and constriction resulting from edema formation. This also provides access to the burn and prevents painful removal later.

Assess the victim's condition.

As soon as the flames are extinguished, the child is assessed. Airway, breathing, and circulation are the primary concerns. Cardiopulmonary complications may result from exposure to electric current, inhalation of toxic fumes and smoke, hypovolemia, and shock. Emergency measures are instituted as appropriate.

Cover the burn.

The burn should be covered with a clean dry cloth to prevent contamination, decrease pain by eliminating air contact, and prevent hypothermia. No attempt should be made to treat the burn. Application of topical ointments, oils, or other home remedies is contraindicated.

Transport the child to medical aid.

The child with an extensive burn is not given anything by mouth to avoid aspiration in the presence of paralytic ileus and upper airway edema and to prevent water intoxication. The child is transported to the nearest medical facility. If this cannot be accomplished within a relatively short period, IV access should be established, if possible, with a large-bore catheter. Oxygen is administered, if available, at 100%. A report of the initial assessment, associated trauma, and any interventions implemented is given to the medical facility assuming care of the child.

Provide reassurance.

Providing reassurance and psychological support to both the family and the child helps immeasurably during the period of post-burn crisis. Reducing anxiety conserves energy the family and child will need to cope with the physiologic and emotional stress of a burn.

Minor Burns

Treatment of burns classified as minor can usually be managed adequately on an outpatient basis when it is determined that the parent can be relied on to carry out instructions for care and observation. Patients with less than optimum circumstances may