

Care of Burns in Scotland

National Managed Clinical Network

Care of Burns in Scotland

Referral criteria for transfer of patients to the National Burn Centre

September 2024

NOTE

This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined based on 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.

Basic triage

All adults more than 25%TBSA and children more than 15%TBSA, expedite transfer to the National Burn Centre at the Glasgow Royal Infirmary; however safest transfer may be via local regional Burns Unit first.

Many patients can have their initial treatment in their regional Burns Unit whilst discussions between the referring team and the National Burns Centre take place. Transfer can then occur at the safest time for the patient.

In extreme circumstances, National Burns Centre staff may travel to a regional Burns Unit to treat a patient together with local staff.

For a full list of regional Burn Units and referral processes, please visit the [Patient Referral Pathway](#) section of the COBIS website.

Adults

- All injuries > 25% TBSA
- Patients requiring both Level 3 ICU care, and significant early excision and grafting
- Full thickness burns > 10% TBSA
- Other complex injuries subject to consultant-level discussions. Examples include:
 - Airway or inhalation injury in the absence of appropriate ICU expertise
 - High voltage (>1,000V) electrical burns
 - Polytrauma, when burn insult more significant than non-burn insult and local trauma centre unable to manage
 - Some deep burns to challenging areas (eg face, hands, perineum)
 - Significant frostbite or cold injury

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 injuries more than 15% TBSA
- All patients requiring Level 3 PICU and significant early excision and grafting
- Full thickness burns more than 7% TBSA
- All high voltage injuries
- Other complex injuries or significant injuries to children under the age of 1, subject to consultant-level discussions

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