Pediatric Burns

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Refer to **Pediatric Assessment and Treatment Protocol**
2. Determine burn extent & severity (rule of nines).
3. Follow local MCA transport protocol.

THERMAL BURNS:

1. Stop the burning process. Remove smoldering and non-adherent clothing.
2. Assess and treat associated trauma.
3. Remove any constricting items.
4. If partial/full burn is moderate-to-severe, more than 15% of body surface area (BSA), cover wounds with dry clean dressings.
5. Use cool, wet dressings in smaller burns, less than 15% BSA, for patient comfort.

CHEMICAL BURNS:

1. Protect personnel from contamination.
2. Remove all clothing and constricting items.
3. Decontaminate patient prior to transport, brushing off dry chemicals prior to irrigation.
4. Assess and treat for associated injuries.
5. Evaluate for systemic symptoms, which might be caused by chemical contamination.
6. Cover burned area in clean, dry dressing for transport.

ELECTRICAL INJURY:

1. Protect rescuers from live electric wires.
2. Remove patient from electrical source when safe.
3. Treat associated injuries, provide spinal immobilization when indicated.
4. Assess and treat entrance and exit wound.

PARAMEDIC

5. Monitor patient ECG for possible arrhythmias. Treat as per specific arrhythmia protocol.

FOR ALL TYPES OF BURNS:

SPECIALIST/PARAMEDIC

6. Obtain vascular access if indicated for pain management or fluid therapy.
7. If partial or full thickness burn is greater than 15% BSA
   A. Administer an IV/IO fluid bolus NS 20 ml/kg set to maximum flow rate. Reassess patient after bolus.

B. If signs of shock are present, bolus may be repeated at the same dose up to a maximum total of 40 ml/kg.

8. Follow local MCA transport protocol.

PARAMEDIC

9. Administer Analgesic Medication, if indicated. Refer to **Pain Management Procedure.**

Post-Medical Control

Thermal Burns and Electrical Injury:

1. Additional IV/IO fluid bolus.

Thermal inhalation, chemical burns:

1. Intubation per **Emergency Airway Procedure**.

Follow **Pediatric Assessment & Treatment Protocol**

Determine burn extent & severity (rule of nines). Follow local MCA transport protocol.

THERMAL BURNS

- Stop the burning process
- Remove smoldering & non-adherent clothing. Assess & treat associated trauma
- Remove any constricting items
- If partial/full burn is moderate-to-severe, more than 15% of body surface area (BSA), cover wounds with dry clean dressings
- Use cool, wet dressing in smaller burns, less than 15% BSA, for patient comfort

CHEMICAL BURNS

- Protect personnel from contamination
- Remove all clothing & constricting items
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ELECTRICAL INJURY

- Protect rescuers from live electric wires
- Remove patient from electrical source when safe
- Treat associated injuries, provide spinal immobilization when indicated
- Assess and treat entrance and exit wound

Monitor patient ECG for possible arrhythmias. Treat as per specific arrhythmia protocol

FOR ALL TYPES OF BURNS:
Obtain vascular access if indicated for pain management or fluid therapy

If partial or full thickness burn is greater than 15% BSA:

- Administer an IV/IO fluid bolus NS 20 ml/kg set to maximum flow rate. Reassess patient after bolus.
- If signs of shock are present, bolus may be repeated at the same dose up to a maximum total of 40 ml/kg.
- Follow local MCA transport protocol

Administer Analgesic Medication, if indicated. Refer to **Pain Management Procedure**.

CONTACT MEDICAL CONTROL

Thermal burns & electrical injury:
Additional IV/IO fluid bolus
Thermal inhalation, chemical burns:
Intubation per **Emergency Airway Procedure**