VANDERBILT UNIVERSITY MEDICAL CENTER

Protocol: Burn Admission and Discharge Criteria

Category	Clinical Practice
Approval Date	12/17/19 (CMT)
Due for review	1/2022

Applicable to
☒ VUH ☒ Children's ☐ DOT ☐ VMG Off-site locations ☐ VMG ☐ VPH ☐ Other

Team Members Performing						
☐ All faculty & staff ☐ Other:	☒ Faculty & staff providing direct patient care or contact	☒ MD	☒ House Staff	☒ APRN/PA	☒ RN	☐ LPN

Content Experts	
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I. Population:

Adult and pediatric burn patients with burn injuries

II. Admission Criteria:

Ultimately, the decision for admission is at the discretion of the burn attending. These criteria are intended to provide general guidelines and are not an all-inclusive list. In general, patients are admitted to our burn center for resuscitation, monitoring, nursing care, surgical intervention, burn social work intervention, and initiation of rehabilitation therapy. Appropriate ICU for admission is dependent on age: BICU ≥16 yo, PICU <16 yo.

A. ICU Admission

- Adult patients with burns ≥20% TBSA
- Pediatric patients ≤5 yo with burns ≥10% TBSA
- All pediatric patients with burns ≥15% TBSA
- All intubated patients
- Any patient requiring close monitoring of extremity perfusion (e.g. full thickness circumferential burns requiring q1hr neurovascular exams)
- Any patient requiring respiratory monitoring with concern for inhalation injury
- Any hemodynamically abnormal patient (hypotension, cardiac arrythmias)
- High-voltage Electrical Injury

B. Stepdown Admission

- Any patient with:
  - ≥5% TBSA partial thickness burns
  - Full thickness burn requiring operative intervention within 24 hours
  - Infected burns
  - Concern for non-accidental trauma
  - Uncontrolled pain
- Elderly patients
- Patients who lost their home due to fire or those with no safe place to discharge to
- Patients requiring initiation of rehabilitative therapy, or those unable to perform stretches
- Patients with medical comorbidities that will significantly alter their ability to recover from a burn injury
- Social stressors related to their injury that require additional psychiatric or social work support

III. Criteria for referral to a Burn Center:

From the ABLS Providers Manual

- Second and third degree burns greater than 10 percent TBSA (Total Body Surface Area); inpatients younger than 10 or older than 50 years of age
- Second and third degree burns to greater than 20 percent TBSA in all other ages
- Third degree burns greater than five percent TBSA in patients of any age
- All second and third degree burns with the threat of functional or cosmetic impairment to the face, hands, feet, genitalia, perineum, or major joints
- All electrical burns, including lightning injuries
- Chemical burns
- Burns involving inhalation injury
- Circumferential burns of the extremities and/or chest
- Burns involving concomitant trauma among which the burn injury poses the greatest risk of morbidity or mortality.
- Burns in patients with pre-existing medical conditions that may complicate management and/or prolong recovery, such as coronary artery disease, lung disease, or diabetes

IV. Stepdown Discharge Criteria:

Patients need to meet the following 4 criteria to transition to outpatient management through the burn center:

1. Pain controlled with oral meds
2. Wound care can be performed by the patient or a designee to the satisfaction of the burn center staff (providers and nursing)
3. Burn therapy (PT and/or OT) has recommended discharge to home and patient has demonstrated ability to perform their home exercise program
4. Patient has a safe place to discharge to

All discharging patients should have a discharge appointment set up prior to discharge.

*** Caution should be used if considering discharge in a patient who has been admitted for <24hrs unless they have no wound care, as these patients have a higher readmission rate than average. *

V. Transition Criteria:

A. Criteria for Transition from ICU to Stepdown (adult):

- Any patient with a high risk of deterioration from a physiologic standpoint should remain in the ICU until that risk has been resolved
- Any patient meeting rapid response criteria
- Patients with ≥20% TBSA burns that have not completed their acute operations should remain in the ICU until those operations have been completed

- Patients should also stay in the ICU if:
    - Acuity exceeds nursing resources
    - They are still requiring time-and/or skill-intensive wound care in their beds and unable to go to hydro
    - They will lose vital functional reserve secondary to transfer (i.e. will not perform their exercise program as needed without hourly reminders and that will result in functional deficits)

B. Criteria for Transition from PICU to 11S Stepdown (pediatric):

- Any patient with a high risk of deterioration from a physiologic standpoint should remain in the PICU until that risk has been resolved
- Any patient meeting rapid response criteria
- Patients with ≥15% TBSA burns that have not completed their acute operations should remain in the ICU until those operations have been completed

Prior to transfer, the patient must undergo one successful conscious sedation (without an endotracheal tube)