Region 2 Healthcare Coalition- Mass Casualty BURN ANNEX

REGION 2 BURN SURGE ANNEX

- The Region 2 Burn Annex was developed to give to provide a functional annex for all stakeholders involved in an emergency response involving a surge of burn patients in Region 2.

Purpose

The Region 2 Healthcare Coalition Burn Surge Annex provides a regional framework to support the IDPH Burn Surge Annex as part of the Illinois ESF-8 Plan. This annex addresses the regional response to a mass casualty event involving severe or life-threatening burns.

Assumptions

1. Burn injuries are common in mass disasters and terrorist acts[1]. In general, in most large traumatic events, approximately 25% to 30% of the injured will require burn care treatment.
2. Burn care facilities operate at high bed capacities most of the time.
3. Burn Centers have plans to manage a surge of burn patients by creating additional bed capacity by converting existing and available intensive care unit (ICU) beds to burn patient care beds.
4. The Burn Surge response will comply with applicable NIMS requirements.
5. The event that triggers the activation of the this Burn Surge Annex, in most situations, will happen with little or no warning requiring the immediate re-allocation of hospital resources in the area where the initial event has occurred.
6. Nationally, burn bed capacity is limited. Current plans for transport of burn patients to out-of-state Burn Centers are likely to be limited or inadequate for the immediate response to a large-scale trauma and burn incident.
7. Federal resources for transport, portable treatment facilities, burn team support and medical equipment (such as ventilators) could take anywhere from 12 hours to 7 days to arrive, if at all, depending upon demand for these resources in other areas of the country.

Concept of Operations

Illinois currently has four verified Burn Centers in the state. During a burn surge incident, the affected hospitals and regional partners will actively collaborate and communicate with the burn centers. Initially, this will follow routine communication and coordination protocols until routine processes become overwhelmed.

In a circumstance in which the number of burn patients and the severity of their injuries exceed or are expected to exceed the burn center resources, the state and regional burn surge plans will be activated in accordance with State Burn Surge Annex. See Attachment A for a flowchart depicting the initial communication pathways.

Member and Partner Roles and Responsibilities

First Responders and Emergency Medical Services (EMS)

The initial care for burn patients will occur on scene and during transport by first responders and EMS providers. These providers should coordinate the transport of patients to the most appropriate hospital for care. During a large event, this may not always be possible and transport to the closest hospital for stabilization may be necessary. If local first response resources are overwhelmed, local responders should activate mutual aid agreements and if needed contact should be made to the Region 2 RHCC and a request made for the Region 2 Medical Response Team (RMERT).

[1] Disaster Management and the ABA Plan, ABA Board of Trustees and the Committee on Organization and Delivery of Burn Care, viewed at https://c.ymcdn.com/sites/ameriburn.site-ym.com/resource/resmgr/disastermanagementandtheabap.pdf on Nov 19, 2015

First Receiving Hospital(s)

Community or first receiving hospitals provide initial stabilization and treatment to burned patients, as directed by their medical directors or medical advisers. Although burn patients should be transferred to the appropriate burn care facility as soon as possible, the extent of the incident and the availability of burn bed resources may exceed capacity or ability to receive additional patients immediately. Thus, hospitals near the incident may be called upon, at least initially, to stabilize and treat these patients for up to 12-24 hours (possibly longer), until the transfer to a burn center is possible. Burn Centers and other specialists will provide advice and assistance remotely to these First Receiving Hospitals when communication is available. Hospitals should create internal plans to support this goal. Additional guidance regarding the triage, treatment and transfer of burn patients, burn surge response planning including supplies, and training, see the IDPH Burn Surge Annex. Contact should be made as soon as feasibly possible to the Region 2 RHCC to assist in coordinating a response and requesting resources. First receiving hospitals should complete a online SitRep after making contact with the RHCC.

Regional Healthcare Coalition Partners

Any coalition member facility may activate this plan when an incident has occurred involving burn patients. Coalition's partners will:

- Prior to an incident, work with healthcare facilities within the region to assess their capability and the resources needed to provide initial stabilization and treatment of patients and to temporarily hold the burn surge patients when unable to immediately transfer the burn patients.
- Assist in the coordination of transporting burn and other injured patients to burn centers, when the capability and capacity of local resources is exceeded.
- Identify hospital, EMS and other coalition partners' needs and coordinate resource sharing within the region.
- Assist with coordination of healthcare resources inter-regionally and with state assets.
- Investigate the best options for meeting burn patient supply needs for first responders, EMS and burn surge patient receiving hospitals.

Burn Surge Facility

IDPH EMS Region 2 does not contain a burn center. Although there are four registered burn centers and a State Burn Coordinating Center (SBCC) in the state of Illinois.

