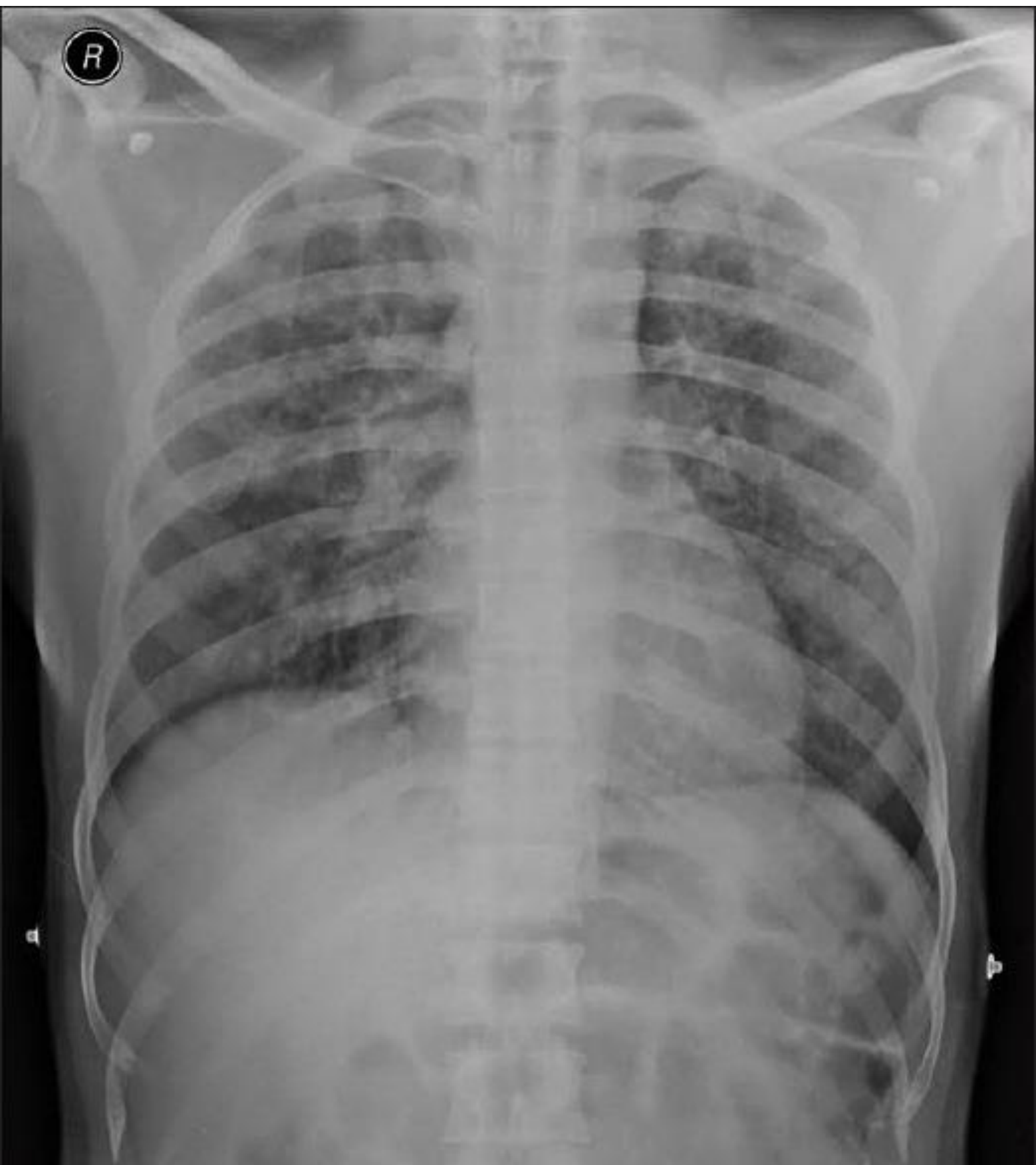
