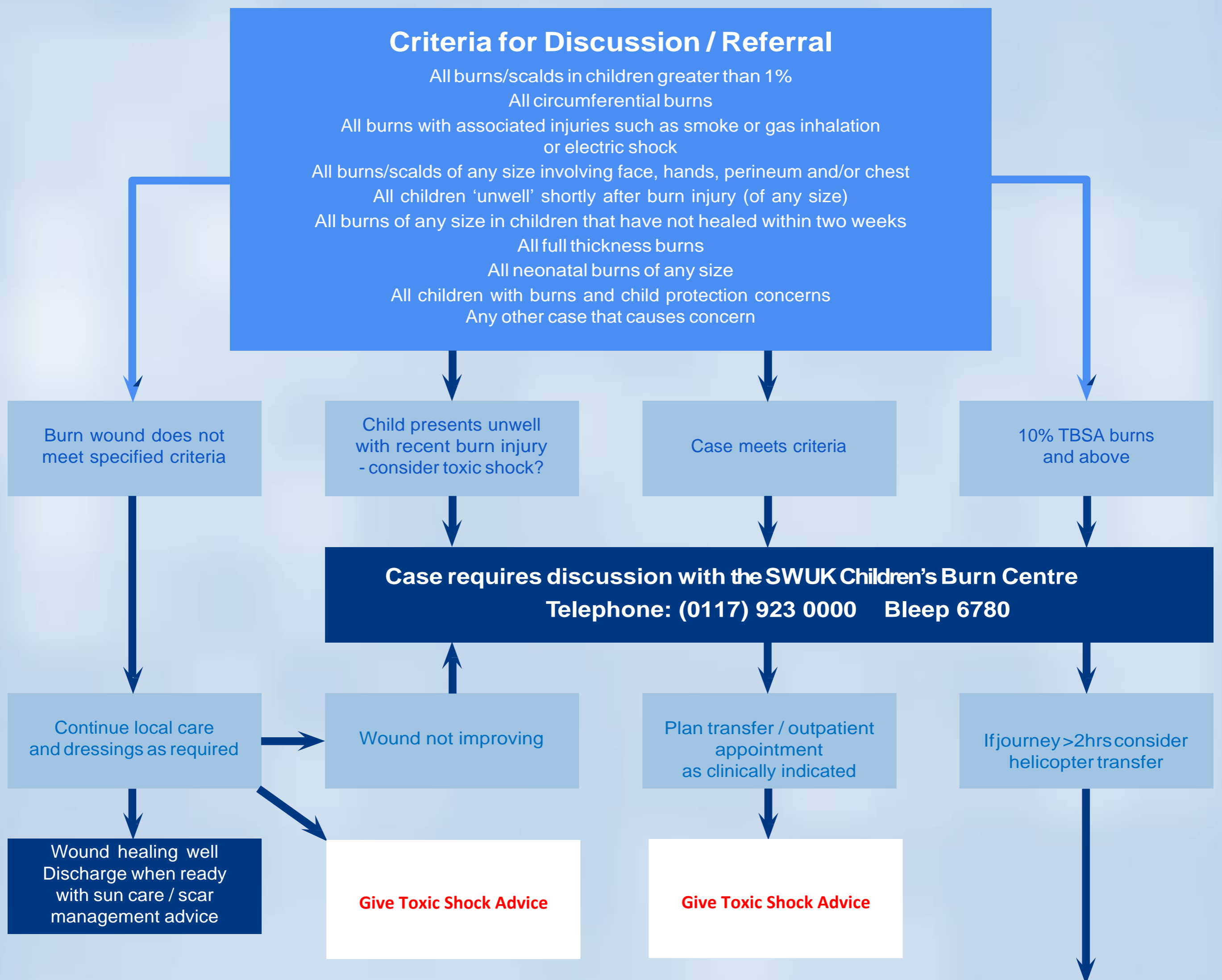


SWUK Children's Burn Centre

Guidance for referral to Bristol Royal Children's Hospital



Fluid Guidelines

10- 14% scald = 1 cannula, give maintenance fluids only
 15-20% scald or ≥10% flame = 1 cannula, intravenous fluids as per formula below
 >20% burn = 2 cannulae, intravenous fluids as per formula below

Fluid formula: Multiply Body Weight (Kg) by the % area burnt. Give this amount as mls of Hartmanns over the first 8 hours from the time of injury.

NB This formula is based on latest guidelines and may differ from regimes quoted in standard texts.

In smaller infants (<12 months of age), please check glucose, and in addition give 70% maintenance fluids (5% dextrose / 0.45% saline). Maintenance fluids are not required in older children.

- To calculate % area burn, use 'Lund and Browder' charts and only include blistered skin or full-thickness burn, ignore erythema
- Do not catheterise unless very lengthy journey planned (>4-6 hrs)
- Do not insert central lines unless absolutely necessary
- Keep child nil by mouth as GA is likely
- Do not start antibiotics
- Cover burns in layered cling film or Vaseline for facial burns

Toxic Shock Advice

If a child presents with any of the following symptoms following burn injury, a full re-assessment is required and discussion with the Burns Centre.

- High Temperature (>38°C)
- Rash
- Diarrhoea and/or vomiting
- General malaise – not eating or drinking or disinterested in surroundings
- Tachycardia / tachypnoea

For injuries requiring intravenous fluid support:

If transfer is unlikely within eight hours post injury, contact us again for further instructions

Scar Management / Sun Care Advice

- When healed, cream and massage the area with moisturising cream twice a day for at least three months
- Avoid direct sunlight for 2 years
- Always protect area with clothing (hats/T-shirt etc) and use a high factor sun cream