

OPERATIONAL GUIDELINES: Decreasing Risks of Hypothermia during the transfer of Burn Patients to a Burn Center/ Adults and Pediatrics

OBJECTIVE: To ensure that all transferring hospitals and EMS are provided with adequate information for decreasing the risk of hypothermia in the burn patient prior to transfer. Additionally developing a clear understanding of how to be prepared and equipped to provide the essential tasks necessary in minimizing hypothermia.

Children have nearly three times the body surface area (BSA) to body mass ratio of adults. The large BSA to body mass ratio of the child also predisposes the child to hypothermia, which must be aggressively avoided. Children younger than two years have thinner layers of skin and insulating subcutaneous tissue than older children and adults.

GUIDELINES:

Prior to Transfer to Burn Center

1. Upon patient arrival, remove any wet clothing, dressings or linens and apply warm blankets.
2. Obtain a core temperature and continue to monitor hourly
3. Patient temperature <36 use a fluid warmer to administer fluid.
4. Keep the room doors closed and room temperature adjusted to 85 degrees. Doors need to remain closed in order to maintain the temperature in the room.
5. Apply Bair hugger
6. Minimize traffic in and out of the room to prevent decreasing room temperature.
7. Limit patient's exposure time to room air-examine one area at a time and recover the area prior to viewing the next.
8. Post evaluation and prior to transfer, cover the wounds with clean dry sheets and warm blankets.
9. Core body temperature needs to reach 36.8 and be maintained for 1 hour prior to discontinuing warmed fluids and bair hugger. Ensure patient remains covered and room temperature kept adequate to prevent re-cooling.
10. Notify transporting agency of patient's thermic status. Have the transport vehicle warmed before loading the patient.
11. Prior to transferring patient to the vehicle, obtain an additional temperature, wrap patient including head in blankets to minimize cooling.
12. Do not use sheets or blankets that are wet. This will increase a patients risk for hypothermia.
13. If patients temperature is <36 and fluid warming is available on transport, continue with warmed fluids.
14. Throughout transport continue to keep vehicle warm, warmed fluids infusing, and patient bundled in blankets. If patient temperature is >36 for an hour fluids no longer need to be warmed.

Reference:

American Burn Association

www.ameriburn.org