

## Any of these factors present?

- Suspicion of Toxic Shock Syndrome (Rash, vomiting, diarrhoea, circulatory shock with hx burn/infection)
- Major Burn ( $\geq 10\%$  TBSA)
- Obvious inhalation injury

YES

- Manage as per **Major burns guidance**
- Stabilise patient and arrange **immediate Burns Centre Referral and transfer**

NO

## Any of these factors present?

- TBSA  $\geq 3\%$  in adults
- All full thickness burns
- Circumferential burns
- Any non-blanching burn ( $\geq 5\%$   $< 40\%$ ) (Deep dermal/full thickness)
- Predicted/actual need for HDU or ITU level care
- Any suspicion of Non Accidental Injury (Must have expert assessment within 24 hours)
- Burn not healed within 2 weeks of injury
- (Age  $> 75$  years with burn) (Recall to consultant review clinic/district nurses)

NO

## Any of these factors present?

- **All** burns to hands, face, feet, perineum or genitalia (Assess each patient individually)
- Any chemical, electrical or friction burn (Discuss with senior ED clinician)
- Any cold injury (frostbite)
- Concerns regarding possible inhalation injury in any sized burn
- Changes in appearance of burns wound (signs of infection, over granulation, new burns or extension of existing burns)
- Signs of burn wound infection

YES

**Referral** into specialised Burns Care Service (Wythenshawe)

YES

**Discuss** with specialised Burns Care Service for advice/referral

NO

Continue with local care and dressings

## BURNS UNIT CONTACT DETAILS

### MDSAS\*

<https://nww.mdsas.nhs.uk/burns/>

### Wythenshawe Burns Unit:

0161 2916314

### Burns registrar:

Wythenshawe Switchboard

(\* see <https://www.emoldham.com/s/Burns-and-Plastics-Referral-Process.docx> for full details on how to use MDSAS)

**COMPLETE MDSAS REFERRAL BEFORE CONTACTING BURNS DOCTORS (except in an emergency)**

If you require advice about assessment or treatment of any type of burn injury you should contact the burns SHO via MDSAS for advice