feeding. Early and continued nutritional support is an important part of therapy for seriously burned patients. Children who require enteral supplementation must be monitored for adequacy of feeds, feeding intolerance and tube malposition. The nurse should also monitor and report any abdominal distention, diarrhea, or electrolyte and metabolic deviations. If nutritional requirements cannot be met entirely by the enteral route, parenteral hyperalimentation is used to supplement intake. However, enteral feeding increases blood flow in the intestinal tract, preserves gastrointestinal function, and minimizes bacterial translocation by decreasing mucosal atrophy of the intestines. These factors make enteral feeding the preferred route of nutritional support (Gauglitz, Finnerty, Herndon, et al, 2012).

To facilitate growth and proliferation of epithelial cells, administration of vitamins A and C is begun early in the post-burn period. Zinc is also supplemented because of its important role in burn healing and epithelialization.

Medication.

Antibiotics are usually not administered prophylactically. The administration of systemic antibiotics to control wound colonization is not indicated because decreased circulation to the burned area prevents delivery of the medication to areas of deepest burn injury. Surveillance cultures and monitoring of the clinical course provide the most reliable indicators of developing infection. Appropriate antibiotics are instituted to treat the specific identified organism population (Gallagher, Branski, Williams-Bouyer, et al, 2012). Otitis media should not be overlooked as a source of fever in the pediatric patient.

Some form of sedation and analgesia is required in the care of burned children. Morphine sulfate is the drug of choice for severe burn injuries. Morphine has extensive distribution but is metabolized rapidly; continuous infusion or frequent administration is needed for pain management in burns. Morphine is administered intravenously and titrated to individual needs. The unstable circulatory status and edema formation preclude intramuscular or subcutaneous administration. When combined, midazolam (Versed) and fentanyl (Sublimaze) also provide excellent IV sedation and analgesia to control procedural pain in