



PEDIATRIC BURNS

BASIC EMT

1. Remove patient from source and stop the burning process.
 - Remove clothes and jewelry.
 - Brush any dry powders from patient.
 - Irrigate chemical burns with copious amounts of normal saline or water.
 - Continuously irrigate the eyes if involved with saline.
2. Apply dry, clean dressings. May consider moist dressings for comfort if less than 10% Body Surface Area (BSA) involved.
3. Identify source, duration of exposure, and presence of enclosed space.
4. Look for other trauma (explosions).
5. Determine % of BSA involved.

ADVANCED EMT

6. IV access with two (2) large bore catheters using Normal Saline.
 - For significant burns give 20 ml/kg
7. If hypotensive give fluid additional boluses of 20 ml/kg

PARAMEDIC

8. Consider pain management.

Pain Management:

INDICATIONS

- Extremity injury (including hip and shoulder injury)
- Back or flank pain.
- Abdominal pain: give initial dose only.
- Burns

CONTACT MEDICAL CONTROL for other indications.

CONTRAINDICATIONS

CONTACT MEDICAL CONTROL prior to administration of pain medication if any of the following are observed:

- Age less than one year
- Altered Level of Consciousness, any etiology
- Respiratory compromise, hypoxemia
- Pregnancy



PEDIATRIC BURNS cont.

- Hypotension (see pediatric vitals table):

NORMAL PEDIATRIC VITALS

AGE	RESPIRATORY RATE	HEART RATE	BLOOD PRESSURE
Infant (1 to 12 mo)	30 to 60	100 to 160	greater than 60 mm Hg or strong central pulse
Toddler (1 to 3 yr)	24 to 40	90 to 150	greater than 70 mm Hg or strong central pulse
Preschooler (4 to 5 yr)	22 to 34	80 to 140	greater than 75 mm Hg
School-age (6 to 12 yr)	18 to 30	70 to 120	greater than 80 mm Hg
Adolescent (13 to 18 yr)	12 to 16	60 to 100	greater than 90 mm Hg

Fentanyl – Age 2 and Greater

- Give 1 mcg/kg IV/IO/IM/IN slowly every 5 minutes (not to exceed 100 mcg per unit dose) to a total dose of 200 mcg

9. For severe discomfort not relieved by pain management medications, consider sedation.

Sedation:

INDICATIONS

- Chemical restraint of the combative patient to ensure safety of the patient and crew when physical restraint is ineffective.
- Cardioversion.
- Transcutaneous pacing.
- Facilitation of endotracheal intubation both before and after procedure.
- Pleural decompression.
- Burns



PEDIATRIC BURNS cont.

Midazolam (Versed) 0.1 mg/kg to a maximum dose of 5 mg IV, IO, IM, or IN.

- May repeat initial dose once.
- Contraindicated with hypotension.

OR

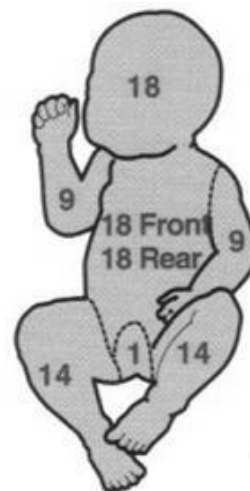
Ketamine (Ketalar) 1.0 mg/kg IV

- May repeat initial dose once
- Contact Medical Control for further orders

10. Consider early aggressive airway management.
11. Monitor for hypothermia.
12. CONTACT MEDICAL CONTROL.

The patient should be transported to the closest appropriate hospital. Please see local procedures and protocols.

**PEDIATRIC BURN
DIAGRAM
Rule of Nines**



Morphine Sulfate (to replace above opiates in cases of drug shortages)

- Give 0.1 mg/kg IV slowly maximum 4 mg every 5 minutes
- up to a total of three doses

Lorazepam (Ativan) to replace above benzodiazepine in cases of drug shortages

- 0.1 mg/kg to a maximum dose of 2 mg IV / IM, may repeat initial dose once.