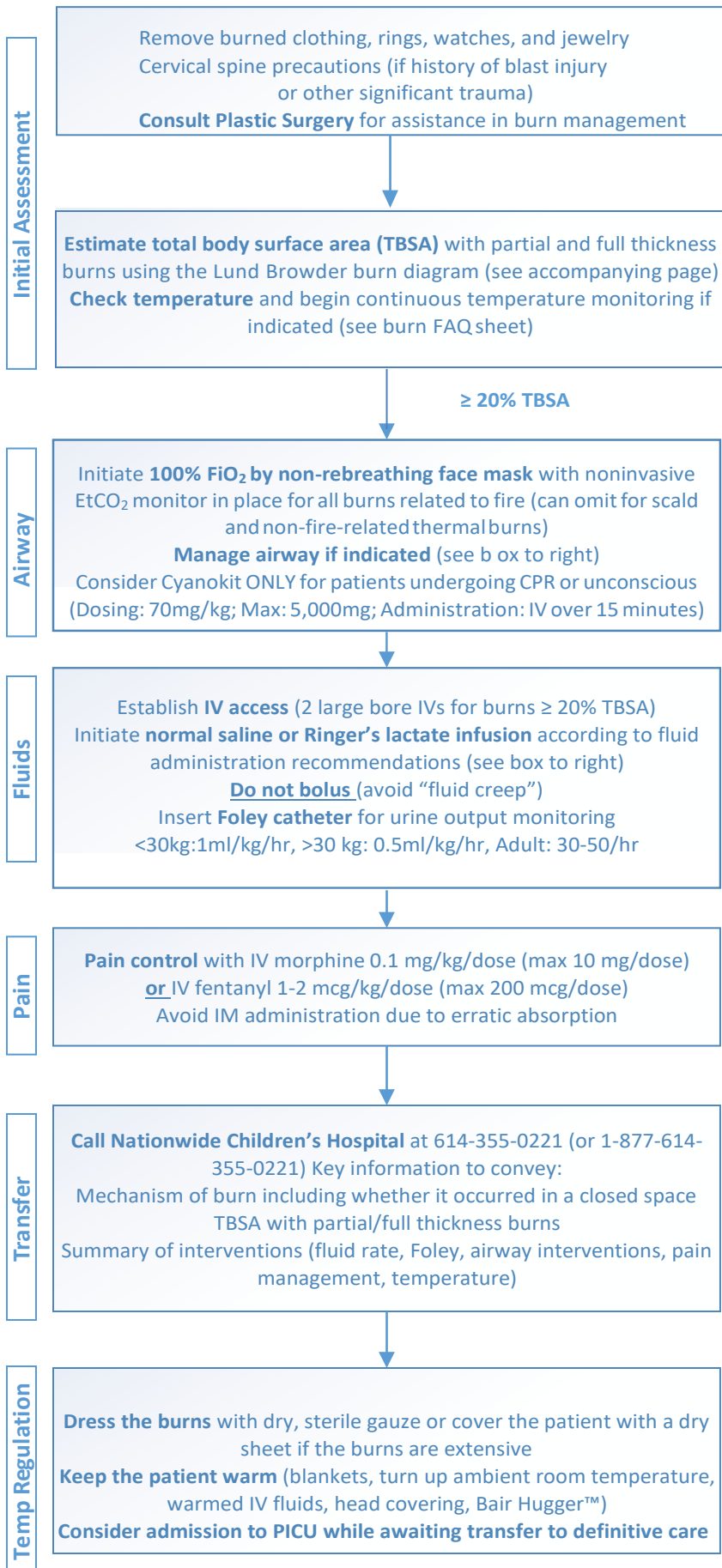


# STS Care of Thermal Burns ≥ 20% Total Body Surface Area



**Pitfalls to Avoid**

- Overestimation of TBSA
- Over/under resuscitation with IV fluids
- Endotracheal intubation when not indicated
- Inadequate temp monitoring and hypothermia

**Indications for emergent airway management in a burn patient**

- Obtundation with absent airway reflexes (no cough/no gag)
- Hoarse voice or cry, stridor, drooling, difficulty speaking, respiratory distress, obvious swelling of the oropharynx
- Extensive (> 40%) TBSA burns

**In the absence of the above findings, emergent intubation may not be indicated.** Flash facial burns, singed nasal/facial hair, and carbonaceous material (soot) in the naso/oropharynx are not absolute indications for emergent intubation as long as the patient is breathing comfortably.

**Fluid administration recommendations**

Use Ringer's lactate or Normal Saline

5 years or less: 125 mL/hr  
6-13 years: 250 mL/hr  
14 years or older: 500 mL/hr

**Labs/Studies to Consider**

- I Stat
- Renal profile and CBC
- Noninvasive carbon monoxide measurement
- Venous co-oximetry (ie carboxyhemoglobin level)
- Lactic Acid (Stat)
- Cyanide level
- Urine or blood hCG (if post-menarchal)
- CXR and Type and Screen (if history of blast injury or other significant trauma)