

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

