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|  | COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY | Document # | 9004.19 |
| | 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 |
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| <ol style="list-style-type: none"> 1. ABC's/Routine Medical Care: <ol 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. 2. Inhalation Injury: Assess for: <ol style="list-style-type: none"> a. Burns around face and neck. b. Singed nasal hairs. c. Soot around nose and mouth. d. Chemical inhalation. 3. 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. 4. 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. 5. Transport: Any patient with the following shall be transported to UCDCM Burn Center: <ol 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. 6. Transport. |

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

1. 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.
2. Albuterol (if wheezes present)
 - 5 mg via HHN, mask or BVM.
3. Cardiac monitor with SpO₂.
4. 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:

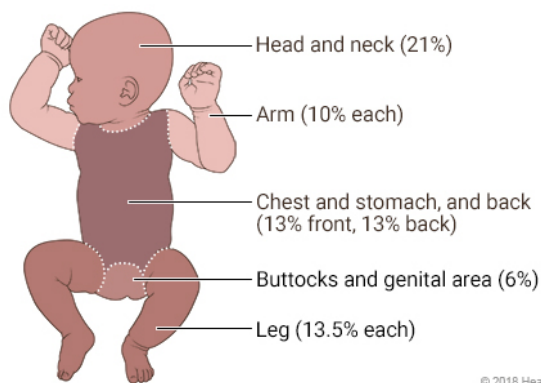
- Partial thickness >9% of body surface.
- Any electrical or any chemical burn.
- Evidence of possible Inhalation Injury.
- Any burn to the face, hands, feet, genitalia, perineum or major joints.
- Cardiac arrest shall go to the closest E.D.

Estimating Burn Size (either method can be used):

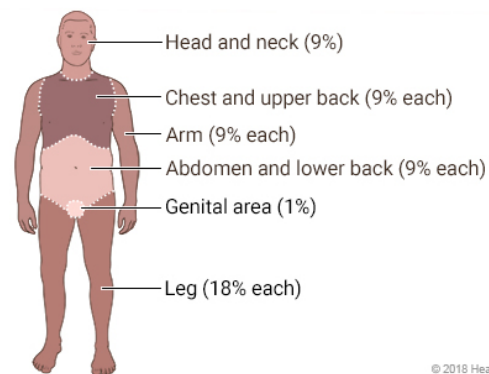
Rule of Palm: The palm of the person who is burned (not fingers or wrist area) is about 1% of the body. Use the person's palm to measure the body surface area burned.

Rule of Nines:

Infant



Adult



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