

- Remove burned clothing and jewelry.

Assess for an adequate airway and breathing.

If a child is not breathing, begin mouth-to-mouth resuscitation.

Cover burn with a clean cloth.

Keep victim warm.

Begin intravenous (IV) and oxygen therapy as prescribed.

Transport to medical aid.

### **Stop the burning process.**

The chief aim of rescue in flame burns is to smother the fire, not fan it. Children tend to panic and run, which spreads the flames and makes assistance more difficult. The burned child should be placed in a horizontal position and rolled in a blanket, rug, or similar article, with care taken not to cover the head and face because of the danger of inhalation of toxic fumes. If nothing is available, the victim should lie down and roll over slowly to extinguish the flames. Remaining in the vertical position may cause the hair to ignite or the inhalation of flames, heat, or smoke.

Major burns with large amounts of denuded skin should not be cooled. Heat is rapidly lost from burned areas, and additional cooling leads to a drop in core body temperature and potential circulatory collapse. Wet dressings also promote vasoconstriction because of cooling, resulting in impaired circulation to the burned area and increased tissue damage. Chemical burns require continuous flushing with large amounts of water before transport to a medical facility. The use of neutralizing agents on the skin is contraindicated, because a chemical reaction is initiated and further injury may result. If the chemical is in powder form, the addition of water may spread the caustic agent. The powder should be brushed off if possible before flushing the area.

Burned clothing is removed to prevent further damage from smoldering fabric and hot beads of melted synthetic materials. Jewelry is removed to eliminate the transfer of heat from the metal