**South West Regional Paediatric Burn Service**

**Guidance for Referral to the Children’s Burns Unit**

**(Sarum Ward at Salisbury District Hospital)**

**Criteria for Discussion/Referral**

**CHILD AGED 15 YEARS OR UNDER**

**SIZE:** Any burn or scald greater than 1% TBSA (total body surface area)

**Toxic shock:** Children ‘unwell’ shortly after burn injury (of any size)

**Burns with** associated injuries such as smoke or gas inhalation or electric shock

**SPECIAL AREAS:** Face, hands, feet, genitals, perineum and joints

**ANY** Circumferential burn, or involving major joint **ANY** Full Thickness burn

**ANY** other case that causes concern **ANY** Child protection concerns

**OTHER:** Burn wound not healing within 2 weeks OR infected burn wound

**Severe Burn Injury**

Burn or scald > 30% TBSA

**OR**

Burn or scald with Inhalation injury > 20%

Discuss with

SORT (Southampton Oxford retrieval team) on

02380 775502 and liaise with Salisbury Burns Team

Burn Wound does **NOT** meet Criteria

Child presents unwell with recent burn injury – consider **toxic shock**

Burn Wound meets Criteria

Wound not improving or getting worse

**Discussion/Referral**

Complete an online referral using MDSAS process

[**https://nww.mdsas.nhs.uk/burns**](https://nww.mdsas.nhs.uk/burns)

**AND** follow up with a call to Trauma Team Bleep 1515

Or OOH Sarum Ward 01722 336262 ext 2561/2560

Continue local care and dressings, as required

**Urgent transfer**

Arrange transfer to Salisbury for

Scalds ≤ 30% and

Flame burns ≤ 20%.

Severe burn injury to be discussed SORT on 02380775502. SORT will liase with Salisbury and Bristol Burns centre/ WATCH as necessary

Give

**toxic shock** advice

(see below)

**Non-urgent transfer**

Plan transfer or book outpatient appointment, as appropriate.

Wound healing well

Discharge when ready with scar management advice

**Fluid Guidelines**

>10% burn/scald - IV ﬂuids, as per formula:

**Fluid Formula (Parkland Formula):**

% **TBSA** burn x body weight (kg) x 2 ml

Give half of this amount of Hartmann’s over the ﬁrst 8 hours from time of injury

**In infants <1 year:** Consider ﬂuid resuscitation if burn/scald TBSA >5%) –

Check glucose and, in addition to ﬂuid formula above,

Give 70% maintenance ﬂuids (5% dextrose/0.45% saline)

* To calculate **TBSA** - use patient’s hand = 1%, or use Mersey Burns App for guidance. Do **NOT** count erythema in TBSA.
* Do not catheterise unless journey time > 4 hours.
* Consider IV maintenance ﬂuids, if delay in transfer.
* Do **NOT** start antibiotics.
* Cool for 20 minutes with cold running water and cover with clingﬁlm.
* Keep child NBM.

**If in doubt, call your nearest burns service.**



**Children’s Burns Unit Contact**

**Trauma Team Bleep 1515**

**9-5pm**

**Or OOH 01722 336262**

**ext. 2561/2560**

**Toxic shock advice**

If after a burn injury, a child presents with any of the following, a full urgent re-assessment is required and urgent discussion with the Burns Team:

• High temperature >38oC

• A rash

• Diarrhoea ± vomiting

• General malaise

• Tachycardia or Tachypnoea

**Scar management**

• When healed, keep the area well moisturised with a simple, non-perfumed cream at least 2 -3 times a day for at least 6 months.

• Avoid direct sunlight for 2 years.

• Always use high factor (SPF 30+) sun cream and protect with clothing.

**For more information, email: sft.scarclinic@nhs.net**