

PEDIATRIC BURNS

Indications

- Damage to the skin or an inhalation injury caused by contact with fire, heat, electricity, or caustic material

- Remove patient to safe area and stop the burning process
 - Remove contact with the agent, unless adhered to the skin
 - Brush away dry chemicals
 - Flush with cool water to stop the burning process or to decontaminate
 - Expose affected area and apply clean dry sheet
- Remove all clothing/jewelry
- Keep patient warm to avoid hypothermia



ALS RMC

- High-flow oxygen via NRB for burns involving the chest and for patients with evidence/suspicion of inhalation injury



If wheezing

- Consider **Albuterol** 2.5mg in 3ml NS HHN
 - MR x1



- **NS** TKO IV/IO, do not administer fluid bolus
- Pain management as soon as possible

CRITICAL INFORMATION

- Perform frequent airway assessments and consider early intubation for inhalation injury (ie: facial or chest burns, singed nares, soot/blisters in oropharynx)
- Burns with trauma mechanism need to be transported per the Marin County Trauma Triage Tool

