


Section: Pediatric Trauma  
Subject: PEDI BURNS  
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1. Basic ALS Treatments.
2. Chemical Burns:
  - a. Reference HCFR Decontamination policies.
  - b. Contaminated patients should have their clothing and jewelry removed, bagged, and tagged.
  - c. Flush with copious amounts of fluid.
  - d. Prevent loss of body heat after decontamination.
  - e. Pain management as per HCFR protocol.
  - f. Contact **Poison Control 1-800-222-1222** for specific treatment of chemical exposures
    - i. Contact Medic-1 for recommendations from Poison Control not covered by HCFR policy.
3. Electrical Burns:
  - a. Refer to **HCFR SPINAL MOTION RESTRICTION** protocol and apply as indicated.
  - b. Cardiac monitor
  - c. **Normal Saline** 20 mL/kg IV/IO over 20 minutes
  - d. Treat cardiac dysrhythmias as per appropriate HCFR protocol
  - e. Dry sterile dressings over burned areas
4. Thermal Burns:
  - a. Stop the burning process:
    - i. Continuous wet sterile dressings over not more than 10% TBSA at one time.
    - ii. Dry sterile dressings or burn sheets over all other burned areas.
    - iii. Prevent loss of body heat.
  - b. Stabilize and resuscitate
    - i. Apply SMR precautions as indicated by mechanism of injury and patient complaint
    - ii. Administer a **normal saline bolus** IV/IO according to the following formula:
      1. 0.25 times the % body surface area with 2<sup>nd</sup> or 3<sup>rd</sup> degree burns times the weight (Kg)
      2. Round up to the nearest 50 mL
    - iii. Administer **morphine sulfate** 0.1 mg/kg (maximum 5.0 mg) IV/IO/IM/SQ q 5 minutes PRN pain to a maximum of 10 mg.
  - c. For inhalation injuries see **HCFR INHALATION OF HOT SMOKE AND GASES** protocol.
5. ALS transport criteria:
  - a. Burn Center destination criteria:
    - i. 2° or 3° burns > 10% TBSA
    - ii. 1° burns > 50% TBSA
    - iii. Explosions
    - iv. Chemical burns
    - v. Dyspnea
    - vi. Facial burns
    - vii. Altered vital signs
    - viii. Circumferential burns
    - ix. Burns to hands or feet