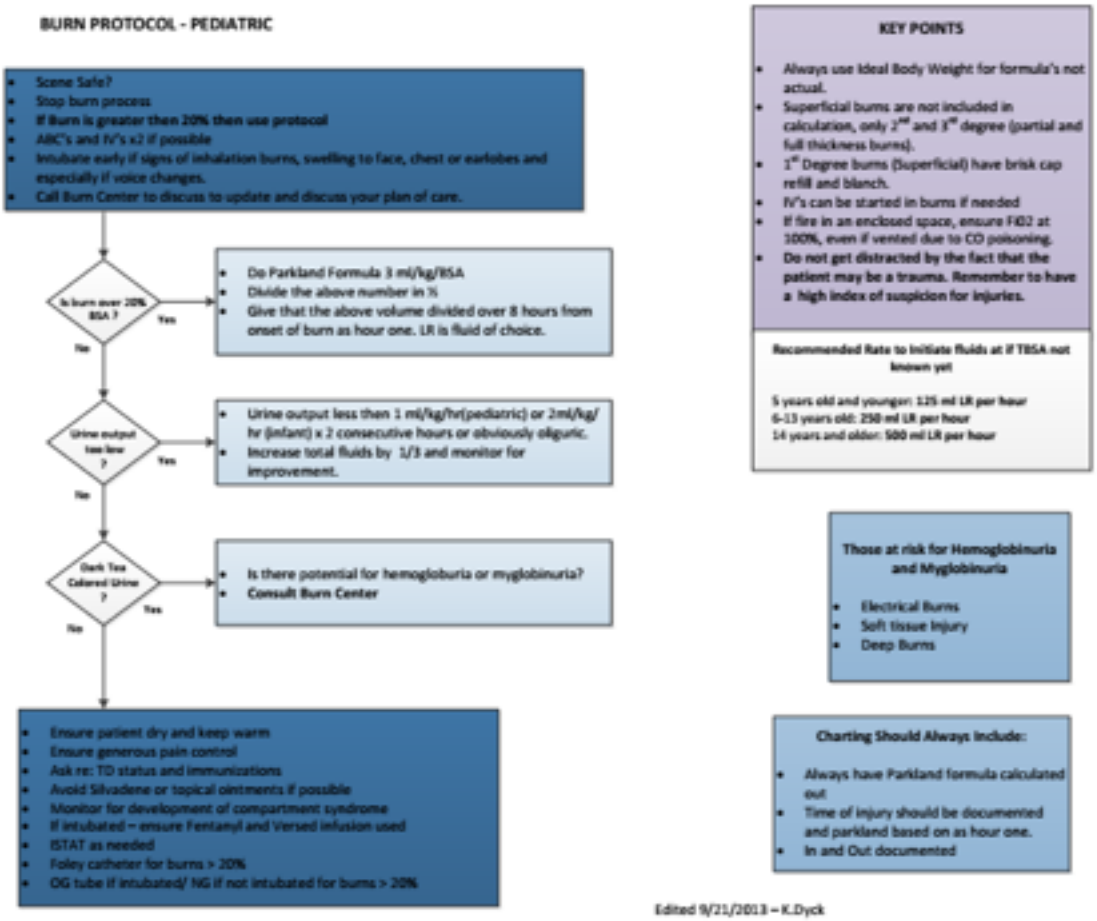

BURN PROTOCOL - PEDIATRIC

Yes

No

Yes

No

Yes No

Edited 9/21/2013 – K.Dyck

KEY POINTS

• Scene Safe?

• Stop burn process

• **If Burn is greater then 20% then use protocol**

• ABC’s and IV’s x2 if possible

• Intubate early if signs of inhalation burns, swelling to face, chest or earlobes and especially if voice changes.

• Call Burn Center to discuss to update and discuss your plan of care.

• Always use Ideal Body Weight for formula's not actual.

• Superficial burns are not included in calculation, only 2nd and 3rd degree (partial and full thickness burns).

• 1st Degree burns (Superficial) have brisk cap refill and blanch.

• IV's can be started in burns if needed

• If fire in an enclosed space, ensure Fi02 at 100%, even if vented due to CO poisoning.

• Do Parkland Formula 3 ml/kg/BSA

Is burn over 20% BSA ?

• Divide the above number in 1⁄2

• Give that the above volume divided over 8 hours from onset of burn as hour one. LR is fluid of choice.

• Do not get distracted by the fact that the patient may be a trauma. Remember to have a high index of suspicion for injuries.

Recommended Rate to Initiate fluids at if TBSA not known yet

• Urine output less then 1 ml/kg/hr(pediatric) or 2ml/kg/ Urine output

hr (infant) x 2 consecutive hours or obviously oliguric.

5 years old and younger: 125 ml LR per hour 6-13 years old: 250 ml LR per hour 14 years and older: 500 ml LR per hour too low ?

• Increase total fluids by 1/3 and monitor for improvement.

Th

ose at risk for Hemoglobinuria Dark Tea Colored Urine ?

• Is there potential for hemogloburia or myglobinuria?

• Consult Burn Center

and Myglobinuria

• Electrical Burns

• Soft tissue Injury

• Deep Burns

• Ensure patient dry and keep warm

• Ensure generous pain control

Charting Should Always Include:

• Ask re: TD status and immunizations

• Avoid Silvadene or topical ointments if possible

• Monitor for development of compartment syndrome

• If intubated – ensure Fentanyl and Versed infusion used

• ISTAT as needed

• Foley catheter for burns > 20%

• Always have Parkland formula calculated out

• Time of injury should be documented and parkland based on as hour one.

• In and Out documented

- OG tube if intubated/ NG if not intubated for burns > 20%