9.02 PEDIATRIC BURN

BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness. Position of comfort or **Spinal Motion Restriction** as indicated, NPO, **Oxygen** as indicated, **Calculate Body Surface Area** (See images below)

Thermal Burns	Chemical Burns	Tar Burns	Electrical Burns
Apply cool water (not ice) to affected area(s), cover with dry sterile dressing. Remove non-adhered clothing and jewelry. Leave blisters intact.	See **Protocol 3.04 Hazardous Materials**. Once decontaminated Do not apply water to affected areas.	Apply cool to tepid water (not ice). Do not attempt to remove tar or apply solvents.	DISCONNECT ELECTRICAL SOURCE BEFORE TOUCHING PATIENT. Apply dry dressing to affected area.

ALS

Advanced airway as indicated. Follow current **Destination Policy 5000**.

Normal Saline
IV/IO of Normal Saline TKO.

Pediatric hypovolemic shock: IV/IO bolus of 20 mL/Kg.
Repeat up to 60 mL/Kg if indicated.

Neonatal hypovolemic shock: 10 mL/Kg.
Repeat up to 30 mL/Kg.

Manage pain. Manage N/V.

Pain?

Pain score 1-6

Ibuprofen
Less than 6 months: DON'T USE

More than 6 months:
10 mg/kg PO up to 400 mg total dose

Report any incident of suspected abuse to emergency department staff, mandatory report to SF CPS (800) 856-5533

Make Base Hospital Contact
If maximum dose of fentanyl is reached and additional pain management required

Pain score 6-10

Fentanyl
1 mcg/kg/dose IV/IO up to 50mcg *slow* IV push (over 1 minute).
May be repeated every 10 minutes. Subsequent dose maximum 25mcg. Maximum dose of 100 mcg total.

--or--

2 mcg/kg/dose IN or IM (IN preferred) up to 50 mcg.
May be repeated every 10 minutes. Subsequent dose maximum 25mcg. Maximum dose of 100 mcg total.

Nausea/Vomiting?

Ondansetron
Less than 6 months: DON'T USE

6 months – 12 years old or <40kg: 0.1mg/kg slow IVP/IO.

May repeat in 20min. Maximum dose 4mg.

Greater than 12 years or >40kg: 4mg slow IVP/IO/IM/PO.

May repeat in 20min. Maximum dose 12mg.

Effective: 04/01/24
Supersedes: 03/01/15

9.02 PEDIATRIC BURN

BLS Treatment
• Assess vital signs • Assess circulation, airway, breathing, and responsiveness. • Position of comfort or **Spinal Motion Restriction** as indicated. • NPO • **Oxygen** as indicated. • Calculating Body Surface Area **Thermal:** • Apply cool water (not ice) to affected area(s), cover with dry sterile dressing. Remove non-adhered clothing and jewelry. Leave blisters intact. **Chemical:** • Treat according to **Protocol 3.04 Hazardous Materials**. Do not apply water to affected areas. **Tar Burns** • Apply cool to tepid water (not ice). Do not attempt to remove tar or apply solvents. **Electrical:** • Disconnect electrical source before touching patient. • Apply dry dressing on affected area.
ALS Treatment

• Advanced airway as indicated. Manage pain. Manage N/V.
• Follow current **Destination Policy 5000**.
 	
Normal Saline:
  • Pediatric hypovolemic shock: IV/IO bolus 20ml/kg. Repeat up to 60ml/kg if indicated.
  • Neonatal hypovolemic shock: 10ml/kg. Repeat up to 30ml/kg.
 	
Pain:
Pain 1-6:
  • **Ibuprofen**
  ○ Less than 6 months: DON'T USE
  ○ More than 6 months: 10mg/kg PO up to 400 mg total dose
Pain 6-10:
 	
  • **Fentanyl**
  ○ 1mcg/kg dose IV/IO up to 50 mcg slow IV push (over 1 minute). May repeat every 10 minutes. Subsequent dose 25mcg. Maximum dose 100mcg total.

- 2mcg/kg dose IN or IM (IN preferred) up to 50mcg. May repeat every 10 minutes. Subsequent dose maximum 25mcg. Maximum dose of 100mcg total.

