



Burn Center Referral Guideline for Trauma Patients

Purpose: To provide a guideline to facilitate the optimal care of the patient with burns requiring inpatient treatment.

Scope: Trauma patients with burns requiring inpatient treatment. These patients should be transferred to a burn center.

Protocol: Burn injuries requiring inpatient treatment that should be referred to a burn center include the following:

- A. Partial-thickness burns of greater than 10% of the total body surface area.
- B. Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
- C. Third-degree burns in any age group.
- D. Electrical burns, including lightning injury.
- E. Chemical burns.
- F. Inhalation injury.
- G. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
- H. 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.
- I. Burns in children; children with burns should be transferred to a burn center verified to treat children. In the absence of a regional pediatric burn center, an adult burn center may serve as a second option for the management of pediatric burns.
- J. Burn injury in patients who will require special social, emotional, or rehabilitative intervention.

References:

1. Resources for Optimal Care of the Injured Patient 2015 (American College of Surgeons)

REVIEW/REVISION HISTORY

Review/Revision Date	Approved by:
Created 09/2014	Trauma Services
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