

PEDIATRIC EMERGENCIES P-11 - PEDIATRIC BURNS

FIELD TREATMENT/PRIORITIES

- Field Primary Survey [1];
- Stop burning process. Remove jewelry and clothing;
- If chemical is dry, brush off; then flush with copious water. If liquid, flush with copious water [3];
- If eye involvement, flush continuously with normal saline during transport;
- Apply clean, dry wound dressings and/or sheet to involved areas [2];
- **Early notification of RECEIVING HOSPITAL.**

- OXYGEN 100%; Advanced airway PRN [4];
- Consider cardiac monitor;
- Consider vascular access - IV or IO (**For IO insertion, refer to Policy 6603**);
- Consider NS Fluid bolus 10 ml/kg IV/IO for burns greater than 20% BSA;
- Pain treatment [5].

SPECIAL CONSIDERATIONS

[1] Apply 100% oxygen by non-rebreather mask for potential inhalation injury.

[2] Prevent hypothermia. Use only dry sterile dressings for BSA > 20%.

[3] Contact with appropriate advisory agency may be necessary for hazardous materials prior to decontamination or patient contact.

[4] Use pulse oximeter if available.

[5] **MORPHINE** (0.1mg/kg or 0.05mg/kg < 6 months of age) IV/IO may be indicated, if volume status and perfusion are adequate.

OR

[5] **FENTANYL** 1mcg/kg SLOW IV/IO over 1 – 2 minutes; q 5 minutes to max dose of 2mcg/kg

Disrupted Communications

In the event of a "disrupted communications" situation, the EMT-P in Solano County may utilize all portions of this treatment protocol without Base Hospital Contact as is needed to stabilize an immediate patient.