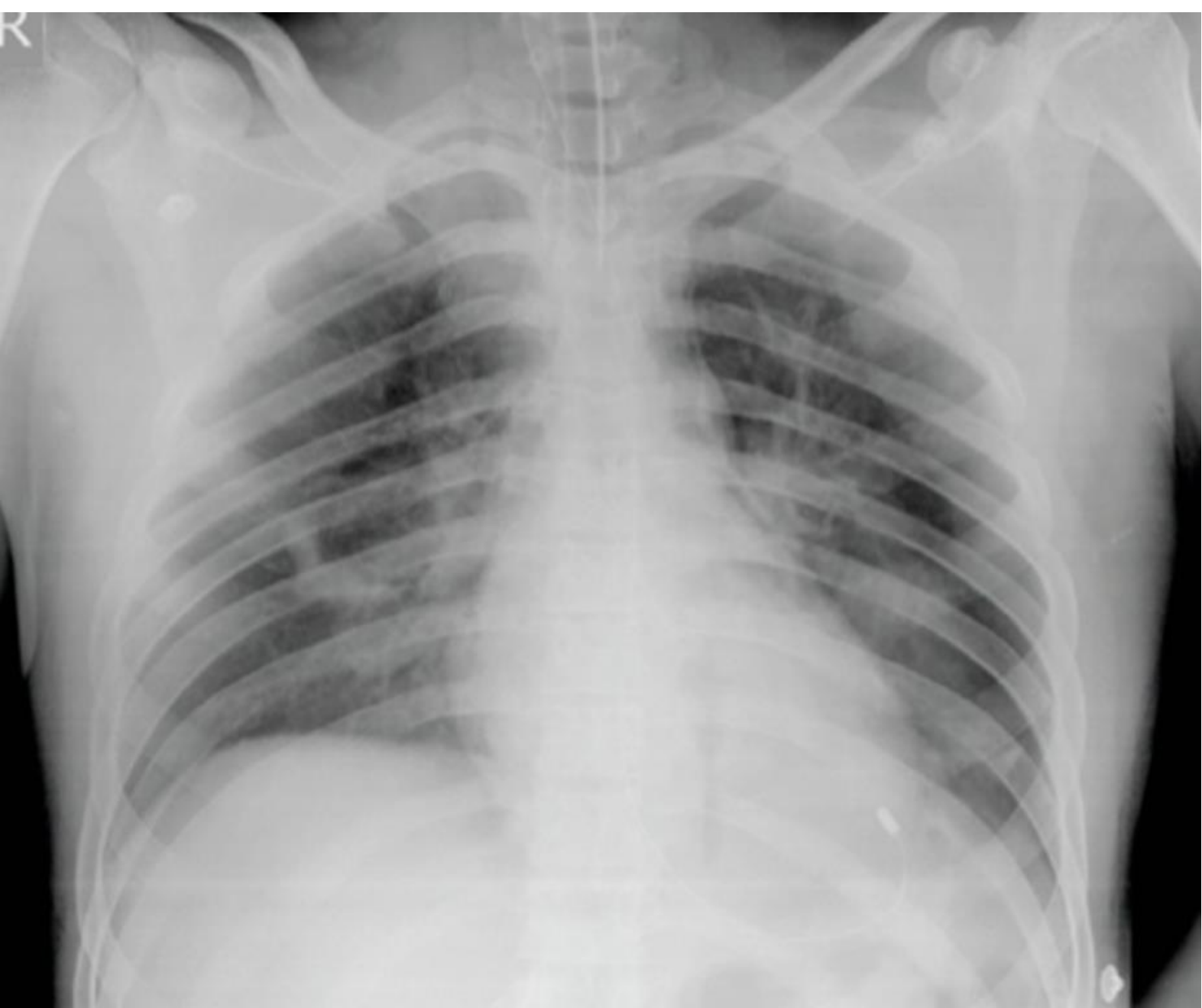


1.



2.



<b>RADIOMETER ABL800 FLEX</b>			
ABL837 RH~RB PATIENT REPORT	Syringe – S 250uL		Sample # 16538
<b>Identifications</b>			
Patient ID	959612		
Patient Last Name	McPherson		
Patient First Name	Martin		
Sample type	Venous		
T	36.7		
FO2(l)	1.0		
Operator	C. Brown		
<b>Blood Gas Values</b>			
pH	7.16		[ 7.350 – 7.450 ]
pCO2	53	mmHg	[ 35.0 – 45.0 ]
pO2	41	mmHg	[ 75.0 – 100 ]
cHCO3~(P)c	22	mmol/L	[ 21.0 – 27.0 ]
cBase(B)c	-2.6	mmol/L	[ -3.0 – 3.0 ]
P50c		mmHg	
Baro.		mmHg	
<b>Oximetry Values</b>			
aO2		%	
ctHb	141	g/L	[ 105 – 135 ]
Hct		%	
FO2Hb		%	[ 94.0 – 98.0 ]
FCOHb		%	[ 0.0 – 1.5 ]
FMetHb		%	
FHHb		%	[ - ]
<b>Electrolyte Values</b>			
cNa+	136	mmol/L	[ 135 – 145 ]
cK+	4.6	mmol/L	[ 3.2 – 4.5 ]
cCl-		mmol/L	[ 100 – 110 ]
cCa2+		mmol/L	[ 1.15 – 1.35 ]
AnionGap,K+c		mmol/L	[ - ]
<b>Metabolite Values</b>			
cGlu	5.0	µmol/L	[ 3.0 – 7.8 ]
cLac	2.5	µmol/L	[ 0.7 – 2.5 ]
cCrea	75	µmol/L	[ 36 – 62 ]
ctBll		µmol/L	[ - ]
<b>Temperature Corrected Values</b>			
pH(T)	7.16		
pCO2(T)	53	mmHg	
pO2(T)		mmHg	
<b>Notes</b>			

## ANZBA Referral Criteria

- Burns greater than 10% Total Body Surface Area (TBSA)
- Burns greater than 5% TBSA in children
- Full Thickness burns greater than 5% TBSA
- Burns of Special Areas – Face, Hands, Feet, Genitalia, Perineum, Major Joints and circumferential limb or chest burns
- Burns with inhalation injury
- Electrical burns
- Chemical burns
- Burns with pre-existing illness
- Burns associated with major trauma
- Burns at the extremes of age – young children and the elderly.
- Burn injury in pregnant women
- Non-accidental burns