For nausea / vomiting:

- **Ondansetron**
  - Less than 6 months: DON'T USE
  - 6 months – 12 years old or <40kg: 0.1mg/kg slow IVP/IO. May repeat in 20 min. Maximum dose 4mg.
  - Greater than 12 years or >40kg: 4mg slow IVP/IO. May repeat in 20 min. Maximum dose 12mg.

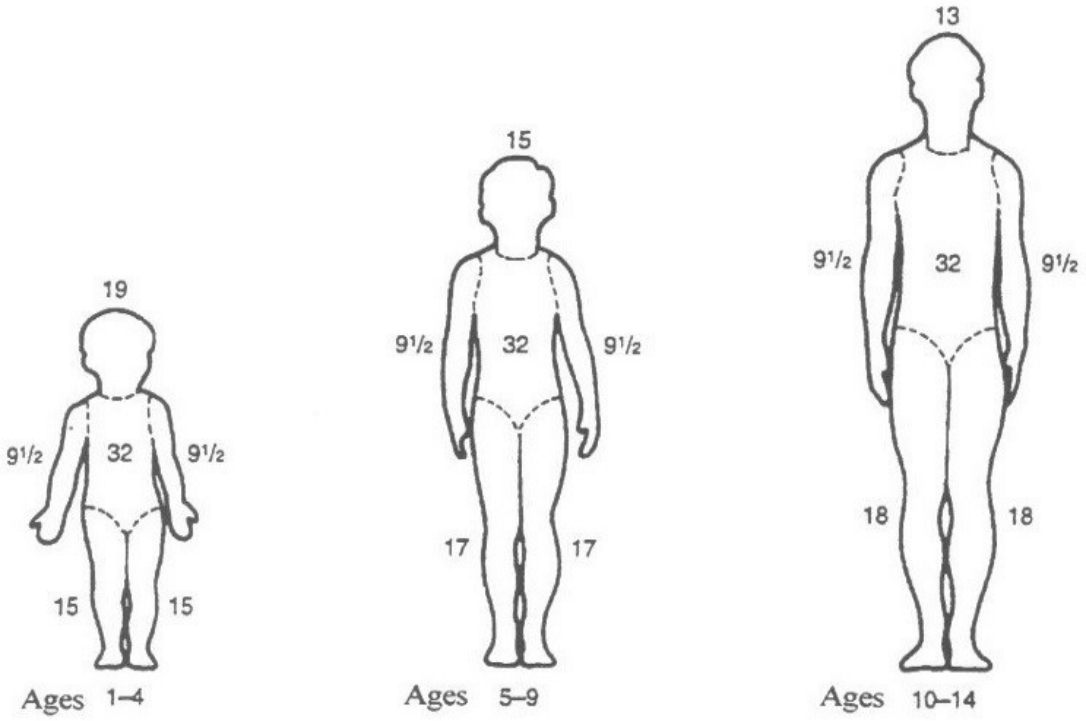
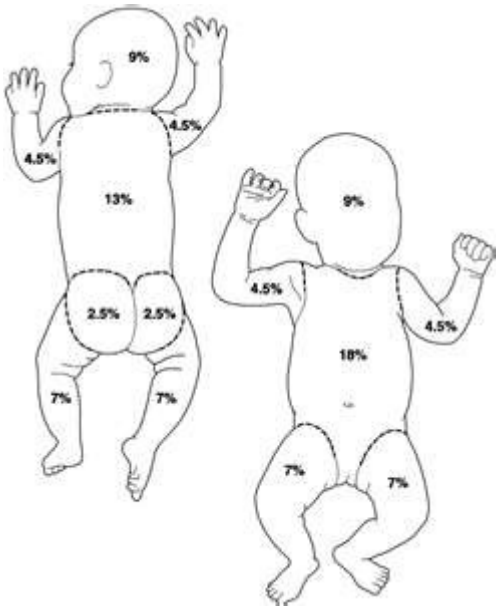
Base Hospital Contact Criteria

- If maximum dose of **Fentanyl** is reached and additional pain management is required.

9.02 PEDIATRIC BURN

CALCULATING BODY SURFACE AREA

PEDIATRICS:



INFANTS: