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Contact	Stephanie Spain: Trauma Prgm Mgr Adult
Area	Trauma Surgical Critical Care
Applicability	Erlanger Health - Baroness

Admitting Trauma Patients with Burns

1. Process/Procedure Description

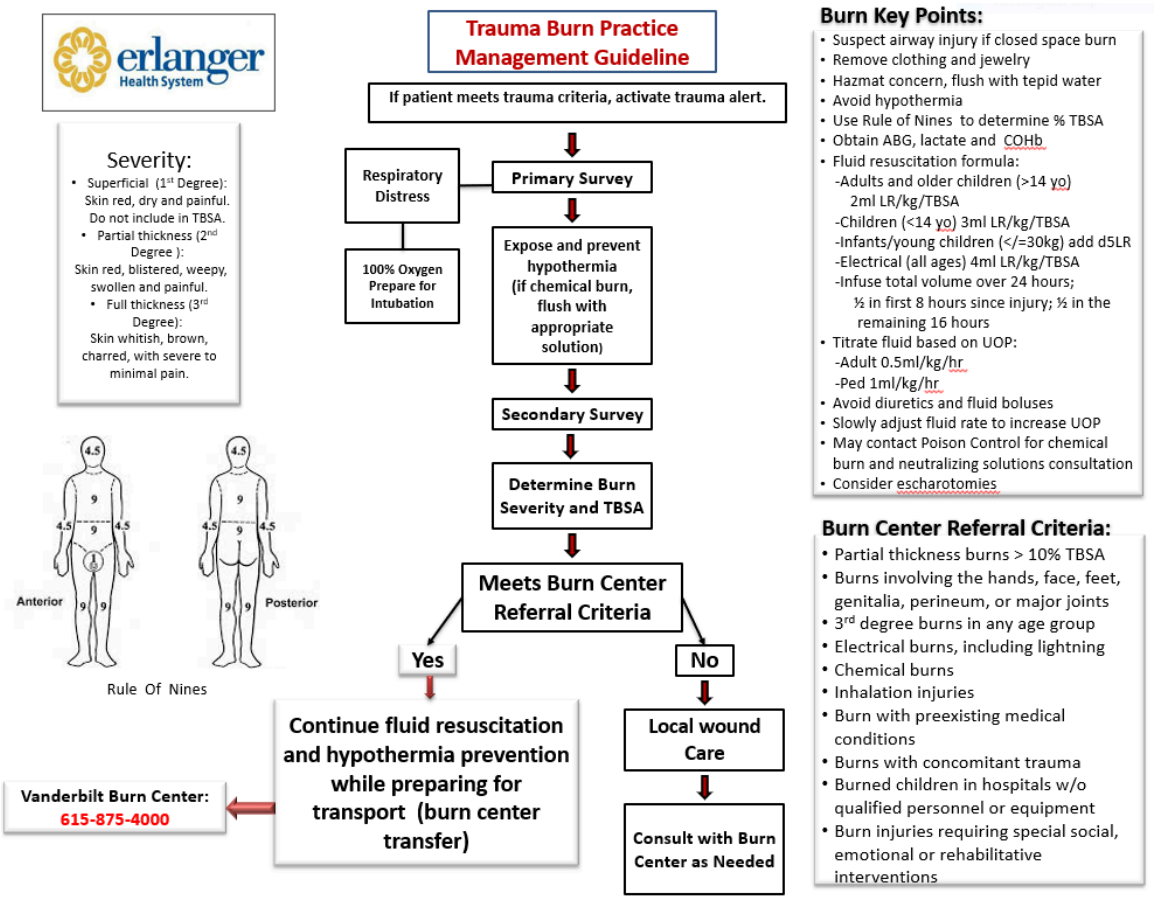
The purpose of this policy is to establish guidelines for when it is acceptable for Trauma Services to admit trauma patients with burn injuries. These guidelines are set forth and agreed upon by both the Trauma and Plastic Surgery Services.

2. Who Should Read This Process/Procedure?

Trauma Attending, Trauma Residents, Plastics Attending, Plastics Residents

3. Process/Procedure

Step:	Process Instructions/Description:
1.	Procedure: The Plastic surgery services will be consulted prior to admission of any trauma patient with burns to assist with management and disposition. Burn injuries that should be considered for referral to a burn center include the following:
	• Partial-thickness burns of greater than 10 percent of the total body surface area. • Burns that involve the face, hands, feet, genitalia, perineum, or major joints. • Third-degree burns in any age group. • Electrical burns, including lightning injury. • Chemical burns. • Inhalation injury. • Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality. • Burns and concomitant trauma (such as fractures) when the burn injury poses the

	greatest risk of morbidity or mortality. If the trauma poses the greater immediate risk, the patient's condition may be stabilized initially in a trauma center before transfer to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols. • Burn injury in patients who will require special social, emotional, or rehabilitative intervention.
2.	Transfer to referred burn centers will occur within the first four hours after the patient's arrival or when the medical staff determines the patient is medically stable for transport. Prior to patient transfer, a MD to MD conversation is required between sending and accepting providers. The disposition of non-trauma patients with minor burn injuries will be determined by plastics surgery services. Burn patients with traumatic injuries that are too unstable for transfer will be admitted to the trauma service.
	

References:

Attachments

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Burn Algorithm 2024.pdf

Approval Signatures

Step Description	Approver	Date
COO	John Winks: Executive Vice President-COO	07/2024
Trauma Services Committee Approval	Stephanie Spain: Trauma Program Manager	07/2024
	Stephanie Spain: Trauma Program Manager	07/2024

Applicability

Erlanger Health - Baroness