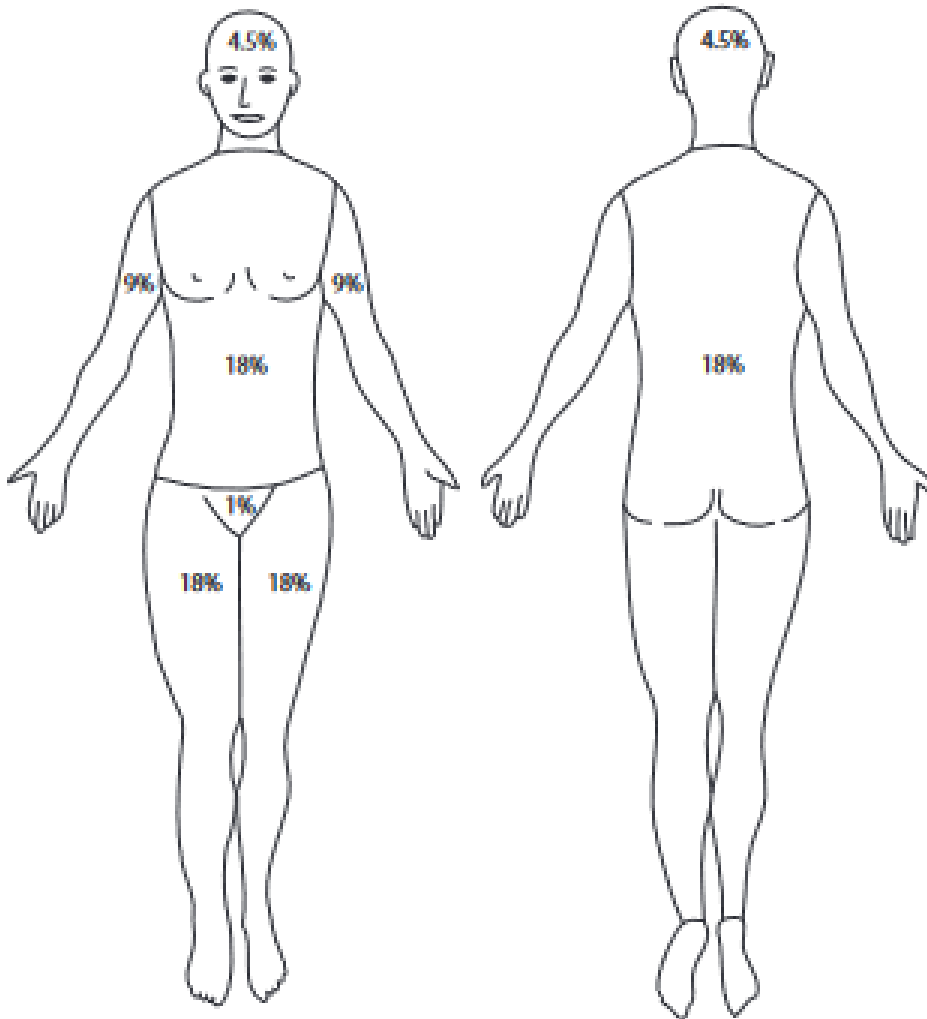
# Rule of Nine

## For Adults Only.

### CONTACT DETAILS



Alfred Hospital  
1800 ALFRED



### TBSA %

	%
Head	
Right arm	
Left arm	
Chest	
Back	
Right Leg	
Left Leg	
Genitalia	
TOTAL TBSA	

### Estimated fluid (Parkland)





$4\text{mls} \times \text{TBSA}\% \times \text{Kg} = \text{mls}/24\text{hrs}$   
 1/2 total in 8 hours post injury  
 1/2 total in 16 hours post injury

Time of injury: \_\_\_\_\_ Time elapsed since burn: \_\_\_\_\_

Estimated fluid required: \_\_\_\_\_ mls Total fluid since burn: \_\_\_\_\_ mls

Use as a guide to estimate fluid requirements. Titrate fluid administration to achieve desired urine output

### DEPTH LEGEND:

- Full Thickness 
- Deep Dermal 
- Mid Dermal 
- Superficial Dermal 
- X Circumferential

# Initial Management of Severe Burns

For burn injuries in adults >20% TBSA / children >10% TBSA or meeting other ANZBA referral criteria. Consider early consultation with retrieval and burn services



## Specific points to note in the primary survey with respect to burn injury:

<b>AIRWAY</b>		<ul style="list-style-type: none"> <li>Assess for history of burn in enclosed space, signs of upper airway oedema, sooty sputum, facial burns, respiratory distress (dyspnoea, stridor, wheeze, hoarse voice).</li> <li>If any above present, airway at risk. Consider need for intubation; secure airway as required.</li> <li>Maintain spinal precautions as required especially with explosion or electrical burns.</li> </ul>
<b>BREATHING</b>		<ul style="list-style-type: none"> <li>Assess breathing and support as required.</li> <li>Assess adequacy of breathing if circumferential burn on chest wall - consider escharotomy.</li> <li>Administer humidified 100% FiO<sub>2</sub>.</li> <li>Establish baseline ABGs and SaO<sub>2</sub> (goal: &gt;95%).</li> </ul>
<b>CIRCULATION</b>		<ul style="list-style-type: none"> <li>Assess circulation: colour, refill, HR, BP.</li> <li>Insert 2 large bore peripheral IV cannulae. If unable consider central or intraosseous access</li> </ul>

