BURNS - PEDIATRIC (Less than 15 years of age)

Any burn patient requires effective communication and rapid transportation to the closest receiving hospital.

In Inyo and Mono Counties, the assigned base hospital should be contacted for determination of appropriate destination.

I. FIELD ASSESSMENT/TREATMENT INDICATORS

Refer to ICEMA Reference #9030 - Destination policy.

II. BLS INTERVENTIONS

- Break contact with causative agent (stop the burning process).
- Remove clothing and jewelry quickly, if indicated.
- Keep patient warm.
- Estimate percentage of total body surface area (TBSA) burned and depth using the "Rule of Nines". An individual's palm represents 1% of TBSA and can be used to estimate scattered, irregular burns.
- Transport to ALS intercept or to the closest receiving hospital.

A. Manage Special Considerations

- **Thermal Burns**: Stop the burning process. Do not break blisters. Cover the affected body surface with dry, sterile dressing or sheet.
- **Chemical Burns**: Brush off dry powder, if present. Remove any contaminated or wet clothing. Irrigate with copious amounts of saline or water.
- **Tar Burns**: Cool with water, do not remove tar.
- **Electrical Burns**: Remove from electrical source (without endangering self) with a nonconductive material. Cover the affected body surface with dry, sterile dressing or sheet.
- **Eye Involvement**: Continuous flushing with NS during transport. Allow patient to remove contact lenses if possible.
- **Determination of Death on Scene**: Refer to ICEMA Reference #10010 - Determination of Death on Scene.

III. LIMITED ALS (LALS) INTERVENTIONS

- Perform activities identified in the BLS Interventions.
- Airway Stabilization (as indicated). Burn patients with respiratory compromise or potential for such, will be transported to the closest receiving hospital for airway stabilization.

- IV/IO Access (warm IV fluids when available).
  - *Unstable:* Vital signs (age appropriate) and/or signs of inadequate tissue perfusion consider starting a second IV or saline lock. Administer 20 ml/kg NS bolus IV/IO, may repeat one (1) time.
  - *Stable*: Vital signs (age appropriate) and/or signs of adequate tissue perfusion.
  - Less than 5 years of age: IV NS 150 ml per hour
  - More than 5 years of age - Less than 15 years of age: IV NS 250 ml per hour
- Transport to appropriate facility:
  - Critical trauma patients with associated burns or burn patients sustaining critical trauma, should be transported to the closest Trauma Center. Trauma base hospital contacted shall be made.
- Refer to Section V - Burn Classifications below.

A. <u>Manage Special Considerations</u>

- **Respiratory Distress**:
  - Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.
  - Administer humidified oxygen, if available.
- **Deteriorating Vital Signs**: Transport to the closest receiving hospital. Contact base hospital.
- **Pulseness and Apneic**: Transport to the closest receiving hospital and treat according to ICEMA protocols. Contact base hospital.
- **Determination of Death on Scene**: Refer to ICEMA Reference #10010 - Determination of Death on Scene.
- **Precautions and Comments**:
  - Contact with appropriate advisory agency may be necessary for hazardous materials, before decontamination or patient contact.
  - Do not apply ice or ice water directly to skin surfaces as additional injury will result.
  - Do not apply cool dressings or allow environmental exposure, since hypothermia will result in a young child.

IV. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.
- Establish advanced airway as clinically indicated per ICEMA Reference #11020 - Procedure - Standard Orders for patients who are taller than the maximum length of a

pediatric emergency measuring tape (Broselow, etc.) or equivalent measuring from the top of the head to the heel of the foot.

- ➢ Airway Stabilization: Burn patients with respiratory compromise or potential for such, will be transported to the closest receiving hospital for airway stabilization.

- Insert nasogastric/orogastric tube as indicated.
- Monitor ECG.
- Treat pain as indicated.
  - ➢ Administer an appropriate analgesic per ICEMA Reference #14100 - Pain Management. Document vital signs and pain scales every five (5) minutes until arrival at destination.
  - ➢ Document vital signs every five (5) minutes while medicating for pain and reassess the patient.
- Transport to appropriate facility.
  - ➢ Critical trauma patients with associated burns or burn patients sustaining critical trauma, should be transported to the closest Trauma Center. Trauma base hospital contacted shall be made.
- Refer to Section V - Burn Classifications below.

