	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9004.16
	PROGRAM DOCUMENT: **Pediatric** **Burns**	Draft Date:	04/25/95
		Effective:	05/01/18
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		Review:	09/01/19

EMS Medical Director

EMS Administrator

Purpose:

A. To serve as treatment standard for EMT's and Paramedics in treating pediatric patients burned by caustic material, electricity or heat.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Protocol:

BLS TREATMENT

Remove patient from source of the burn**.**
Remove burning or smoldering clothing.
Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
Airway adjuncts as needed**.**
Inhalation injury is of prime importance, assess for**:**

a. Burns around face, neck and chest.
b. Singed nasal hairs.
c. Soot around nose and mouth.
d. Chemicals in air as a result of the fire.

Caustic and Chemical Burns:
Remove source of burn. Remove all clothing. Flush with copious amounts of water. Do not scrub. Wear protective clothing and gloves. (Sterile water or normal saline if available is preferable for small burns, but any available source of tap water may be used for an extensive burn.)
Sterile dressings to burned areas: burns may be covered with dry sterile dressings.
TRANSPORT.

Any patient with the following shall be transported to UCDMC Burn Center:

a. Partial thickness >9% of body surface.
b. Any electrical or any chemical burn.
c. Evidence of possible Inhalation Injury.
d. Any burn to the face, hands, feet, genitalia, perineum or major joints.

Check for associated injuries.
Treat shock, if present.

Do not apply ice or creams to the burned area.
Fire in enclosed space suggests smoke inhalation or carbon monoxide poisoning.

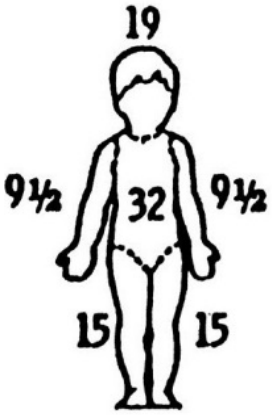
ALS TREATMENT

Initiate large bore Intravenous (IV) ACCESS in patients with major burns (> 9%) with saline lock. For BSA>50% or hypotension, connect Normal Saline (NS) and administer 20ml/kg NS fluid bolus. Priority of IV access is as follows:

a. Unburned upper extremity or external jugular.
b. Unburned lower extremity.
c. Burned upper extremity.
d. Burned lower extremity
e. Intraosseous (IO) if hypotensive.

Cardiac Monitoring and SpO2.
If partial or full thickness burn with severe pain and without evidence of or mechanism of internal head, chest or abdominal injury:
Consider administration of opiate pain medication per Pediatric Pain Management policy, PD# 9018.

Child Body Part:	% of Total Body Surface:
Palms or Hands	1%
Arm (shoulder to fingertip)	9%
Head and Neck	18%
Anterior Trunk	18%
Posterior Trunk	18%
Leg (groin to toe)	14%



Cross Reference: Pediatric Pain Management: PD# 9018
Pediatric Airway Management: PD#