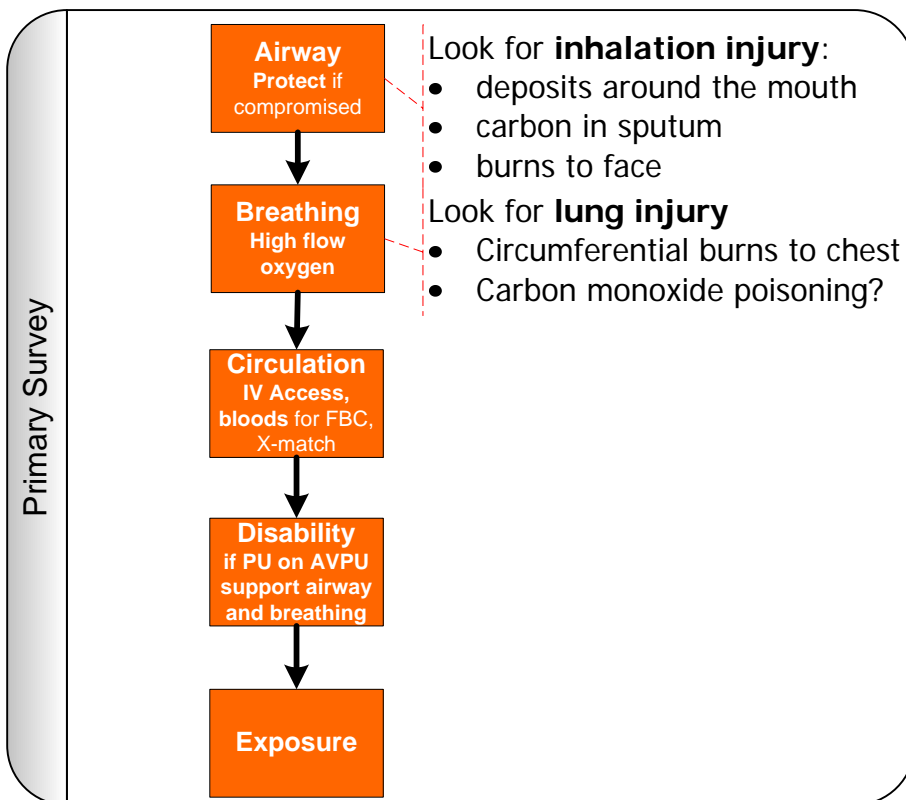


# Burns in pregnancy

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**Secondary Survey**

**Exclude other injuries**  
Assess burn:

- surface area
- depth - superficial, partial thickness, full thickness?
- Special areas involved? - mouth, hands, perineum

Rule of 9's	
Head and neck	9%
Upper limb	9% x 2
Front of trunk	18%*
Back of trunk	18%
Lower limbs	18% x 2
Palm of one hand	1%
Perineum	1%
<b>TOTAL</b>	<b>100%</b>

Note \*

Increased in advanced pregnancy

**Treatment**

**Analgesia** - oral codeine, entonox, IV morphine (5-10mg)  
Consider **ranitidine** for stress ulceration (50mg diluted to 20ml IV over 2 minutes, repeated every 6 hours or orally 150mg 12 hourly)

**100% Oxygen** if **Carbon monoxide poisoning**

**IV fluid therapy if burns >15%**

- Fluid additional to maintenance ml/first 24hrs = %burn x weight (kg) x 2
- Give half of additional fluid in first 8 hours - colloids may be better
- Keep urine output > 0.5ml/kg/hour (>30ml/hour)

**Wound care** - cover burns with sterile dressings/ cling film  
leave blisters  
prevent contractures

**High protein diet + multivitamins**  
**Monitor Hb**  
**Mobilise**  
**Splint joints in position of function**