

immunization, tetanus prophylaxis is administered. A mild analgesic (such as acetaminophen) is usually sufficient to relieve discomfort; the antipyretic effect of the drug also alleviates the sensation of heat.

Most minor burns heal without difficulty; but if the burn margin becomes erythematous, gross purulence is noted, or the child develops evidence of systemic reaction (such as fever or tachycardia), hospitalization is indicated. The child should also be evaluated for functional impairment, and the caregiver should be instructed in the exercise and ambulation program. After healing, an evaluation of scar maturation and range of motion will indicate any need for further therapy.

## **Major Burns**

The first priority is airway maintenance. The inhalation of noxious agents or respiratory burns is suggested when there is a history of injury in an enclosed space; edema of the oral and nasal membranes; burn injury to the face, nares, and upper torso; hyperemia; and blisters or evidence of trauma to the upper respiratory passages. When respiratory involvement is suspected or evident, 100% oxygen is administered and blood gas values, including carbon monoxide levels, are determined.

If the child exhibits changes in sensorium, air hunger, or other signs of respiratory distress, an endotracheal tube is inserted to maintain the airway. When severe edema of the face and neck is anticipated, intubation is performed before swelling makes intubation difficult or impossible. Controlled intubation is preferred to an emergency intubation. Intubation allows for the delivery of humidified oxygen, the removal of secretions from respiratory passages, and the provision of ventilatory support. When full-thickness burns encircle the chest, constricting eschar (dead tissue) may limit chest wall excursion, and ventilation of the child becomes more difficult. Young children are particularly at risk because of the pliability of the skeletal structure. Escharotomy of the chest, where the eschar is incised through to the fatty tissue, relieves this constriction and improves ventilation.

## **Fluid replacement therapy.**

The objectives of fluid therapy are to (1) compensate for water and