet, genitalia, perineum or major joints
3. Third degree burns in any age group
4. Electrical burns, including lightning injury
5. Chemical burns
6. Inhalation injury
7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery or affect mortality
8. Any patients with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality
9. Burned children in hospitals without qualified personnel or equipment for the care of children
10. Burn injury in patients who require special social, emotional/long term rehabilitative intervention

For questions regarding a burn injury, regardless of size, please call 855-863-9595.

BURN AND RECONSTRUCTIVE CENTERS OF FLORIDA

BODY SURFACE AREA IN PERCENT

DETERMINE DEPTH OF BURN INJURY

First degree burn: pink in color, no blisters, mild to moderate pain
Second degree burn: bright pink to red, blisters may be present, wet and weepy, blanches with capillary refill present, very painful. Always reassess second degree burns for possible conversion to third degree burns.
Third degree burn: dry/light/heathery brown/tan/waxy or partly white, no blanching or capillary refill, relatively pain free, may initially appear to be second degree, no blisters, needs skin grafting to heal

TREAT MINOR BURN WOUNDS

Medicate for pain prior to wound care
Remove all blisters and devitalized tissue
Clean the wound with an antibacterial soap & water
Apply an antibacterial ointment
Wrap the wound with a light gauze
For dressings or skin substitute options, please call the Burn Center at 855-863-9595
Patients may follow up at one of our conveniently located Clinics

WATCH FOR DEVELOPMENT OF COMPLICATIONS

Infection to the burn wound
Localized Cellulitis
Fever, chills, or nausea
Development of Eschar
Lack of healing within a week
Uncontrollable pain

FOR PATIENT REFERRALS: 855.863.9595 flaburn.com