



SPECIALISED BURNS SERVICES

The Welsh Burns Centre & Paediatric Unit

Morriston Hospital, Swansea Tel: 01792 703 802 Switch: 01792 702222

SWUK Paediatric Burns CentreBristol Royal Hospital for Children

Tel: 0117 342 7901 Switch: 0117 923 0000 (Bleep 6780)

Bristol Burns Unit

Southmead Hospital Tel: 0117 414 3100/3102 Switch: 0117 950 5050 (Bleep 1311)

Salisbury Burns Unit

Salisbury District Hospital Tel: 01722 345 507 Switch: 01722 336262

Plymouth Burns Facility

Derriford Hospital, Plymouth Tel: 01752 792274 Switch: 01752 202082

Clinical Assessment in A&E

- ATLS approach in severe injury
- History: Voltage? Amperage? Anatomical site, and duration of contact? Was patient thrown from source? Was there a loss of consciousness?
- Full body examination: assessment of entry/exit wounds and extent of cutaneous burn
- Assessment for compartment syndrome
- ECG- evaluation of dysrhythmia/arrythmia
 - Pregnant women should be referred to obstetrics for consideration of foetal cardiac monitoring

Assess voltage

- Low voltage <1000v
 - o UK domestic is 240v
 - Workshops 380v
- High voltage >1000v
 - o Overhead lines 1500v
 - o Railway lines 25,000 v
 - High voltage lines 45,000 v +

LOW VOLTAGE INJURY

HIGH VOLTAGE INJURY

Low voltage injury with NO cutaneous burn

- · If ECG normal, consider discharge
- If ECG abnormal, follow high voltage pathway

Low voltage injury with small cutaneous burn

- Send details and photographs, via Burns MDSAS Telereferral System to your nearest Burn Service
- Call nearest Burn Service to discuss. Likely suitable for discharge and outpatient follow-up
- Clean and deroof burn, use non adhering dressing

Low voltage injury with large cutaneous burn or compartment syndrome

- Refer immediately to your nearest Burn Service via Burns MDSAS Telereferral System (including photographs of wounds)
- Use non adhering dressing
- Follow high voltage pathway

High voltage injury with NO cutaneous burn Or low voltage and ECG changes

- Admit locally
- Minimum 24 hours monitoring
- Discuss with cardiology need for further cardiac investigations
- Manage other organ failures

High voltage injury with cutaneous burn or compartment syndrome

- ATLS approach
- Assess for compartment syndrome/ rhabdomyolysis and size of burns (% TBSA)
- Call Burn Service to follow-up on telereferral and consider fasciotomy locally prior to transfer if indicated
- Transfer to Burn Service as directed

MDSAS Burns Telereferral https://nww.mdsas.nhs.uk/burns/

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