

BUMCT SJS/ TENS admission and treatment protocol:

Admission:

Burn attending will accept and patient will go to SICU or burn service depending on severity of disease and comorbidities.

Resuscitation:

Fluid resuscitation: 1.5-2cc/kg x TBSA in LR, goal urine output 0.5cc/kg/h

How to calculate TBSA: include all areas of detached epidermis and detachable (positive Nikolsky sign). Do not include erythematous stable epidermis.

Mortality Scoring: Patient will be scored by burn team using **SCORTEN** calculator: each risk factor has a value of 1.

- Age ≥40 years
- Heart rate ≥120 beats per min
- Cancer/hematologic malignancy
- BSA detached ≥10% (at day 1)
- Serum BUN >10 mmol/L
- Serum bicarbonate <20 mmol/L
- Serum glucose >14 mmol/L

Number of Risk Factors	Mortality
0 or 1	3.2%
2	12.1%
3	35.3%
4	58.3%
5 or more	>90%

Immediate removal of the offending agent:

Most common drug triggers:

Anti-epileptics: lamotrigine, phenytoin, carbamazepine, valproic acid, phenobarbital

Antibiotics: TMP-SMX, Aminopenicillins, tetracyclines, cephalosporins.

Immune Checkpoint Inhibitors: nivolumab, pembrolizumab

Allopurinol

Nevirapine

NSAIDs

Diagnosis:

Biopsy x 2 (perform at interface between normal and abnormal tissue using a skin punch biopsy)

Dermatology consult on all SJS/TENS patients

Differential Diagnosis:

Erythema multiforme major	Pemphigus vulgaris
Staphylococcal scalded skin syndrome	Bullous pemphigoid
Generalized fixed drug eruption (BFDE)	Linear IgA bullous dermatosis
Acute generalized exanthematous pustulosis	Paraneoplastic pemphigus
Phototoxic eruptions	Acute or subacute cutaneous lupus with epidermal necrosis (Rowell syndrome)

Local Treatment:

Wound care: **Recommendations include: Acticoat or Mepilex Ag**

Mucosal involvement: **Inner upper or lower eyelids (conjunctiva), mouth/ oral cavity, vagina, penile meatus, rectal lesions or bleeding**

OBGYN consult for vaginal involvement : May initially insert Bacitracin laden tampon with exchange Q12 hours

Ophthalmology consult for conjunctival involvement

Systemic Pharmacologic treatment: to be a joint decision between dermatology and burn team

Cyclosporine 2mg/kg IV ABW/day for 5 days

TNF alpha inhibitors: Infliximab 5mg/kg as a single dose or Etanercept as a single 50mg dose if cyclosporine contraindicated.

Plasmapheresis (if CRRT is required, discuss with nephrology)