

Prehospital Burn Triage Criteria**I. Purpose:**

To establish burn patient triage criteria and set a minimum activation levels for the care of the burn patients in Imperial County

II. Authority:

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9, Chapter 7

III. Policy:

- A. When the Base Hospital deems it necessary to transport a patient to the “nearest” Receiving Facility for stabilization, it is imperative for healthcare providers to understand that Critical Burn Patient requires early definitive care.
- B. These Burn Triage Criteria are based upon recommendations of the American Burn Association (ABA) and American College of Surgeons (ACOS) and has been refined based on our local system.
- C. Per ACOS, adult burn patients are ≥ 15 years old

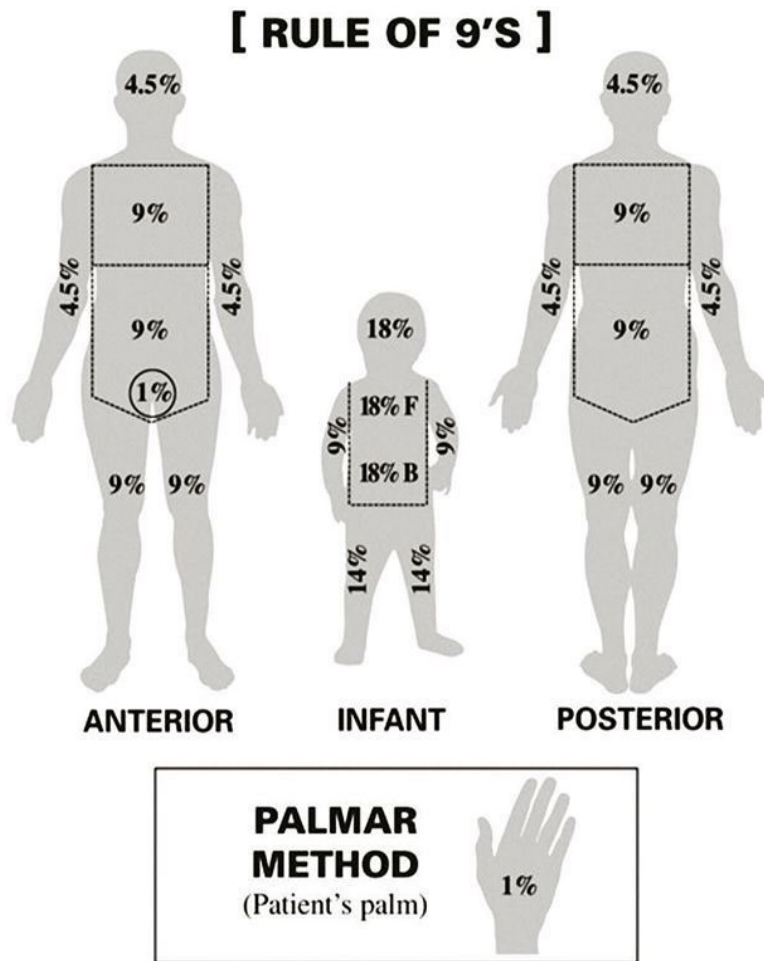
IV. BURN TRIAGE CATEGORIES AND CRITERIA:

- A. Per the ABA and ACOS, patients fulfilling these criteria should be transferred to a Burn Center
 - 1. Partial thickness burns $\geq 20\%$ Total Body Surface Area (TBSA) in patients aged 10 - 50 years old.
 - 2. Partial thickness burns $\geq 10\%$ TBSA in children aged ≤ 10 years old or adults ≥ 50 years old.
 - 3. Full-thickness burns $\geq 5\%$ TBSA in patients of any age.
 - 4. Patients with partial or full-thickness burns of the hands, feet, face, eyes, ears, perineum, and/or major joints.
 - 5. Patients with high-voltage electrical injuries, including lightning injuries.
 - 6. Patients with significant burns from caustic chemicals.
 - 7. Patients with burns complicated by multiple trauma in which the burn injury poses the greatest risk of morbidity or mortality.
 - a. In such cases, if the trauma poses the greater immediate risk, the patient may be treated initially in a trauma center until stable before being transferred to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional triage protocols.
 - 8. Patients with burns who suffer inhalation injury.

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9. Patients with significant ongoing medical disorders that could complicate management, prolong recovery, or affect mortality.
 10. Hospitals without qualified personnel or equipment for the care of children should transfer children with burns to a burn center with these capabilities.
 11. Burn Injury in patients who will require special social/emotional and /or long-term rehabilitative support, including cases involving suspected child abuse, substance abuse, etc.
- B. Special Consideration: If a patient has a significant burn and one of the below factors, contact the Base Hospital and consider transport to a Burn Center.
1. Modifying Factors:
 - a. Older than 50 years old
 - b. Pediatric trauma patients should be transported to pediatric burn centers
 - c. Anticoagulation use and bleeding disorders
 - d. Time sensitive extremity injury
 - e. End-Stage Renal Disease Requiring Dialysis
 - f. Cirrhosis or End-Stage Liver Disease
 - g. LVAD, Artificial Heart or other specialized device needs
 - h. Presence of intoxicants
 - i. Morbid obesity
 - j. Pregnancy > 20 weeks gestation
- C. EMS Provider judgement is an important determinant and if a situation is unclear, transport destination should be determined with the most experienced prehospital provider on scene, with Base Hospital guidance if possible
- D. When in doubt, transfer to a Burn Center

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APPROVED:

Signature on File

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