	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9004.18
	PROGRAM DOCUMENT: Pediatric Burns	Initial Date:	04/25/95
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To establish a treatment standard for 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:

- A. The ability to maintain temperature in prehospital settings is a significant problem with a dose dependent increase in mortality for temperatures below 37°C or 98.6°F. Simple interventions to prevent hypothermia can reduce mortality. During transport warm and maintain normal temperature, being careful to avoid hyperthermia.

BLS
<p>I. ABC's/Routine Medical Care:</p> <ul style="list-style-type: none"> a. Stop the burning process. Remove patient from source of the burn. Remove burning or smoldering clothing and remove jewelry. Administer supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Be prepared to support ventilation with appropriate airway adjuncts. Check for associated injuries and apply dry sterile dressings to burned areas. <p>II. Inhalation Injury: Assess for:</p> <ul style="list-style-type: none"> a. Burns around face and neck. b. Singed nasal hairs. c. Soot around nose and mouth. d. Chemical inhalation. <p>III. Caustic and Chemical Burns: Wear protective clothing and gloves and consider the presence of hazardous materials. Remove source of burn. Remove all clothing. Wash with copious amounts of water. Do not scrub.</p> <p>IV. Electrical Burns: Electrical burns are potentially severe injuries not apparently visible from the surface wound that require further treatment in the hospital. Check for, and dress all entrance and exit wounds.</p> <p>V. Transport: Any patient with the following shall be transported to UCDCM Burn Center:</p> <ul style="list-style-type: none"> a. Partial thickness > 9% of body surface. b. Any electrical or any chemical burn. c. Evidence of possible inhalation injury. d. Any burn to face, hands, feet, genitalia, perineum or major joints. <p>VI. Transport.</p>

NOTE: 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

- I. Initiate vascular access in patients with major burns (> 9%). For BSA > 9% or hypotension. Administer 20ml/kg NS fluid bolus.
 - When possible the preferred vascular access site is an unburned area.
- II. Albuterol (if wheezes present)
 - 5 mg via HHN, mask or BVM.
- III. Cardiac monitor with SpO₂.
- IV. If partial thickness burn with severe pain and without evidence of or mechanism of internal head, chest or abdominal injury:
 - Consider administration of pain medication as per PD# 9018-Pediatric Pain Management.

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

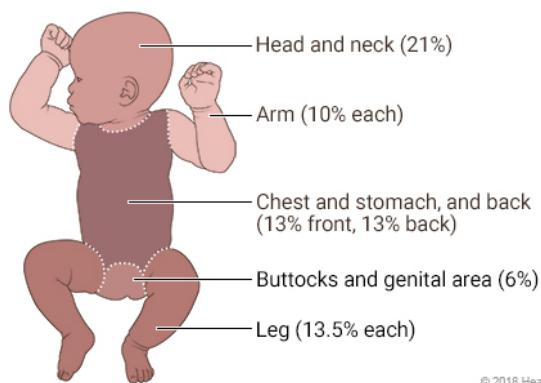
- Partial thickness >9% of body surface.
- Any electrical or any chemical burn.
- Evidence of possible Inhalation Injury.
- Any burn to the face, hands, feet, genitalia, perineum or major joints.
- Cardiac arrest shall go to the closest E.D.

Estimating Burn Size (either method can be used):

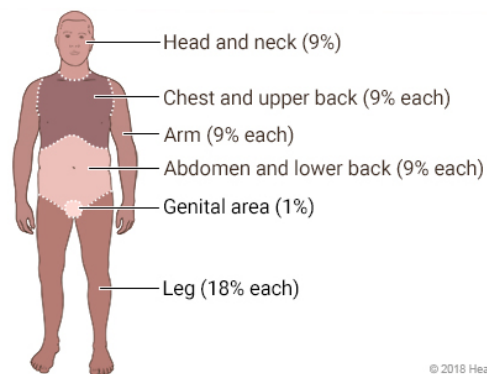
Rule of Palm: The palm of the person who is burned (not fingers or wrist area) is about 1% of the body. Use the person's palm to measure the body surface area burned.

Rule of Nines:

Infant



Adult



Cross Reference: PD# 9018 - Pediatric Pain Management
PD# 8837 - Pediatric Airway Management