Illinois Burn Centers:
(SBCC) Loyola University Medical Center – Maywood, IL
Springfield Memorial – Springfield, IL
University of Chicago Burn Center – Chicago, IL
Cook County Health - John H. Stroger Jr. Hospital of Cook County – Chicago, IL
OSF Healthcare Saint Anthony Medical Center – Rockford, IL

Burn Centers bordering Illinois:
University of Iowa – Iowa City, IA
Mercy Hospital – Saint Louis, MO
University of Wisconsin – Madison, WI
Eskenazi Health Burn Unit, Indianapolis, IN

Patient Movement and Tracking

As burn patient movement occurs throughout Illinois and its border states, tracking the location of patients is crucial in aiding the reunification with their families, especially for pediatric burn patients. Electronic patient tracking may be available (e.g. EMTrack). Manual tracking of patient movement through the methods listed below will be necessary if the electronic system is unavailable or can be used in conjunction with the electronic systems.

The Region 2 RHCC can work to assist regional partners with coordination of both patient movement, patient tracking and resource tracking.

The SBCC (State Burn Coordination Center) will coordinate the tracking of burn resources and burn patients transferred to healthcare facilities. Any issued tracking number (assigned by initial health care facility), name, gender or date of birth, hospital's name, location and time transfer was completed shall be recorded on all patients. This document will be forwarded to IDPH at the PHEOC at the end of each operational period by the SBCC and stored in the same manner as other incident-related command documents after the PHEOC closes.

Treating Burn Casualties

Basic Treatment Guidelines:

Children have a greater surface area per unit of body multi than adults and require relatively greater amounts of resuscitation fluid. Children also have a higher percentage of Body Surface Area (BSA) devoted to the head relative to the lower extremities.

- The ratio of BSA: is highest at birth and diminishes as the child grows.
- The large head also contributes to larger heat loss.
- Pediatric skin is thinner and more permeable; toxins, if present will be absorbed faster and exert greater systemic effects.

Care is focused on initial stabilization to include:

- Airway, Breathing, Circulation (ABCs)
- Fluid resuscitation (Appendix J)
- Pain management
- Wound care. Priority is to minimize patient pain, infection potential and to decrease time demands on health care staff until definitive burn care is available.
    - Wound care will typically be limited to the application of silver based long acting dressings. These types of dressings can be applied to burn wounds and left on without having to change them for three to five days.
    - Similar burn wounds as well as grossly contaminated wounds will require more frequent daily dressings
    - Facial burns will be treated with anti-bacterial ointment (Bacitracin/Neosporin) whichever the facility has on hand.
    - Scalp and facial hair should be shaved daily.

**For further treatment guidelines refer to the IDPH Burn Surge Annex*

Training and Exercise Recommendations

It is essential first responders, EMS personnel, first receiving hospital and burn surge hospital personnel have appropriate education and training to increase their overall knowledge, skills, and abilities for the initial treatment and supportive care for the burn-injured patient and support appropriate initial patient disposition decisions to avoid unnecessary patient transfers.

Each regional partner should assess the training needs of their personnel. The regional coalitions will assist in coordinating training when possible.

This regional plan should be exercised at least once in a three year period. Each partner should assess their risks/vulnerabilities and exercise their individual plans to assure staff competency and confidence responding to mass casualty incidents involving numerous burn victims.

Review

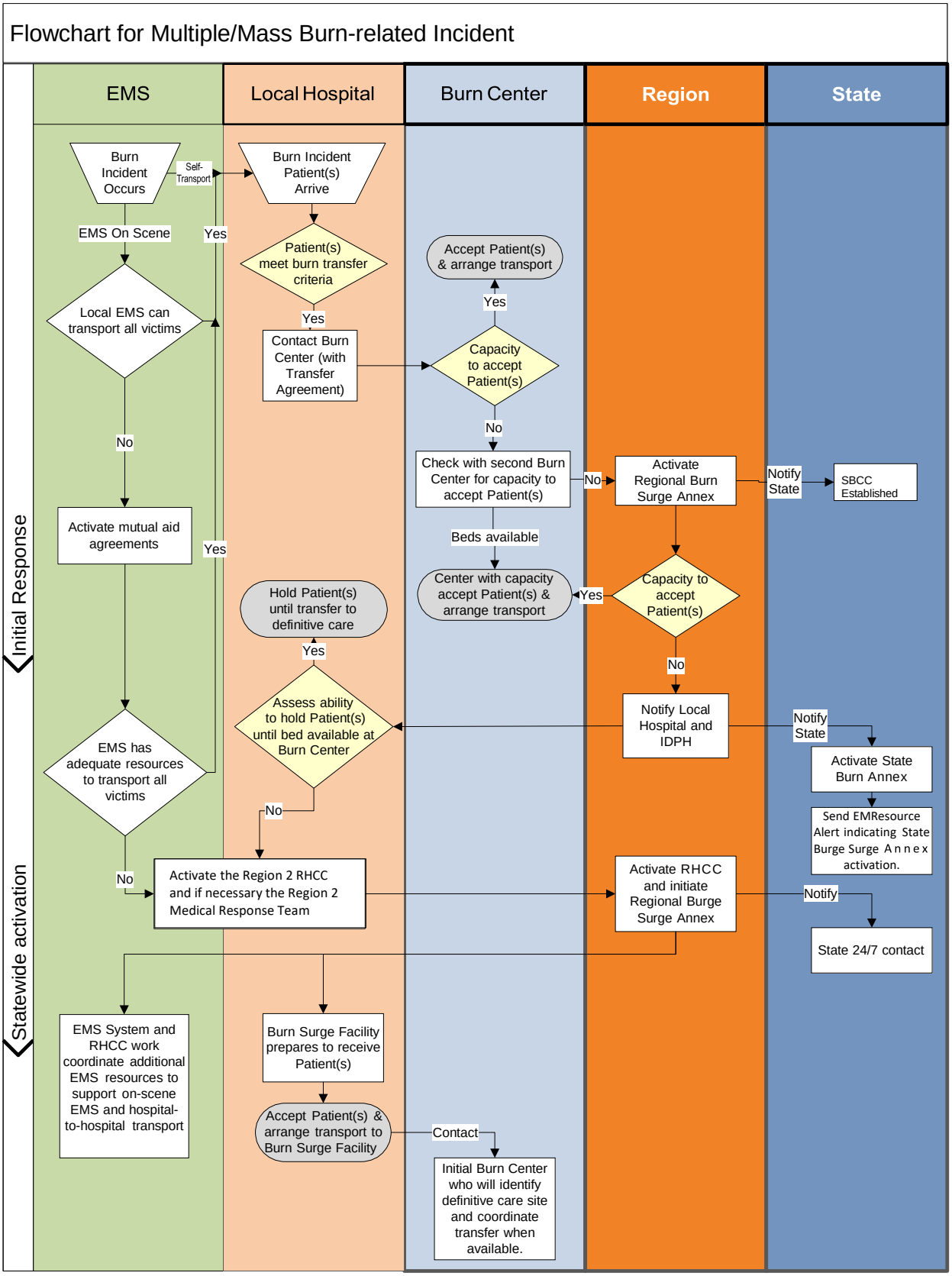
This plan should be reviewed by the Region 2 Healthcare Coalition at least every three years.

Appendices and Attachments:

Attachment A – Burn Surge Response Flowchart
Attachment B – Burn Triage Guidelines
Attachment C – Burn Patient ID & Tracking
Attachment D – Burn Patient Transfer Form
Attachment E – Burn Resource Directory

