

**UAMS MEDICAL CENTER
TRAUMA SERVICES MANUAL**

SUBJECT: Guideline for Transfer of Burn Patients

REVIEWED: 11/2016, 11/2017, 11/2018, 9/2019

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RECOMMENDATION(S): Dr. Ron Robertson

APPROVAL: 07/01/2015

CONCURRENCE(S):

EFFECTIVE: 07/01/2015

PURPOSE:

To provide a guideline for expeditious transfer of burn injured patients to a Burn Center for specialty care.

GUIDELINES:

Burn patients will typically present in one of two mechanisms.

1. A mechanism of injury that includes blunt or penetrating traumatic injury in addition to the thermal injury.
2. Isolated thermal injury.

In an effort to facilitate care of burn patients the Central Arkansas Trauma Regional Advisory Council (CATRAC) has developed a regional agreement regarding these patients. UAMS will evaluate and stabilize these patients. Upon stabilization and management of any concomitant traumatic injury these patients will be transferred to an ABA Burn Center (e.g. Arkansas Children's Hospital Burn Unit, The Regional Medical Center Memphis, or Mercy Springfield).

The following categories of burn patients will be considered for transfer to the appropriate burn unit:

- Second- and third-degree burns greater than 10 percent of body surface area (BSA) in patients under 10 or over 50 years of age
- Second and third-degree burns greater than 20 percent BSA in other age groups
- Second and third-degree burns that involve the face, hands, feet, genitalia, and perineum, or which involve skin overlying major joints
- Third-degree burns greater than 5 percent BSA in any age group
- Significant electrical burns including lightning injury
- Significant chemical burns
- Inhalation injury
- Burn injury in patients with preexisting illness that could complicate management, prolong recovery, or affect mortality

Once the need to transfer a burn patient has been identified, physician-to-physician contact will be made to obtain transfer acceptance.

All burn transfers will be coordinated through the Arkansas Trauma Call Center. Those patients who arrive at UAMS via private vehicle and transferred to the burn unit shall have a trauma band placed and recorded on the trauma flow sheet prior to transfer.