



Pediatric Burns

EMS Medical Director:

Signature on File

EMS Administrator:

Signature on File

History

- Type of exposure (heat, gas or chemical)
- Inhalation injury
- Time of injury
- Other trauma
- Past medical history
- Medications

Signs and Symptoms

- Burns, pain, or swelling
- Dizziness
- Loss of consciousness
- Hypotension/shock
- Airway compromise or distress could be presented as hoarseness or wheezing

Differential

- Superficial – red and painful (do not include in TBSA)
- Partial thickness – blistering
- Full thickness – painless with charred or leathery skin
- Chemical injury
- Thermal injury
- Radiation injury
- Blast injury

Remove patient from the source of the burn, then remove burning or smoldering clothing and jewelry

Assess for inhalation injury and assess the size of the burn (see next page)

Administer supplemental O₂ as necessary to maintain SpO₂ ≥ 94%

Maintain airway

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For burns < 30% TBSA AND no inhalation injury, stop the burning process by applying cool running water for 20 minutes over the burn. Remain on scene to complete a full 20 minutes of continuous CRW before transporting.

Apply clean dressing to burn area (dry non-stick gauze, loose plastic wrap, etc.)

Avoid hypothermia by isolating and cooling only the burned area. Keep unaffected body parts warm

Consider IV (preferably in an unburned area)
For BSA > 9% or hypotension, administer **20ml/kg NS fluid bolus**.

Albuterol (if wheezes present)
5 mg via HHN, mask or BVM

Cardiac monitor

Consider administration of pain medication

TP# 9001 - Pediatric Airway

TP# 9018 – Pediatric Pain Management

Any patient with the following shall be transported to UCDMC Burn Center:

- Partial thickness >9% of body surface.
- Any electrical or any chemical burn.
- Evidence of possible Inhalation Injury.
- Any burn to the face, hands, feet, genitalia, perineum or major joints. Cardiac arrest shall go to the closest E.D.
- Any circumferential burn to extremities

PD# 5053 – Trauma Triage Criteria

Pediatric Treatment Protocols

Notify receiving facility.
Contact Base Hospital for medical direction

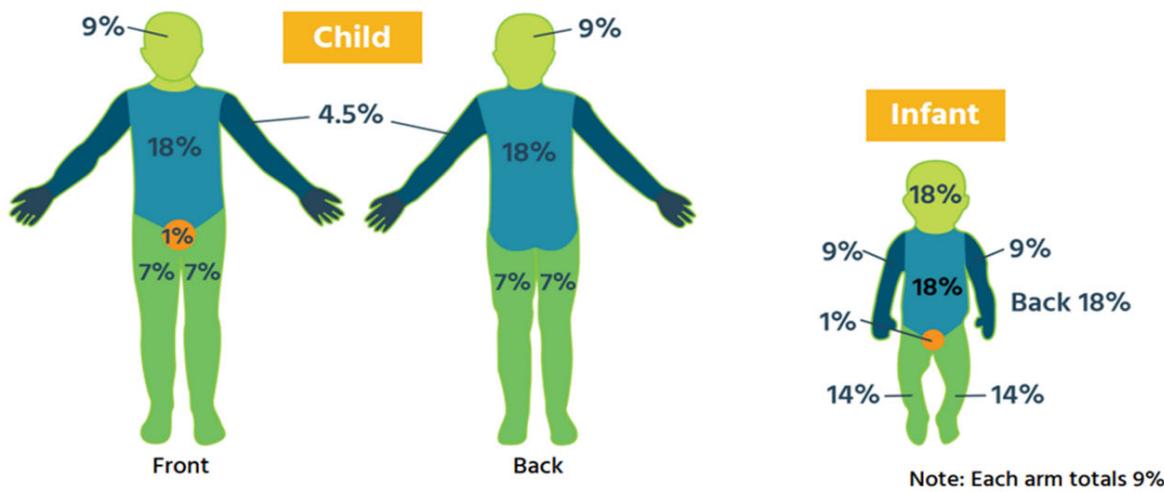


Treatment Protocol 9004



Pediatric Burn

**Estimating
Burn Size**
(either method
can be used):



Rule of Palm: The palm of the person who is burned (not the fingers or wrist area) is about 1% of the body. Use the person's palm to measure the body surface area burned.

Burn Assessment Terminology

Approved Terminology	Former Terminology
Superficial	1st degree
Partial thickness	2nd degree
Full thickness	3rd degree

Burn assessment should be documented and reported using only approved terminology

Rule of Nines

- Seldom will you find a complete isolated body part that is injured as described in the Rule of Nines. More likely, it will be portions of one area, portions of another, and an approximation will be needed.
- For the purpose of determining the extent of serious injury, differentiate the area with minimal (superficial) burn from those of partial or full thickness burns.
- When calculating TBSA of burns, include only partial and full thickness burns; do not include superficial burns in the calculation.

- Early cessation of cooling may lead to worsened burn severity and increased tissue damage. If transport is initiated before 20 minutes of cooling is completed, cooling should continue en route whenever feasible.
- After cooling the burn, apply a covering to the burn (dry non-stick gauze, loose plastic wrap, etc.).
- Avoid hypothermia by isolating and cooling only the burned area. Keep unaffected body parts warm by covering them as much as possible, and use the heater in the passenger compartment.
- Caustic and Chemical Burns: Wear protective clothing and gloves and consider the presence of hazardous materials. Remove the patient's clothing. Apply cool running water over the burn for 20 minutes. Do not scrub.
- Electrical Burns: Check for, and dress all entrance and exit wounds
- Check for associated injuries. Treat shock, if present.
- Do not apply ice or creams to the burned area.
- Fire in enclosed space suggests smoke inhalation or carbon monoxide poisoning.



Treatment Protocol 9004