



**REGION VII
DISASTER HEALTH
RESPONSE ECOSYSTEM**

**Nebraska
Burn Mass Casualty
Annex**



Introduction

The state burn plan annex is being developed for Nebraska in an effort to expand the ability to provide burn care, and to safeguard and prioritize the utilization of limited resources.

It is not the intent of this document to suggest patient care practices at the Nebraska recognized verified burn center.

Definition of Mass-Casualty Burn Incident

- *Any catastrophic event in which the number of burn victims exceed the capacity of the local burn center to provide optimal burn care. Capacity is availability of resources to include burn beds, burn MDs, burn RNs, ORs, equipment, supplies, and related resources.*



• Concept of Operations

Scenario process

- 911 call – EMS has initial communication with receiving ED – ED communicates with burn center to determine transfer to burn Center.
(*Burn centers are responsible to verify all social media communications*)
 - Burn center to determine significance of event as they communicate with ER and ER continues communication with first responders at the scene.
 - Internet secure, HIPPA secure telemedicine capability is available to assist in patient care or transfer decision making. Provider to provider to determine and provide connection information when telemedicine deemed appropriate.
 - Local burn center activates their Burn MCI surge plan as indicated by extent of incident.
- Communication with local, regional and national partners
 - CHI Health - St. Elizabeth's (Lincoln) Verified Burn Center.
 - Reach out to State partners as dictated by extent of incident.
 - Reach out to Midwest Region partners-19 burn centers- and triage until regional capacity is reached (see ABA triage recommendations below).
 - *The Western part of Nebraska will reach out to Colorado burn centers which are in the Western Burn Region 1-833-287-6435*.
 - Reach out to ABA central office resources and national partners.
- St. Elizabeth's Burn Center when impacted by the incident will reach out to **Regions Hospital (St. Paul, MN)** as logistical coordinating center prior to reaching surge capacity: (800) 922-2876.
(*NOTE: local burn center remains in authority over patient care*)
 - ✓ Activate St. Elizabeth's Burn Center response plan.
 - ✓ Acquire adult and pediatric burn bed availability in the region – *Regions Hospital to identify burn bed availability and coordinate bed access across the Midwest Burn Region.*
 - ✓ Inquire about modes of transport, transport assistance.

American Burn Association triage recommendations:

- Triage major burns to a burn center within first 72 hours
- Secondary triage may occur from burn center to burn center (regional or national)
- Transfer to verified burn centers is preferable



• Initial Field Management

- Start fluid resuscitation immediately for 20% TBSA burns or greater for adults and children.
- Insert two large bore peripheral IVs.

Lactated Ringer's Fluid:

- 5 years old and younger: 125 ml/hour
- 6-13 years old: 250 ml/hour
- 14 years and older: 500 ml/hour (considered adults)

