

**BURNS**

**Subjective Data:**

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

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

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

**Type of Burn:**

<input type="checkbox"/> Flames	<input type="checkbox"/> Hot liquids	<input type="checkbox"/> Steam	<input type="checkbox"/> Chemical	<input type="checkbox"/> Hot surface	<input type="checkbox"/> Radiation	<input type="checkbox"/> Friction	<input type="checkbox"/> Electrical	<input type="checkbox"/> Inhalation
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**Associated Symptoms:**

<input type="checkbox"/> Coughing	<input type="checkbox"/> Visual problems	<input type="checkbox"/> LOC	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Pain	Pain scale: (0-10) ____
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**Objective Data:** (clinically indicated VS)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O2 sats. \_\_\_\_\_ FSBS \_\_\_\_\_

<input type="checkbox"/> Redness	<input type="checkbox"/> Drainage	<input type="checkbox"/> Swelling	<input type="checkbox"/> Inflammation	<input type="checkbox"/> Coughing
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Type of Burn	Layers Involved	Appearance	Texture
<input type="checkbox"/> Superficial - 1 <sup>st</sup> Degree	Epidermis	Red without blisters	Dry
<input type="checkbox"/> Superficial partial - 2 <sup>nd</sup> Degree	Extends into superficial (papillary) dermis	Redness with clear blister. Blanches with pressure.	Moist
<input type="checkbox"/> Deep partial thickness - 2 <sup>nd</sup> Degree	Extends into deep (reticular) dermis	Yellow or white. Less blanching. May be blistering.	Fairly dry
<input type="checkbox"/> Full thickness - 3 <sup>rd</sup> Degree	Extends through entire dermis	Stiff and white/brown, No blanching	Leathery
<input type="checkbox"/> 4 <sup>th</sup> Degree	Extends through entire skin, and into underlying fat, muscle and bone	Black; charred with eschar	Dry

**CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF:** *Health care provider must be called if not on site or if after clinic hours.*

<input type="checkbox"/> Signs of infection is present or develops	<input type="checkbox"/> Hands or groin; areas prone to infection that require topical burn ointment
<input type="checkbox"/> Pain increases or continues after treatment	<input type="checkbox"/> 2 <sup>nd</sup> degree burns; open vesicles; large thin vesicles; involving face
<input type="checkbox"/> Inmate is diabetic	<input type="checkbox"/> 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

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

**Health Care Provider:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

*If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.*

**Plan: Interventions:** (check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- Place inmate 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.
- O2 at 2 liters- 6 liters/minute by nasal cannula and titrate to O2 sat of 95% or higher (this will require a order from the health care provider)
- Establish IV access (if clinically indicated) (this will require an order from the health care provider)

1 <sup>st</sup> degree burns:	2 <sup>nd</sup> degree burns:
<input type="checkbox"/> Heat exposure apply cool moist compress for 30 minutes (no ice) may repeat twice	<input type="checkbox"/> Cool moist compress for 30 minutes (no ice) may repeat twice
<input type="checkbox"/> Irrigate chemical burns with large amounts of water	<input type="checkbox"/> Clean and dress area daily, monitor for s/s of infection
<input type="checkbox"/> Do not apply dressing	<input type="checkbox"/> Remove all topical medication prior to applying new layer
<input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN <b>OR</b>	<input type="checkbox"/> Keep clean, cover with clean, dry dressing
<input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days PRN	<input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN <b>OR</b>
<input type="checkbox"/> Silvadene to affected area (this will require an order from the health care provider) <b>OR</b>	<input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days PRN
<input type="checkbox"/> Medihoney to affected area (this will require an order from the health care provider)	<input type="checkbox"/> Silvadene to affected area (this will require an order from the health care provider) <b>OR</b>
	<input type="checkbox"/> Medihoney to affected area (this will require an order from the health care provider)

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

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

**Health Care Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/LPN Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Inmate Name  
(Last, First)

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