

**BURNS**

**Subjective Data:**

**Allergies:** \_\_\_\_\_

Chief complaint: \_\_\_\_\_

Location of burn: (face, chest, upper back, shoulders, etc.) \_\_\_\_\_

**Type of Burn:**

Flames     Hot liquids     Steam     Chemical     Radiation     Electrical     Inhalation

**Associated Symptoms:**

Coughing     Visual problems     LOC     Shortness of breath     Pain    Pain scale: (0-10) \_\_\_\_\_

**Objective Data:** (clinically indicated VS)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O<sub>2</sub> sats. \_\_\_\_\_

Redness     Drainage     Swelling     Inflammation     Coughing

**Degree of Burn:**

<input type="checkbox"/> 1 <sup>st</sup> Degree	Presence of pink to red, dry, slightly edematous skin
<input type="checkbox"/> 2 <sup>nd</sup> Degree	Vesicles (blisters) and edema
<input type="checkbox"/> 3 <sup>rd</sup> Degree	Full thickness, skin loss, skin can appear white, sloughs off in oral or nasal passage if face and eyes involved

**NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:**

- Signs of infection is present or develops
- Pain increases or continues after treatment
- Offender is diabetic
- Hands or groin; areas prone to infection that require topical burn ointment
- 2<sup>nd</sup> degree burns; open vesicles; large thin vesicles; involving face
- Signs or symptoms of inhalation injury

**Burn Emergency: Immediate ER care and ambulance transfer to hospital without delay**

- Any third degree burn**, large area of second degree burn, radiation or electric burn, symptoms of shock, respiratory or cardiac distress

**Medical Provider/RN Notified: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Emergency department notification time:** \_\_\_\_\_ **Transport time:** \_\_\_\_\_

**Assessment:**

- Alteration in skin integrity related to exposure to heat/chemical/flames/inhalation/liquids

**Plan:**

**Nursing Intervention Routine:**

- Place offender in comfortable position, preferably lying down with head elevated
- Stop the burning process-cool burned area, remove non-adhering clothing, copiously flush chemical burns with water
- Sterile dressing over burns after initial cooling
- Medical Lay-in/Restrictions
- O<sub>2</sub> at 2 liters- 6 liters/minute by nasal cannula and titrate to O<sub>2</sub> sat of 95% or higher (this will require a order from the medical provider)
- Establish IV access (if clinically indicated) (this will require a order from the medical provider)

1 <sup>st</sup> degree burns:	2 <sup>nd</sup> degree burns:
<ul style="list-style-type: none"> <li><input type="checkbox"/> Heat exposure apply cool moist compress for 30 minutes (no ice) may repeat twice</li> <li><input type="checkbox"/> Irrigate chemical burns with large amounts of water</li> <li><input type="checkbox"/> Do not apply dressing</li> <li><input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days <b>or</b></li> <li><input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days</li> <li><input type="checkbox"/> Silvadene to affected area (this will require a order from the medical provider)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cool moist compress for 30 minutes (no ice) may repeat twice</li> <li><input type="checkbox"/> Clean and dress area daily, monitor for s/s of infection</li> <li><input type="checkbox"/> Remove all topical medication prior to applying new layer</li> <li><input type="checkbox"/> Keep clean, cover with clean, dry dressing</li> <li><input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days <b>or</b></li> <li><input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days</li> <li><input type="checkbox"/> Silvadene to affected area (this will require a order from the medical provider)</li> </ul>

**Progress Note:** \_\_\_\_\_

**Offender Education:**

- Instructed to observe wound for s/s of infection, medication use, treatment, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

**LPN Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/Provider Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

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