

	TITLE: BURNS PATIENT	REV NO. 0	GRH TC- 15/2010
	PATIENT CARE AND TREATMENT PROTOCOLS	DATE: 01.07.2010	Page 1 of 1

PROTOCOL TO BE USED AS A GUIDELINE FOR A BURNS PATIENT

Sl No.	Activity	Remarks
1	History and examination Resp: MO/CNL and SN	As per – OPD CONSULTATION PROTOCOL
2	Counseling the patient Resp: MO/CNL and SN	As per – COUNSELING IN EVENTUALITY PROTOCOL
3	Specific points to be noted (history) Resp: MO/CNL and SN	Flame burns, contact burns, scalds, electrical burns (flash burns, low voltage (<1KV), high voltage (>1KV)) Loss of consciousness, inhalation of fumes, other injuries
4	Specific points to be noted (examination)  Resp: MO/CNL	Degree of burns (1 <sup>st</sup> , superficial 2 <sup>nd</sup> , deep 2 <sup>nd</sup> , 3 <sup>rd</sup> degree) Percentage of burns (Wallace rule of nines) Per Abdominal examination for bowel sounds, distention Chest examination for pulmonary edema CNS, PNS, GCS and Pupils examination. All 4 limbs (evidence of compartment syndrome, condition of veins) Fractures of bones
5	Immediate first aid Resp: SN	Remove the clothing Wash the patient in cold water and soap from head to toe in order to wash way toxins, reduce the core temperature and decontaminate the burnt area.
6	Inform the consultant Resp: MO/CNL	Inform the surgeon and follow instructions.
7	Dress the patient  Resp: MO/CNL/SN	First degree burns requires Silverex (Silver Sulphadiazine) ointment only Open dressing over the face. Closed dressing over all parts of body excluding face Non- constricting dressings are done. Sequence followed is Vaseline tulle gras Silverex ointment (1/8 of an inch thick) Gamgee pads Bandages
8	Drugs  Resp: MO/CNL after discussion with Surgeon  <b>Administer these drugs ONLY AFTER DISCUSSION WITH THE SURGEON!</b>	Inj. Tetanus toxoid 0.5ml i.m stat Inj. Diclo 75mg i.m stat and Q 8H Inj. Ceftriaxone 1g i.v stat and Q12H Inj. Metrogyl 500mg i.v. stat and Q8H Inj. Pan 40mg i.v. Q12H Inj. Perinorm 10mg i.v. stat Inj. Fortwin 30mg im Q12H Inj. Phenargan 50mg iv Q12H I.V. Fluids – 4ml/kg/TBSA burns in first 24 hours (50% in first 8 hours and 50% in next 16 hours)
9	Admit the patient Resp: CNL	Admit in the Ward if Advised by the Surgeon
10	Documentation Resp: CNL/MO	All finding and treatment etc. are documented by the doctor of first contact and also the treating Surgeon/doctor.