

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

PEDIATRIC BURNS

FIRST RESPONDER

I. Management

- A. DO NOT PUT YOURSELF IN DANGER
- B. Stop the burning process.¹
- C. Evaluate and maintain the airway, provide oxygenation and support ventilation as needed.
- D. IPS²
- E. Assess percentage of burns using rule of 9's.³
- F. Assess circulation and perfusion by measuring heart rate and observing skin color and temperature, capillary refill time, and the quality of central and peripheral pulses. Blood pressure should be measured in children older than three.
- G. Calculate patients weight in kilograms(2.2#=1kg).
- H. Chemical Burns(unless the patient's condition warrants immediate transport).
 1. Decontaminate patient using running water for 15min. prior to transport.
 2. Check eyes for exposure and rinse with free-flowing water for 15min.
 3. Cover burn with dry sterile dressing.
 4. Keep patient as warm as possible after decontamination.
- I. Thermal Burns
 1. If partial/full burn is moderate-to-severe (more than 10% or 10 palm-sizes), wrap burned area in clean, dry dressings for transport.
 2. Use cool, wet dressings in smaller burns (less than 10%) for patient comfort.
- J. Electrical Burns
 1. Assess and treat entrance and exit wounds.

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

- K. Arrange for ALS intercept if not already accomplished by MedCom.

BASIC LIFE SUPPORT

- L. Initiate transport toward ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

- M. Consider Intubation⁴

N. **IV/IO NORMAL SALINE**

1. Large catheters of 16-18ga preferred.
2. If patient is hypotensive or BSA is > 10% 2 and 3rd degree burns, administer a NS Fluid bolus at 20cc/kg and reassess the patient.

- O. Monitor EKG.

CONTACT MEDICAL CONTROL

- P. Two additional fluid boluses at 20cc/kg may be given. Return to maintain IV/IO rate @ 50cc/hr after maximum of 3 fluid challenges.
- Q. Consider 0.1mg/kg MORPHINE SULFATE IVP for control of severe pain if burn area >10% body surface area.

¹ Stop the burning the process=

- a. Remove smoldering and nonadherent clothing.
- b. Remove constricting items.
- c. Remove all clothing and any solid chemical which might provide continuing contamination.
- d. Remove patient from electrical source, when safe.

² Assess and treat any associated trauma. Provide spinal immobilization when indicated.

³ Rules of Nine's Chart-See appendix

⁴ If strong signs of airway burns, intubate early. Consider the use of ½ to one size smaller ET tube if tracheal edema makes intubation difficult.

MDCIS/EMSCC Approved on: 10SEP03
MCB/MCA Approved on: 16MAY03
Supersedes Version Dated: AUG98
Effective Date: 01NOV03

Medical Director

EMS Manager