

APPENDIX F: SUMMARY TABLE

Airway	
Best	<ul style="list-style-type: none"> • Rapid Sequence Intubation • Continuous sedation + airway maintenance and suctioning • O₂ and portable ventilator
Better	<ul style="list-style-type: none"> • Cricothyroidotomy • Continuous sedation + airway suctioning • O₂ concentrator and portable ventilator
Minimum	<ul style="list-style-type: none"> • Cricothyroidotomy • Ketamine • Bag-valve-mask with PEEP valve
Assess Burn Size	
Best	<ul style="list-style-type: none"> • For initial estimate: Rule of 9s • After wounds are cleaned/debrided: re-calculate burn size using Lund-Browder chart
Better	<ul style="list-style-type: none"> • Same as minimum
Minimum	<ul style="list-style-type: none"> • For large burns: Rule of 9s • For small burns: Use patient's hand = 1% TBSA
Fluid Resuscitation	
Best	<ul style="list-style-type: none"> • Use isotonic crystalloid: Lactated Ringer's (LR) or Plasma-Lyte • Starting fluid rate is rule of 10s (TBSA x 10; +100 ml/hr for each 10 kg over 80 kg)
Better	<ul style="list-style-type: none"> • Oral resuscitation with electrolyte solution (avoid plain water) • Possible for up to 30% TBSA burns • "Coached" drinking on a schedule to meet target fluid rate
Minimum	<ul style="list-style-type: none"> • Rectal infusion of electrolyte solution • Can infuse up to 500 ml/hr • May use to supplement oral hydration
Teleconsultation	
<ul style="list-style-type: none"> • Establish contact early • Ventilator management • Measuring burn size • Hemorrhagic shock + burns 	<ul style="list-style-type: none"> • Burn > 20% TBSA • Electrical burn • Escharotomy needed • Infection
Monitoring	
Vital Signs	
Best	<ul style="list-style-type: none"> • Portable monitor • Capnography • Document vital signs (VS) and I/O on flow sheet
Better	<ul style="list-style-type: none"> • BP cuff, stethoscope • Pulse oximetry, Capnography • Document VS and I/O on flow sheet
Minimum	<ul style="list-style-type: none"> • Blood Pressure (BP) cuff, stethoscope • Pulse oximetry • Document VS on flow sheet
Urine Output	
Best	<ul style="list-style-type: none"> • Foley catheter, titrate fluids to keep urine output (UO) 30-50 ml/hr • Increase or decrease fluid rate by 25% each hour if UO not at goal
Better	<ul style="list-style-type: none"> • Collect urine in graduated container • >180 ml every 6 hours is adequate
Minimum	<ul style="list-style-type: none"> • If unable to measure UOP, adjust fluids to maintain HR <140, good capillary refill, intact mental status • Treat hypotension if needed, but this is a late sign of hypovolemia

Extremity Burns	
Best	<ul style="list-style-type: none"> Elevate, Exercise Monitor pulses hourly, Doppler flow meter Escharotomy if circumferential 3rd degree burn
Better	<ul style="list-style-type: none"> Elevate, Exercise Monitor pulses hourly Escharotomy only if unable to palpate distal pulses and evacuation delayed
Minimum	<ul style="list-style-type: none"> Elevate, Exercise Monitor pulses hourly
Pain Management	
Best	<ul style="list-style-type: none"> Ketamine infusion Supplement with IV opioids and midazolam (e.g., Versed), frequent small doses
Better	<ul style="list-style-type: none"> Ketamine IV Supplement with IV opioids and midazolam, frequent small doses
Minimum	<ul style="list-style-type: none"> Fentanyl Lozenge Oral acetaminophen/oxycodone (e.g. Percocet, Endo Pharmaceuticals, http://www.endo.com/)
Infection	
Prevent Infection	
Best	<ul style="list-style-type: none"> Clean wound and debride loose dead skin using gauze and Hibiclens in clean water Apply antimicrobial cream (Silvadene or Sulfamylon), cover with gauze. Alternative: Apply Silverlon dressings to clean wounds, cover with gauze
Better	<ul style="list-style-type: none"> Clean wound and debride loose dead skin using any antibacterial soap in clean water Apply any available dressing Optimize wound care and hygiene to extent possible
Minimum	<ul style="list-style-type: none"> Cover with clean sheet or dry gauze Leave blisters intact
Treat Infection	
Best	<ul style="list-style-type: none"> If cellulitis (spreading erythema around edge of burn) treat with IV antibiotics (e.g., cefazolin or clindamycin) If invasive infection with sepsis, foul smell, or burn wound color change, cover gram-positive and gram-negative and Pseudomonas bacteria (e.g. ertapenem + ciprofloxacin)
Better	<ul style="list-style-type: none"> Same as minimum
Minimum	<ul style="list-style-type: none"> If cellulitis (spreading erythema around edge of burn) or invasive infection, treat with antibiotics. Any available antibiotic