Attachment A

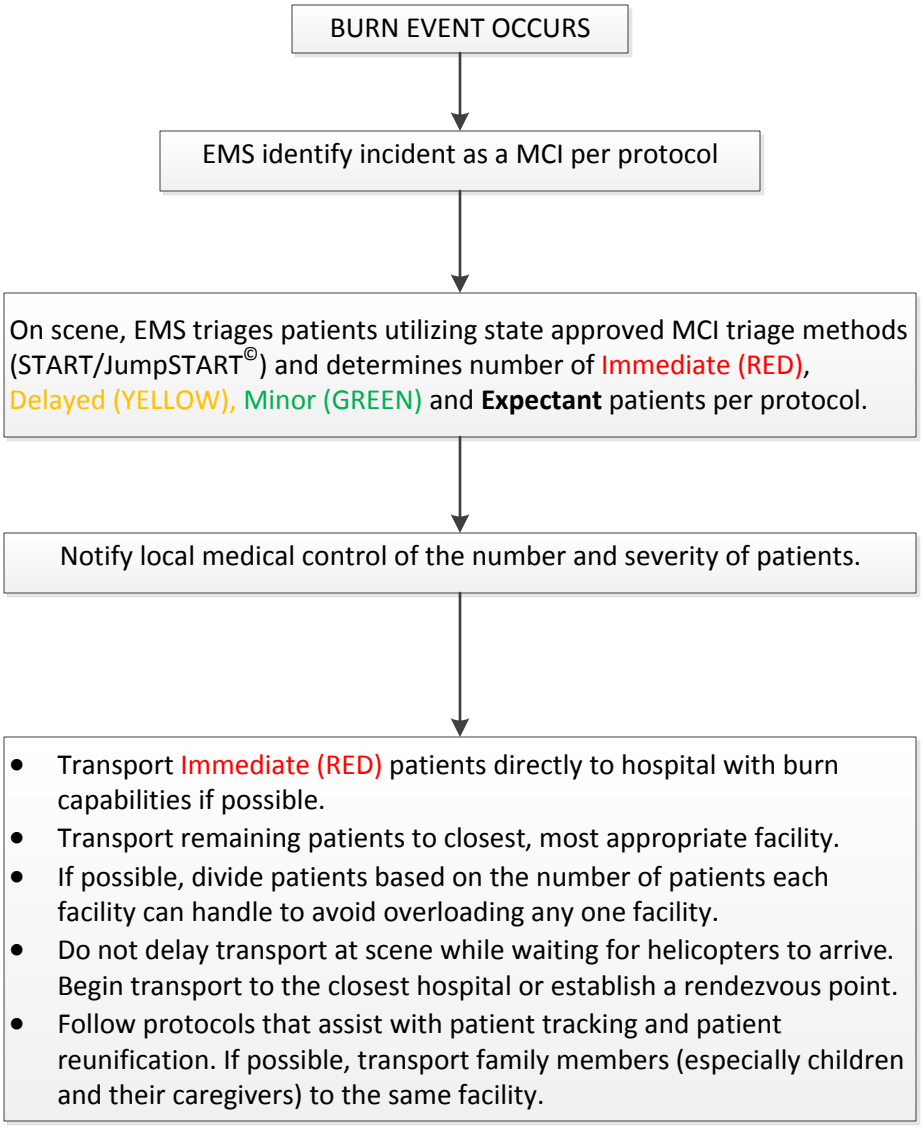
Burn Surge Response Flowchart



Attachment - B

IDPH ESF-8 Plan: Burn Surge Annex: 2016
Attachment 14: EMS Burn Triage Guidelines
November 2016

Purpose: Provide EMS, SBCC and health care facilities guidance on how EMS should determine which type of hospital is the most appropriate facility to transport burn patients to during a burn MCI.
Instructions: This guideline should be used by EMS to assist with responding to a burn MCI and assist the SBCC and health care facilities with understanding how patients may be distributed from a burn MCI scene.
Disclaimer: This guideline is not meant to be all inclusive, replace an existing EMS regional or system SOP/policy/procedure, or substitute for clinical judgement.



ATTACHMENT 15: HOSPITAL BURN TRIAGE GUIDELINES

Purpose: Provide the SBCC and health care facilities guidance on determining which type of hospital is the most appropriate facility to transfer burn patients to during a burn MCI.

Instructions: Transferring physicians and the SBCC should use these guidelines to determine which type of health care facility would be the most appropriate to meet the burn care needs of patients when the annex is activated. The triage category assigned to each patient by the transferring physician should be sent to the SBCC using the Burn Medical Incident Report Form (Attachment 5)

Hospital Burn Triage Guidelines: Mass Casualty Burn Center Referral Criteria

During a mass casualty burn incident as defined in this annex, standard burn center referral criteria may need to be altered if the burn resources within Illinois become overwhelmed due to the volume of critically ill and injured burn patients. The Mass Casualty Burn Center Referral Criteria listed below should be utilized to provide guidance when determining what type of facility burn patients should be transferred to based on their injuries. These categories are intended to assist with making interfacility transfer decisions only-not EMS transport decisions from the initial scene. See Attachment 14 for EMS Burn Triage Guidelines for guidance for scene transport decisions.

INSTRUCTIONS:

After initial stabilization measures, a primary and secondary assessment have been completed by the treating physician at the transferring health care facility, all burn patients should be placed in one of the five triage categories listed below. The triage category for all patients needing transfer to a different health care facility should be communicated to the SBCC utilizing the Burn Medical Incident Report Form (Attachment 5).

CATEGORY 1: ***CRITICAL BURN PATIENTS THAT NEED TO BE TREATED AT HOSPITALS WITH BURN CAPABILITIES:***

1. Partial thickness burns greater than or equal to 40% total body surface area (TBSA).
2. Circumferential full-thickness burns involving two or more extremities.
3. High voltage (> 1000 volt) electrical burns.
4. Burn injury in patients with preexisting medical disorders or other issues that could complicate management, prolong recovery or affect mortality (e.g., diabetes, chronic renal failure, congestive heart failure).
5. Pediatric (children ≤ 15 years of age) with burns greater than or equal to 20% TBSA.
6. Pregnant women with greater than or equal to 10% TBSA.
7. Any patients with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality.

CATEGORY 2: ***CRITICAL BURN PATIENTS THAT CAN BE TREATED AT HOSPITALS WITH TRAUMA CAPABILITIES, BUT NO BURN CAPABILITIES:***

1. Partial thickness burns greater than 10% but less than 40% TBSA.
2. Circumferential full-thickness burns involving one extremity.
3. Any full-thickness burns, including full thickness, involving the face, hands, feet, genitalia, perineum or major joints.
4. Electrical burns, including lightning injury if < 1000 volts.
5. Chemical burns.
6. Any patients with burns and concomitant trauma in which the burn injury **does not** pose the greatest risk of morbidity or mortality.
7. Pediatric (children < 15 years of age) with burns greater than 10%, but less than 20% TBSA.
8. Burn injury in patients who will require special social, emotional or long-term rehabilitative intervention.
9. Pregnant women with less than 10% TBSA.

CATEGORY 3: PATIENTS WITH INHALATION INJURIES WITHOUT CUTANEOUS BURNS THAT CAN BE TREATED AT ANY HOSPITAL WITH AN ICU WITH VENITLATOR CAPABILITIES.

ATTACHMENT 15: HOSPITAL BURN TRIAGE GUIDELINES

CATEGORY 4: BURN PATIENTS THAT CAN BE TREATED AT ANY ACUTE CARE HOSPITAL

1. Partial thickness burns less than or equal to 10% TBSA.

CATEGORY 5: EXPECTANT BURN PATIENTS THAT CAN BE TREATED AT ANY ACUTE CARE HOSPITAL

The following table should be utilized by providers to assist in determining which patients could be categorized as *Category 5: Expectant Burn Patients That Can Be Treated at Any Acute Care Hospital* during a burn MCI. The information in the table should not be substituted for clinical judgment. This table should **only** be used as a guide to categorize expectant patients, not to categorize patients into the other 4 categories listed above. The definitions for the categories within the table can be found below the table. In addition to using age and % TBSA in the table below, categorizing patients as "*Category 5: Expectant"* may vary based on individual patient's response to treatment, available resources to treat burn patients during a burn MCI, and the extent of additional non-burn injuries that the patient has. Therefore, it may be possible that the table indicates a patient would not be considered *Expectant* but based on additional information about the patient's additional injuries, the circumstances of the incident (available resources) and the provider's clinical judgement, the patient would be categorized as "*Category 5: Expectant"*. For assistance and further guidance, contact the State Burn Coordinating Center (SBCC).

To use the table below, determine the age of the patient and the extent of their burn injuries (% TBSA). If the patient also has inhalation injuries, add 10% to the % TBSA before using the table. For example, if a 20 year old has 80% TBSA and also has inhalation injuries, it should be considered a 20 year old with 90% TBSA. Using the age and the % TBSA or adjusted % TBSA, identify if the patient is categorized as *Expectant*.

AGE (years)	% TOTAL BODY SURFACE AREA BURN**										
	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-99	100%
< 2	High	High	Medium	Medium	Medium	Medium	Low	Low	Low	Low	Expectant
2-5	High	High	High	Medium	Medium	Medium	Medium	Low	Low	Low	Expectant
5-19.9	High	High	High	High	Medium	Medium	Medium	Medium	Medium	Low	Expectant
20-29.9	High	High	High	High	Medium	Medium	Medium	Medium	Low	Low	Expectant
30-39.9	High	High	High	Medium	Medium	Medium	Medium	Medium	Low	Low	Expectant
40-49.9	High	High	High	Medium	Medium	Medium	Medium	Low	Low	Low	Expectant
50-59.9	High	High	High	Medium	Medium	Medium	Low	Low	Expectant	Expectant	Expectant
60-69.9	High	High	Medium	Medium	Medium	Low	Low	Low	Expectant	Expectant	Expectant
>70	High	Medium	Medium	Low	Low	Expectant	Expectant	Expectant	Expectant	Expectant	Expectant

High: Survival and good outcome expected (survival > 90%) with limited/short-term initial admission and resource allocation (length of stay, <14 days, one to two surgical procedures)
Medium: Survival and good outcome likely (survival, >50%) with aggressive care and comprehensive resource allocation, including initial admission (> 14 days), resuscitation, multiple surgeries
Low: Survival and good outcome <50%, even with long-term, aggressive treatment and resource allocation
Expectant: Survival < 10% even with unlimited, aggressive treatment
**This table was modified from the American Burn Associations' Age/TBSA Survival Grid

ATTACHMENT 12: PATIENT IDENTIFICATION TRACKING FORM

Purpose: Assist in identifying, tracking and reunifying patients during a disaster.
Instructions: This form should be completed to the best of the provider's ability given the information available on all patients, especially pediatric patients, who arrive at a health care facility even if accompanied by family/parent/guardian. Send the original form with the patient if transferred to another facility and keep a copy of the form on file with the patient's medical record at the transferring health care facility.
Note: Information contained within this form is confidential and should not be shared, except with those assisting in the care of the patient.

Date of Arrival _____/_____/_____	Time of Arrival AM/PM	Incident name
Tracking number (assigned by initial health care facility)		
Patient's Name (Last, First)		Patient's Phone
Patient's Full Home Address		
(For Minors) Parent/Guardians' Names		Presented with patient? □ Yes □ No
Patient's DOB / / □ Unknown	Age ___Years ___Months □ Estimated	Gender □ Male □ Female
Race/ethnicity, if known □ White non-Hispanic □ Black/African American, non-Hispanic □ Asian or Pacific Islander □ Hispanic □ Asian Indian □ American Indian or Alaska Native □ Unknown □ Other _____		Language □ English □ Spanish □ Nonverbal □ Other _____

□ Accompanied □ Unaccompanied How patient arrived at hospital (list name if available) □ EMS_____ □ Private medical transport service (ambulance/flight)_____ _____ □ Law Enforcement _____ _____ □ Private Vehicle □ Walk-in □ Other_____	Describe where patient was found (be as specific as possible, including neighborhood/street address).	Items worn by or with patient when found (describe color, pattern, type) □ Pants_____ □ Shirt_____ □ Dress _____ □ Shoes _____ □ Socks _____ □ Coat/Jacket _____ □ Jewelry_____ □ Glasses_____ □ Medical Devices_____ □ Other _____ □ Other _____

DESCRIPTION OF THE PATIENT

Skin color_____ Hair Color □ Bald □ Black □ Blonde □ Brown □ Red □ Grey □ White □ Other_____ Eye Color □ Brown □ Blue □ Green □ Other_____ Height □Estimated Weight □Estimated Other markings □ Scars_____ □ Moles_____ □ Birthmarks _____ □ Tattoos_____ □ Missing teeth_____ □ Braces_____ □ Other_____ □ Other_____	Attach photo here

PATIENT TRACKING LOG

Hospital/Facility Name Location (city, state)	Phone Number Fax Number	Arrival Date Departure Date	ID Band #/ ID Band *(If patient has ID bands from other facilities and they need to be removed to provide care, attach ID band in this area)*
	( )	____/____/____	Attach ID Band Here
	( )	____/____/____	
	( )	____/____/____	Attach ID Band Here
	( )	____/____/____	

ATTACHMENT 12: PATIENT IDENTIFICATION TRACKING FORM

MEDICAL HISTORY AND TREATMENT WHILE AT THIS FACILITY

Does the patient have any pre-existing medical conditions/medical problems/previous surgeries/special needs?
□ No □ Unknown □ Yes (list)

Is the patient on any medications? □ No □ Unknown □ Yes (list)

Does the patient have any allergies? □ No □ Unknown □ Yes (list)

Did the patient receive medical care for an injury/illness while at this facility?
□ No □ Yes (list)

COMPLETE FOR MINORS: CHILD ACCOMPANIED BY PARENT/GUARDIAN

Name of Person Accompanying Child □ Adult □ Child/Minor

Relationship to Child
□ Parent □ Guardian □ Sibling □ Grandparent
□ Aunt/Uncle/Cousin □ Unknown
□ Other _____

Attach Copy of ID

ID Checked? □ Yes □ No
Form of ID (list)_____

If accompanied by adult, was child living with this adult prior to the emergency? □ Yes □ No
Does this adult have any proof of legal guardianship or relationship? □ Yes □ No
If yes, make copy and attach to this form.

If child and adult were separated after arrival at current facility, where is accompanying adult now?

If accompanied by someone other than parent/guardian, what is known about the parent/guardian's current whereabouts?
□ Nothing at this time □ Their current location is:

Is it known if there are orders of protection or other custody issues? □ No known custody/protection issues
□ Issue(s) identified

COMPLETE FOR MINORS: CHILD UNACCOMPANIED BY PARENT/GUARDIAN

Are the whereabouts of the parent/guardian currently known? □ No □ Yes
Is information about parent/guardian known? □ No □ Yes
Name Phone
Location
E-mail Address

Where and when was the parent/guardian last seen

Has the parent/guardian been contacted □ No □ Yes
Contacted by_____ Date __/__/____ Time _____

Plans for reuniting child with parent/guardian

Agencies Used to Assist with Reunification (Date/Person Contacted)
□ American Red Cross _____
□ Department of Children and Family Services_____
□ Law enforcement_____
□ National Center for Missing and Exploited Children
_____
□ Other_____

Additional steps to verify guardianship if reunited at hospital
□ Does parent/guardian describe child accurately?
□ Does parent/guardian pick correct child out from a group of pictures?
□ Does parent/guardian have a picture of them with the child?
□ Does the child respond appropriately when reunited with parent/guardian?

DISPOSITION

□ Admitted to_____ □ Discharged □ Expired
□ Patient was released to an individual □ Parent □ Guardian □ Other_____
Name Phone License Plate Number
Address □ Permanent □ Temporary
Was consent obtained from parent/guardian if released to another adult? □ Yes □ No (explain)_____

□ Patient was transferred to another facility/agency (Name)_____
Address Phone
Contact Name
Transported by

Signature of patient/individual patient released to	Date:__ / __/ ____ Time	Name of Person Completing Form Signature of Person Completing Form

ATTACHMENT 13: BURN PATIENT TRACKING LOG

Purpose: Assist with the tracking of burn patients during a disaster.

Instructions: A designated subject matter expert at the State Burn Coordinating Center (SBCC) will complete this form on all patients that the SBCC assists with transfer coordination between two health care facilities. This form will be used as a reference for the SBCC and IDPH to assist in the reunification of patients with their families. At the end of each operational period (or other agreed upon designated time frame), the SBCC will forward this completed form to IDPH IMT at the Public Health Emergency Operations Center (PHEOC), who will maintained it in the same manner as other incident related documents.