A. <u>Manage Special Considerations</u>

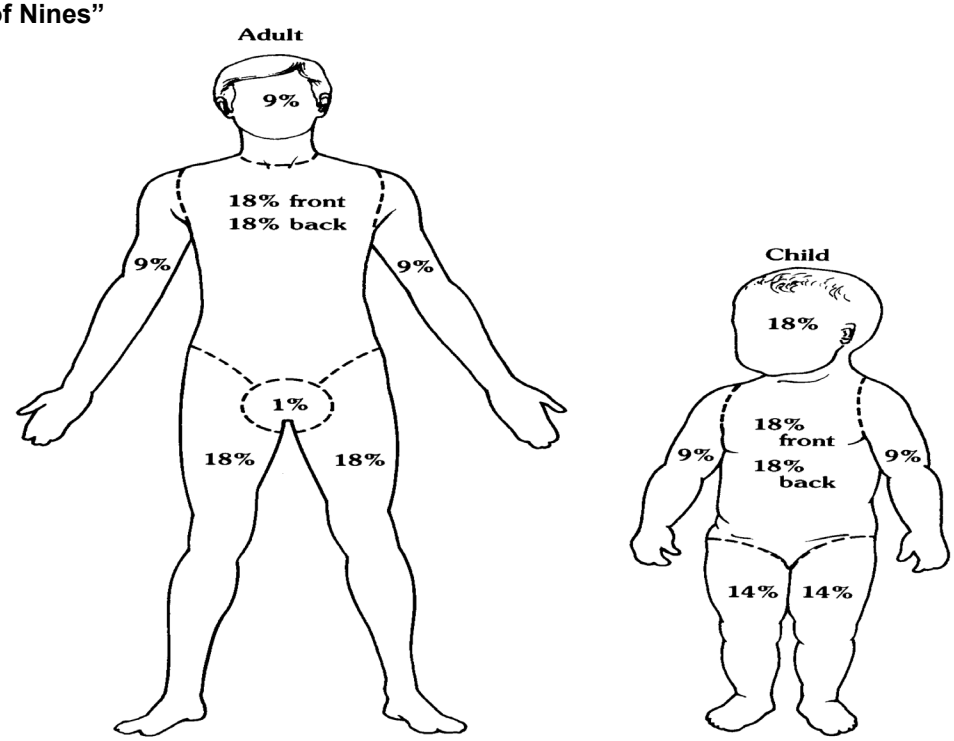
- **Respiratory Distress**: Establish advanced airway if facial/oral swelling are present or if respiratory depression or distress develops due to inhalation injury per ICEMA Reference #11020 - Procedure - Standard Orders for patients who are taller than the maximum length of a pediatric emergency measuring tape (Broselow, etc.) or equivalent measuring from the top of the head to the heal of the foot.
  - ➢ Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.
  - ➢ Administer humidified oxygen, if available.
- **Deteriorating Vital Signs**: Transport to the closest receiving hospital. Contact base hospital.
- **Pulseness and Apneic**: Transport to the closest receiving hospital and treat according to ICEMA protocols. Contact base hospital.
- **Determination of Death on Scene**: Refer to ICEMA Reference #10010 - Determination of Death on Scene.
- **Precautions and Comments**:
  - ➢ Contact with appropriate advisory agency may be necessary for hazardous materials, before decontamination or patient contact.

- Do not apply ice or ice water directly to skin surfaces as additional injury will result.
- Do not apply cool dressings or allow environmental exposure, since hypothermia will result in a young child.

V. BURN CLASSIFICATIONS

PEDIATRIC BURN CLASSIFICATION CHART	DESTINATION
MINOR - PEDIATRIC • Less than 5% TBSA • Less than 2% Full Thickness	**CLOSEST MOST APPROPRIATE RECEIVING HOSPITAL**
MODERATE - PEDIATRIC • 5 - 10% TBSA • 2 - 5% Full Thickness • High Voltage Injury • Suspected Inhalation Injury • Circumferential Burn • Medical problem predisposing to infection (e.g., diabetes mellitus, sickle cell disease)	**CLOSEST MOST APPROPRIATE RECEIVING HOSPITAL**
MAJOR - PEDIATRIC • More than 10% TBSA • More than 5% Full Thickness • High Voltage Burn • Known Inhalation Injury • Any significant burn to face, eyes, ears, genitalia, or joints	**CLOSEST MOST APPROPRIATE BURN CENTER** In San Bernardino County, contact: Arrowhead Regional Medical Center (ARMC)

"Rule of Nines"



VI. REFERENCES

Number	Name
9030	Destination
14250	Determination of Death on Scene
11010	Medication - Standard Orders
11020	Procedure - Standard Orders