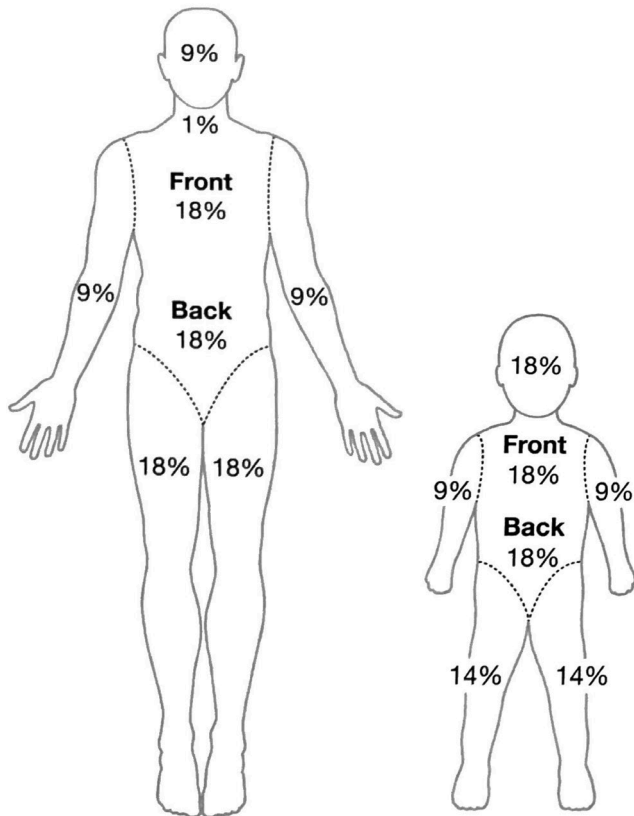
LUND AND BROWDER CHART

Commonly used in burn centers

Estimate of % Total Body Surface Area (TBSA) Burn by sum of individual areas

Area	Birth-1	1-4 Years	5-9 Years	10-14 Years	15 Years	Adult	Total
<i>Head</i>	19	17	13	11	9	7	
Neck	2	2	2	2	2	2	
Anterior trunk	13	13	13	13	13	13	
Posterior trunk	13	13	13	13	13	13	
Right buttock	2.5	2.5	2.5	2.5	2.5	2.5	
Left buttock	2.5	2.5	2.5	2.5	2.5	2.5	
Genitalia	1	1	1	1	1	1	
Right upper arm	4	4	4	4	4	4	
Left upper arm	4	4	4	4	4	4	
Right lower arm	3	3	3	3	3	3	
Left lower arm	3	3	3	3	3	3	
Right hand	2.5	2.5	2.5	2.5	2.5	2.5	
Left hand	2.5	2.5	2.5	2.5	2.5	2.5	
<i>Right thigh</i>	5.5	6.5	8	8.5	9	9.5	
<i>Left thigh</i>	5.5	6.5	8	8.5	9	9.5	
<i>Right lower leg</i>	5	5	5.5	6	6.5	7	
<i>Left lower leg</i>	5	5	5.5	6	6.5	7	
Right foot	3.5	3.5	3.5	3.5	3.5	3.5	
Left foot	3.5	3.5	3.5	3.5	3.5	3.5	
Total							

Rows in ***bold italics*** indicate areas of difference between adult and pediatric patients. All other areas are the same for adults and children.



Cover patient with dry sheet to prevent hypothermia



Regional Burn Center Contact List:

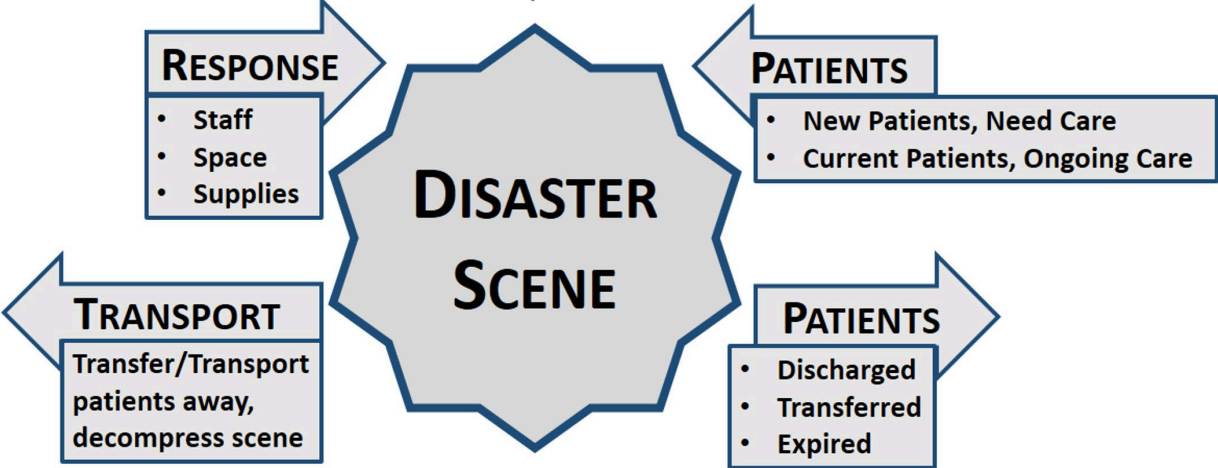
- **St. Elizabeth's Regional Burn Center (V, A, P)**, Lincoln, NE, (402) 219-7680
- **Children's Mercy Hospital Burn Center (P)**, Kansas City, MO, (816) 234-3520
- **Grossman Research Center (A)**, Kansas City, MO, (816) 276-4325
- **Burnett Burn Center (V, A, P)**, Kansas City, KS, (913) 588-6540
- **George David Peak Memorial Burn Center (V, A, P)**, Columbia, MO, (573) 882-2876
- **University of Iowa Burn Center (V, A, P)**, Iowa City, IA, (319) 356-2496
- **Ascension Via Christi Regional Burn Center (V, A, P)**, Wichita, KS, (316) 268-5388
- **Mercy Springfield (A, P)**, Springfield, MO, (417) 820-2974
- **Mercy St. Louis Medical Center (V)**, St. Louis, MO, (314) 251-6055
- **Regions Hospital Burn Center (V, A, P)**, St. Paul, MN, (800) 922-2876
- **Hennepin County Medical Center (V, A, P)**, Minneapolis, MN, (612) 873-2915
- **University of Wisconsin Burn Center (V, A, P)**, Madison, WI, (608) 263-1490
- **OFC St. Anthony's Medical Center (A, P)**, Rockford, IL, (815) 395-5313
- **Regional Burn Center (A)**, Springfield, IL, (217) 788-3325
- **Loyola University Medical Center (V, A, P)**, Maywood, IL, (708) 216-3988
- **University of Chicago Burn Center (V, A, P)**, Chicago, IL, (773) 702-6736
- **Sumner L. Koch Burn Center (Cook County) (V, A, P)**, Chicago, IL, (312) 864-3144
- **Children's Hospital of Wisconsin, Milwaukee, WI, (414) 266-2000**
no dedicated burn beds
- **Columbia St. Mary's Hospital Regional Burn Center (A, P >12yo)**, Milwaukee, WI, (414) 585-1163
- **Miller Dwan Burn Center (A)**, Duluth, MN, (218) 786-2815

(V) – Verified

(A) – Adult

(P) – Pediatric

SURGE EQUILIBRIUM



Surge Equilibrium: all competing influences of the disaster are balanced at the point of where the patients are being managed, disaster scene or at the hospital.

Surge Equilibrium, Kearns, R



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