**PEDIATRIC BURNS**

**Indications**

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

**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

**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**

**ALS RMC**

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

**Procedure**

- 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

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

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

- **Pain management as soon as possible**