

# PEDIATRIC PROTOCOL

## BURNS

3-5 kg	6-7 kg	8-9 kg	10-11 kg	12-14 kg	15-18 kg	19-23 kg	24-29 kg	30-36 kg
6-11 lbs	13-15 lbs	18-20 lbs	22-24 lbs	26-31 lbs	33-40 lbs	42-51 lbs	53-64 lbs	66-81 lbs
18-24 in	24-26 in	26-29 in	29-33 in	33-38 in	38-43 in	43-48 in	48-52 in	52-57 in

Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma

### UNIVERSAL PATIENT CARE PROTOCOL

CONSIDER SPINAL MOTION RESTRICTION PROCEDURE

### PEDIATRIC AIRWAY PROTOCOL

#### CAPNOGRAPHY PROCEDURE

If Chest, Neck, Face, Airway Involvement – Prepare for  
Invasive Airway Procedures  
Perform Early Intubation

Remove rings, bracelets,  
and other constricting items

#### Thermal

If burn < 10% body surface area  
(using rule of nines)  
Cool down wound with NORMAL SALINE  
and dressings

Cover burn with dry sterile sheet or dressings

#### IV / IO PROCEDURE

Only if Burns  $\geq$  20% (KVO Otherwise)  
**AGE 0 - 5 - Then 20 drops / min** (Macro drip set)  
not more than 125 ml / hr  
**AGE 6 - 13 - Then 40 drops / min** (Macro drip set)  
not more than 250 ml / hr  
**AGE 13 + - Then 80 drops / min** (Macro drip set)  
not more than 500 ml / hr

#### PEDIATRIC PAIN MANAGEMENT PROTOCOL

See Rule of 9's chart at the end of  
this section

#### Chemical

**Eye Injury**  
Continuous flushing with Normal Saline

Remove clothing and / or expose area

Flush area with NORMAL SALINE for  
10 – 15 minutes

#### IV / IO PROCEDURE

#### PEDIATRIC PAIN MANAGEMENT PROTOCOL

#### INITIATE TRAUMA ALERT

**TRANSPORT** to appropriate facility  
**CONTACT** receiving facility  
**CONSULT** Medical Control where indicated  
**APPROPRIATE** transfer of care

EMT Intervention

AEMT Intervention

PARAMEDIC Intervention

Online Medical Control

**BURNS**

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>Type of exposure (heat, gas, chemical)</li> <li>Inhalation injury</li> <li>Time of injury</li> <li>Past medical history</li> <li>Medications</li> <li>Other trauma</li> <li>Loss of consciousness</li> <li>Tetanus / immunization status</li> </ul>	<ul style="list-style-type: none"> <li>Burns, pain, swelling</li> <li>Dizziness</li> <li>Loss of consciousness</li> <li>Hypotension / shock</li> <li>Airway compromise / distress</li> <li>Singed facial or nasal hair</li> <li>Hoarseness / wheezing</li> </ul>	<ul style="list-style-type: none"> <li>Superficial (1°) red and painful</li> <li>Partial thickness (2°) superficial partial thickness, deep partial thickness, blistering</li> <li>Full thickness (3°) painless and charred or leathery skin</li> <li>Chemical</li> <li>Thermal</li> <li>Electrical</li> <li>Radiation</li> </ul>

**KEY POINTS**

- Exam:** Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro
  - Early intubation is required in significant inhalation injuries with airway compromise.**
  - Critical Burns: >25% body surface area (BSA); full thickness burns >10% BSA; partial thickness superficial partial thickness, deep partial thickness, and full thickness burns to face, eyes, hand or feet; electrical burns; respiratory burns; deep chemical burns; burns with extremes of age or chronic disease; and burns with associated major traumatic injury. These burns may require hospital admission or transfer to a burn center.
  - Potential CO exposure should be treated with 100% oxygen.
  - Circumferential burns to extremities are dangerous due to potential vascular compromise partial thickness to soft tissue swelling.
  - Burn patients are prone to hypothermia – Never apply ice or cool burns that involve >10% body surface area.
  - Do not overlook the possibility of multiple system trauma.
  - Do not overlook the possibility of child abuse with children and burn injuries.
  - See appendix for rule of nines.
- 1. Thermal (dry and moist):**
- Stop burning process: i.e. remove patient from heat source, cool skin, remove clothing
  - If patient starts to shiver or skin is cool, stop cooling process.
  - Estimate extent (%) and depth of burn (see chart). Determine seriousness (see chart) of burn, contact Medical Control and transport accordingly.
  - Cover burn areas with sterile dressing.
- 2. Radiation Burns:**
- Treat as thermal burns except when burn is contaminated with radioactive source, then treat as chemical burn.
  - Wear appropriate protective clothing when dealing with contamination.
  - Contact HAZ MAT TEAM for assistance in contamination cases.
- 3. Chemical Burns:**
- Wear appropriate protective clothing and respirators.
  - Remove patient from contaminated area to decontamination site (NOT SQUAD).
  - Determine chemicals involved; contact appropriate agency for chemical information.
  - Remove patient's clothing and flush skin.
  - Leave contaminated clothes at scene. Cover patient over and under before loading into squad.
  - Patient should be transported by personnel not involved in decontamination process.
  - Determine severity (see chart), contact Medical Control and transport accordingly.
  - Relay type of substance involved to Medical Control.
- 4. Electrical Burns:**
- Shut down electrical source; do not attempt to remove patient until electricity is CONFIRMED to be shut off.
  - Assess for visible entrance and exit wounds and treat as thermal burns.
  - Assess for internal injury, i.e., vascular damage, tissue damage, fractures, and treat accordingly.
  - Determine severity of burn, contact Online Medical Control and transport accordingly.
- 5. Inhalation Burns:**
- Always suspect inhalation burns when the patient is found in closed smoky environment and / or exhibits any of the following: burns to face / neck, singed nasal hairs, cough and / or stridor, soot in sputum.
  - Provide oxygen therapy, contact Online Medical Control and transport.
- Handle patients gently to avoid further damage of the patient's skin.
  - If the patient is exposed to a chemical, whenever possible, get the name of the chemical, and document it on the patient run report. **DO NOT** transport any hazardous materials with the patient.
  - Look for signs of dehydration and shock.
  - Initiate early intubation for symptomatic patients with inhalation burns.
  - Patients with major burns should be transported to a Regional Burn Center.
  - Patients with unstable airway or who are rapidly deteriorating should be transported to the closest appropriate facility.
  - Patients with large surface burns lose the ability to regulate their body temperature. Avoid heat loss by covering the patient.