

# PEDIATRIC BURNS

ALWAYS USE STANDARD PRECAUTIONS

## INDICATION

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

## CRITICAL INFORMATION

- Measure with color-coded resuscitation tape and treat per the Pediatric Dosing Guide (P18A). Apply corresponding wrist band (do not apply over burned areas). Neonate = birth to four weeks; infant = four weeks to 1 year; child = 1-14 years; Adolescent = >14 years
- Perform frequent airway assessments for inhalation injury, i.e., facial or chest burns, singed nasal hairs, soot/blisters in oropharynx.
- Burns with trauma mechanism will be transported per the Marin County Trauma Triage Tool

## TREATMENT

- Remove patient to safe area and stop the burning process
  - Remove offending agent, involved clothing and restrictive jewelry (unless adhered to skin)
  - Brush away dry chemicals
  - Flush with copious amounts of tepid water x 10-15 minutes to stop burning process or to decontaminate
  - Keep patient warm
  - Cover injuries with clean, dry linen
- ALS RMC
  - High-flow oxygen for inhalation injuries, facial or chest burns
  - If wheezing, consider bronchodilator therapy **Albuterol** 2.5 mg HHN; MR x 1
  - IV NS at TKO; do not administer fluid bolus
- Keep patient warm to avoid hypothermia
  - Provide pain management as soon as possible

## DOCUMENTATION- ESSENTIAL ELEMENTS

- Estimated percentage of BSA affected
- Airway assessments

## RELATED POLICIES/ PROCEDURES

- Pediatric Pain Management P15
- Pediatric Shock P7
- Pediatric Dosing Guide P18A
- Destination Guidelines GPC4
- Marin County Trauma Triage Tool, 4613a
- Pediatric Respiratory Distress P3