Note: Information contained within this form is confidential and should not be shared, except with those assisting in the care of the patient.

Incident name		Prepared by						Date			Time
Tracking Number (assigned by initial health care facility)	**Patient Name (Last, First)**	**DOB**	**% TBSA**	**Ventilated**	**Burn Injury Depth** **Burn Injury Location**	**Inhalation Injury**	**Other Injuries** (Trauma)	**Triage Category** (Category 1-5)	**Method of Transport** (Ground, Air) **Type of Transport** (BLS, ALS, Critical Care)	**Transferring Facility** **POC at Transferring Facility**	**Assigned Receiving Facility** **POC at Receiving Facility**	**Transfer Complete (Time)**
				Y N		Y N						
				Y N		Y N						
				Y N		Y N						
				Y N		Y N						
				Y N		Y N						

ATTACHMENT 13: BURN PATIENT TRACKING LOG

Incident name		**Prepared by**						**Date**			**Time**	
Tracking Number (assigned by initial health care facility)	**Patient Name (Last, First)**	**DOB**	**% TBSA**	**Ventilated**	**Burn Injury Depth** **Burn Injury Location**	**Inhalation Injury**	**Other Injuries** (Trauma)	**Triage Category** (Category 1-5)	**Method of Transport** (Ground, Air) **Type of Transport** (BLS, ALS, Critical Care)	**Transferring Facility** **POC at Transferring Facility**	**Assigned Receiving Facility** **POC at Receiving Facility**	**Transfer Complete (Time)**
				Y N		Y N						
				Y N		Y N						
				Y N		Y N						
				Y N		Y N						

ATTACHMENT 17: BURN PATIENT TRANSFER FORM

Purpose: Provide a method of communicating medical and treatment information during a disaster when burn patients are being transferred to another health care facility (e.g. hospital with burn capabilities)

Instructions: This form should be completed to the best of the provider's ability given the care that has been provided on every patient being transferred out to another health care facility. This form should be completed prior to transfer. The original form will accompany the patient while a copy of the form should remain with the patient's medical record at the transferring health care facility.

Note: All information within this form is confidential and should not be shared except with those assisting in the care of the patient.

Incident name		**Date** / /	**Time** :
Form completed by	**Title**		
Patient Name (Last, First)	**DOB** / /	**Sex** □ Male □ Female	
Tracking Number (assigned by initial health care facility)	**Age** _____Years _____Months □ Estimated		
Family/Guardian_____ **Contact #**_____ **Notified:** YES NO			
Transferring health care facility **Unit at hospital** **Full address**	**Transferring physician** **Transferring health care facility telephone** **Receiving physician** **Receiving health care facility** **Room #**		
Acuity Level □ Stable/Non-emergent □ Stable/Urgent □ Unstable/Emergent			

PATIENT HISTORY

Pre-burn weight _____kg □ actual □ estimated	**Allergies (list)** □ NKDA □ Unknown	**Home medications (list)** □ None □ Unknown □ See attached medication reconciliation form
Relevant medical/surgical history (list) □ See attached		

BURN INJURY HISTORY

Burn Injury Date | **Time of Injury**

Mechanism of Injury

Burn Type		Source	
Flame			
Inhalation		Enclosed space	Open Air
Scald			
Chemical			
Electrical			
Contact			
Radiation			

% Total Burn Surface Area (Complete burn diagram below to identify specific areas of injury)

