

# Care of Burns in Scotland

National Managed Clinical Network

## Referral Criteria for Transfer of Patients to National Burn Centre in Scotland

### Basic Triage

All adults >25%TBSA and Children >15%TBSA, expedite transfer to National Centre, but safest transfer may be via local regional burns unit first.

### Adults

All major burn Injuries more than 25%TBSA.

All burn patients requiring both Level 3 ICU care and substantial early excision and grafting surgery during ICU stay.

All deep burn injuries requiring more than 10% TBSA deep burn excision.

Frail or elderly patient requiring more than 10% full thickness burn treatment.

Other burn patients deemed very complex by referring hospital and requiring prolonged or complex in-patient care (eg some high voltage electrical injuries; some patients with 10 to 25% partial thickness burns).

The regional burns unit clinicians must feel able to refer any patient whose needs exceed the capacity of the available clinical team (eg during periods of leave of their specialist clinicians).

## Children

All major burn Injuries >15%TBSA.

All deep burn injuries requiring more than 7% TBSA early burn excision. All high voltage electrical conduction injuries.

All children requiring level 3 PICU care and significant early excision and grafting surgery.

Very young babies with complex burns.

The services without specialist PICU services must feel able to refer and child whose condition causes concern of significant risk to life.

## Transfer Pathway

Many patients can have their initial treatment in their regional burns unit whilst discussions between referring team and burn centre team take place. Transfer can then occur at the safest time for the patient.

In extreme circumstances, burn centre staff may travel to a regional burns unit to treat a patient together with local staff.

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### NOTE

*This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.*