

# Initial assessment of the burn patient summary

Look	Do		
Airway	C-spine	<b>Fluids</b> <b>Analgesia</b> <b>Tests</b> <b>Tubes</b>	<ul style="list-style-type: none"> <li>• A.M.P.L.E. history</li> <li>• Head to toe examination</li> <li>• Tetanus</li> <li>• Documentation and transfer</li> <li>• Support</li> </ul>
Breathing	O <sub>2</sub>		
Circulation	Haemorrhage Control IV		
Disability	AVPU and pupils		
Exposure	Environmental controls		
<b>Primary survey</b>		<b>First aid</b>	<b>Secondary survey</b>

**A** - Allergies  
**M** - Medication  
**P** - Past illnesses  
**L** - Last meal  
**E** - Events or environment

## 1

### First Aid

Stop the burning process.  
Cool the burn wound (effective <3h from time of burn).

## 2

### Primary Survey

A-E assessment. Identify life-threatening injuries and commence emergency management.

#### Airway

- triple immobilisation C-spine
- talking = patent airway
- +/- look, feel in oral cavity
- evidence of potential airway compromise +/- airway manoeuvres or airway adjuncts.



**Alert anaesthetics immediately if you have airway concerns.**

#### Breathing

Expansion, trachea, auscultation  
respiratory rate, oxygen saturations.

**Tests:** +/- ABG

**Intervention:** O<sub>2</sub> (100% NRB)

#### Consider:

- Need for chest escharotomy in deep circumferential chest burns.
- Potential for inhalation injuries.

#### Circulation

Pulse, BP, CRT (of all 4 limbs).  
Consider other areas of blood loss.

**Tests:** Bloods (FBC, U+Es, coag, G+S +/- glucose, amylase, carboxyhaemoglobin, creatinine kinase, HCG).

**Intervention:** +/- fluids or blood products, ECG.

**Consider:** need for limb escharotomy in deep circumferential limb or digital burns  
Other causes of shock.

#### Disability

GCS or AVPU, glucose, pupils  
Possible causes of drowsiness:  
hypoxaemia, cyanide poisoning, carbon monoxide, hypovolaemia, alcohol, drugs.

#### Exposure

- Remove clothing / jewellery.
- Turn the patient.
- Record temperature
- Assess extent and depth of burn.

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## Fluids

### Resuscitation:

- Adults >15% TBSA or Children >10% TBSA
- Parkland: 3-4ml x weight (kg) x TBSA %
  - ½ in first 8h after injury, remaining in following 16 hours
  - Additional maintenance in children <30kg (greater body surface area:mass).

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## Analgesia

IV morphine 0.05-0.1mg/kg  
Titrate to effect. Give early.

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## Tests / Tubes

XR, trauma CT or other imaging as clinically indicated

Insert NG tube for larger burn (gastroparesis common)

Urinary catheter, aiming:

- 0.5ml/kg/hr Adult
- 1ml/kg/hr Child
- Increase if haemo-/myoglobinuria

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## Secondary Survey

Determine whether the patient has any other injuries that may have been missed. It should only commence after all life threatening injuries have been identified and treated.

- Reassess.
- Head-to-toe examination.
- AMPLE (+/- collateral history).
- Documentation (notes, photography).
- Tetanus if required.
- Discuss transfer, if indicated.

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## Potential life-threatening complications:

- inhalation injury
- hypovolaemic shock
- hypothermia
- arrhythmia
- compartment syndrome.



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