## Specific points to note in the secondary survey and initial management of burn injury:

<b>FLUID MANAGEMENT</b>	<ul style="list-style-type: none"> <li><b>Modified Parkland formula:</b> 3ml Hartmanns solution x kg body weight x % TBSA calculated from time of injury           <ul style="list-style-type: none"> <li>½ given in the first 8 hrs</li> <li>½ given in the following 16 hrs</li> </ul> </li> <li><b>Paediatric maintenance fluids:</b> 5% Dextrose in 0.9% Sodium Chloride           <ul style="list-style-type: none"> <li>Up to 10kgs: 4mls/kg/hr</li> <li>10-20kgs: 2mls/kg/hr + 40mls/hr</li> <li>&gt;30kgs: 1ml/kg/hr + 60mls/hr</li> </ul> </li> <li>Insert urinary catheter. Titrate fluid resuscitation to urine output goals:           <ul style="list-style-type: none"> <li>Adults 0.5- 1.0 ml/kg/hr; Paediatrics &lt;30kgs: 1ml/kg/hr</li> </ul> </li> <li>Maintain accurate fluid balance chart</li> </ul>
<b>ANALGESIA</b>	<ul style="list-style-type: none"> <li>Assess pain score to determine analgesic requirements           <ul style="list-style-type: none"> <li>Adults: IV Morphine 2-5mg; repeat every 5 minute</li> <li>Paediatrics: IV Morphine 0.1mg/kg; repeat every 5 minutes. Maximum 0.3mg/kg</li> </ul> </li> <li>Re-assess pain score and adjust analgesia accordingly. Consider Morphine infusion</li> </ul>
<b>WOUND MANAGEMENT</b>	<ul style="list-style-type: none"> <li>Assess: Extent and depth of burn injury, and for circumferential injury</li> <li>First aid: Cool running H<sub>2</sub>O for 20 mins</li> <li>Clean wound: Normal saline or 0.1% Chlorhexidine. Remove loose dermis or blisters &gt;5mm</li> <li>Cover: Cling wrap longitudinally if immediate transfer (&lt;8hrs). Paraffin gauze or silver dressing if transfer delayed (discuss with local burn service)</li> </ul>
<b>CIRCUMFERENTIAL BURNS</b>	<ul style="list-style-type: none"> <li>Elevate limbs where circumferential burns present.</li> <li>Assess perfusion distal to burn: capillary refill, pulse, warmth, colour.</li> <li>Liaise with burn service if escharotomy required (cool to touch, weak or no pulse distally).</li> </ul>
<b>OTHER</b>	<ul style="list-style-type: none"> <li>Cover the patient to prevent heat loss.</li> <li>Insert nasogastric tube.</li> <li>Administer tetanus immunoglobulin if required.</li> <li>Investigative tests as indicated.</li> </ul>

### ANZBA referral criteria

<b>Size</b>	>10 % TBSA (adult) > 5 % TBSA (child) > 5 % TBSA full thickness (any age)
<b>Person</b>	Pre-existing illness Pregnancy Extremes of age
<b>Area</b>	Face / hands / feet / perineum / major joints Circumferential (limb or chest) Lungs (inhalational)
<b>Mechanism</b>	Chemical / electrical Major Trauma Non-accidental injury (including suspected)

### Transfer checklist

<ul style="list-style-type: none"> <li>✓ Airway secure</li> <li>✓ O<sub>2</sub> insitu</li> <li>✓ IV access established &amp; secure</li> <li>✓ Fluid resuscitation commenced</li> <li>✓ Urinary catheter inserted</li> <li>✓ Pain controlled</li> <li>✓ Wounds are covered</li> </ul>	<ul style="list-style-type: none"> <li>✓ Retrieval Services aware</li> <li>✓ Patient is warm</li> <li>✓ Burnt area elevated as appropriate</li> <li>✓ Tetanus toxoid administered if indicated</li> <li>✓ Nasogastric insitu as necessary</li> <li>✓ Next of kin aware</li> <li>✓ History &amp; relevant documentation copied</li> </ul>
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For further information contact your local burn service or visit ANZBA website [www.anzba.org.au](http://www.anzba.org.au)