Guidelines for Initial Evaluation of the Adult Burn Patient with <20% TBSA

**Burn Team consulted or called for TC4**

- Meets criteria for discharge
  - Discharge home after treatment in hydrotherapy with wound care supplies and follow-up in the burn clinic, and other specialties as appropriate (i.e. Ophthalmology, PRS, ENT)
  - **Lund and Browder MUST be completed**

- Meets criteria for acute care admission
  - Age >65yo with comorbidities
  - Consult Geriatric Team
  - If not contraindicated, start on enoxaparin for DVT prophylaxis, with routine Xa level monitoring per Burn MOD

- Meets criteria for critical care admission (see box below)
  - Age <65yo
  - No Inhalation Injury
  - If not contraindicated, order Mupirocin (instead of Nozin) to bilateral anterior nares BID x 5 days for nasal decolonization
  - Consult PT, OT, Life Stress, Psychiatry, SW, CM, PM&R, and Dietary as needed based on injuries

**Critical Care Admission Considerations**

- Intubated
- Unstable vital signs
- Interventions required q2h or more frequent
- Declining or depressed mental status
- Concerns for potential airway compromise
- On cardiac drips or pressors
- Neurovascular compromise

- If admitted for >30 days, send a nasal swab on the 30th day, if MRSA+, repeat decolonization with Mupirocin to bilateral anterior nares BID x 5 days

- If not contraindicated, order Mupirocin (instead of Nozin) to bilateral anterior nares BID x 5 days for nasal decolonization

Percent closure of burn wounds at time of discharge is required on all discharge documentation.

A Lund and Browder Diagram MUST be completed for ALL burn patients

Assess Tetanus vaccination status on all patients and update as necessary.
References: