

PEDIATRIC BURNS

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Second or third degree burns (i.e., caustic material, electricity or fire) involving 10% or more of body surface area or those associated with respiratory involvement

CRITICAL INFORMATION

- Treat according to length based color-coded resuscitation tape. Apply corresponding wrist band.
- Neonate = birth to four weeks; infant = four weeks to 1 year; child = 1-14 years; Adolescent = >14 years
- Consider early intubation for severe facial burns
- Burns with trauma mechanism are to be transported according to the Marin County Trauma Triage Tool

TREATMENT

- ALS RMC
- Thermal/Electrical:
 - Remove patient to safe area
 - Eliminate source and stop the burning process (water may be used in the first few minutes to stop the burning process)
 - Remove all clothing/ jewelry
- Chemical:
 - Brush away any dry chemicals
 - Attempt to identify chemical; flush affected area with copious amounts of water unless contraindicated
- Support ventilation with high flow oxygen
 - If wheezing consider bronchodilator therapy- **Albuterol** 5 mg in 6 ml NS HHN
 - Re-evaluate airway frequently
- Expose affected area and apply clean dry sheet
- Keep patient warm to avoid hypothermia
- Fluid bolus 20 ml/kg **NS** IV/IO
- Pain management as indicated
- Transport by ground. If there is respiratory involvement, transport to the time closest ED by air or ground.

SPECIAL CONSIDERATION

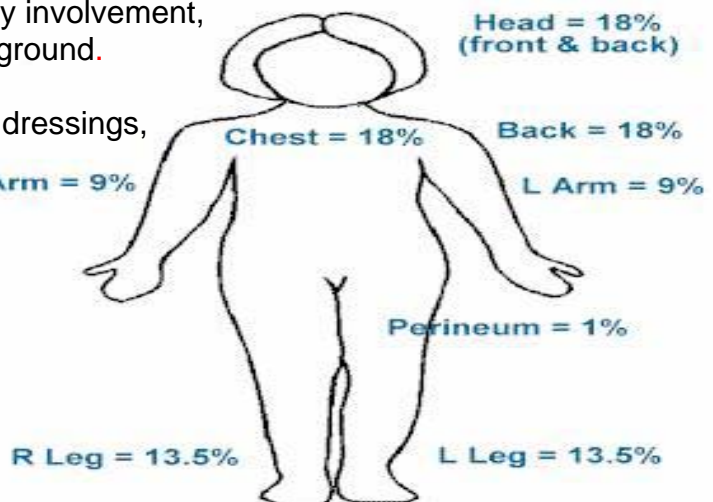
- Avoid hypothermia, do not use ice or wet dressings, and keep patient warm
- IV/IO required if BSA >10%

DOCUMENTATION- ESSENTIAL ELEMENTS

- Estimated percentage of BSA affected

RELATED POLICIES/ PROCEDURES

- Pediatric Pain Management P15
- Pediatric Shock P7



Child