% partial thickness _____

% full thickness _____

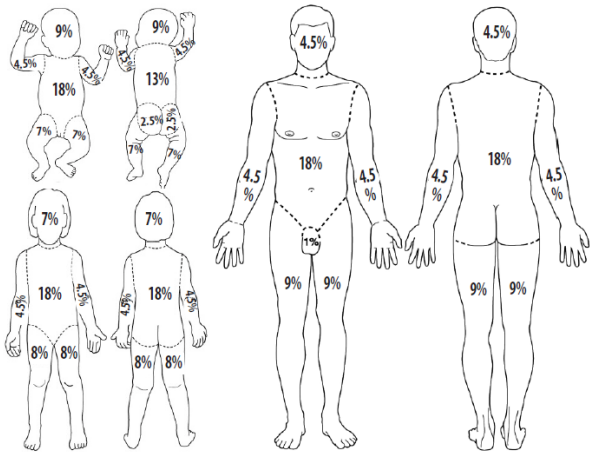
Circumferential truncal burn YES NO

Circumferential extremity burn YES NO

Non-burn injuries

Non-burn wounds

Burn Diagram



Area	≤1 y.o.	1-9 y.o.	10-17 y.o.	≥18 y.o.	Open	Healed
Head	19	13	11	7		
Neck	2	2	2	2		
Ant. Trunk	13	13	13	13		
Post. Trunk	13	13	13	13		
Right Buttock	2.5	2.5	2.5	2.5		
Left Buttock	2.5	2.5	2.5	2.5		
Genitalia	1	1	1	1		
Right Upper Arm	4	4	4	4		
Left Upper Arm	4	4	4	4		
Right Lower Arm	3	3	3	3		
Left Lower Arm	3	3	3	3		
Right Hand	2.5	2.5	2.5	2.5		
Left Hand	2.5	2.5	2.5	2.5		
Right Thigh	5.5	8	8.5	9.5		
Left Thigh	5.5	8	8.5	9.5		
Right Calf	5	5.5	6	7		
Left Calf	5	5.5	6	7		
Right Foot	3.5	3.5	3.5	3.5		
Left Foot	3.5	3.5	3.5	3.5		
Totals						

FORM CONTINUES ON PAGE 2

ATTACHMENT 17: BURN PATIENT TRANSFER FORM

MEDICAL MANAGMENT

Respiratory Status
Current FiO_2 _____ Current SpO_2 _____
Intubated YES NO
ETT/Trach tube size _____
Location at the teeth: _____
Ventilator settings _____
_____
Latest ABG_____
Respiratory treatments _____

Vital Signs
Time_____
HR
RR
BP
Temp

Intake
IV #1: Site_____
_____@_____mL/hr
IV #2: Site_____
_____@_____mL/hr
Other_____
Total IVF since injury _____mL
Total IVF in last 24 hours _____mL
Total IVF since admission _____mL

Procedures and Dressings
Current burn wound dressing _____
Date/time last burn wound eval _____
Date/time last burn dressing change _____
Escharotomies: YES NO Date/Time _____
Site(s)_____

Output
Urinary catheter YES NO
Urine (last 24 hours) _____mL
Urine (last 4 hours)_____ mL
NGT _____mL
Other _____

Current Medications
Tetanus vaccination given YES NO N/A
Antibiotics (name, date and time given)_____
_____
Other _____
_____

Pain Management

TRANSPORT NEEDS

Type of transport service needed □ BLS □ ALS □ Critical Care □ Ground □ Air □ Other_____

Name of transport provider used to transport patient:
_____
Phone number of transport provider: _____

Equipment needed for transport □ Oxygen □ Ventilator □ C-PAP □ Cardiac monitor □ IV pump □ Invasive monitoring □ Spine immobilization □ Restraints □ Isolette □ Car seat □ Other (list)_____

Notification (times) Family_____ SBCC_____ Receiving hospital: _____

OTHER NOTES

ATTACHMENT 11: ILLINOIS BURN RESOURCE DIRECTORY

Purpose: Provide a listing of the five hospitals with burn capabilities within Illinois a long with a quick reference to each facility's capabilities and contact information.
Instructions: All stakeholders should use this resource directory as a reference guide when the annex is activated to identify the hospitals with burn capabilities and their contact information

HOSPITALS WITH BURN CAPABILITIES	BURN TRANSFER PHONE	TRAUMA CENTER LEVEL	EMS REGION	PEDIATRIC BURN CRITICAL CARE CAPABILITY	NUMBER OF BURN BEDS
ADDRESS	BURN UNIT PHONE		PHMSRR*		TOTAL SURGE BED CAPACITY
	SECURE EMAIL ADDRESS				
STATE BURN COORDINATING CENTER (SBCC) Loyola University Medical Center[V]	XXX-XXX-XXXX	Level I	8	Y	10 ICU, 11 step-down
2160 S. First Ave. Maywood, IL 60153	XXX-XXX-XXXX		Chicago		Total: 32-33
	XXXX@lumc.edu				
John H. Stroger, Jr. Hospital of Cook County [V] Summer L. Koch Burn Center	XXX-XXX-XXXX	Level I and Pediatric Level I	11	Y	6 Adult ICU, 10 PICU, 10 step-down
1901 W. Harrison St. Chicago, IL 60612	XXX-XXX-XXXX		Chicago		Total: 30-35
Memorial Medical Center Regional Burn Center SIU School of Medicine	XXX-XXX-XXXX	Level I	3	N	8 Universal (ICU, step down, medical)
701 N. First St. Springfield, IL 62781	XXX-XXX-XXXX5		Springfield		Total: 10
	XXXX@mhsil.com				
OSF St. Anthony Medical Center	XXX-XXX-XXXX	Level I	1	N	8 ICU
5666 E. State St. Rockford, IL 61108	XXX-XXX-XXXX		Rockford		Total: 14
University of Chicago Medical Center[V]	XXX-XXX-XXXX	Pediatric Level I	11	Y	8 ICU, 8 Medical
5841 S. Maryland Ave. Chicago, IL 60637	XXX-XXX-XXXX		Chicago		Total: 20
	XXX@uchospitals.edu				

V=American Burn Association Verified Burn Center * Public Health and Medical Services Response Regions