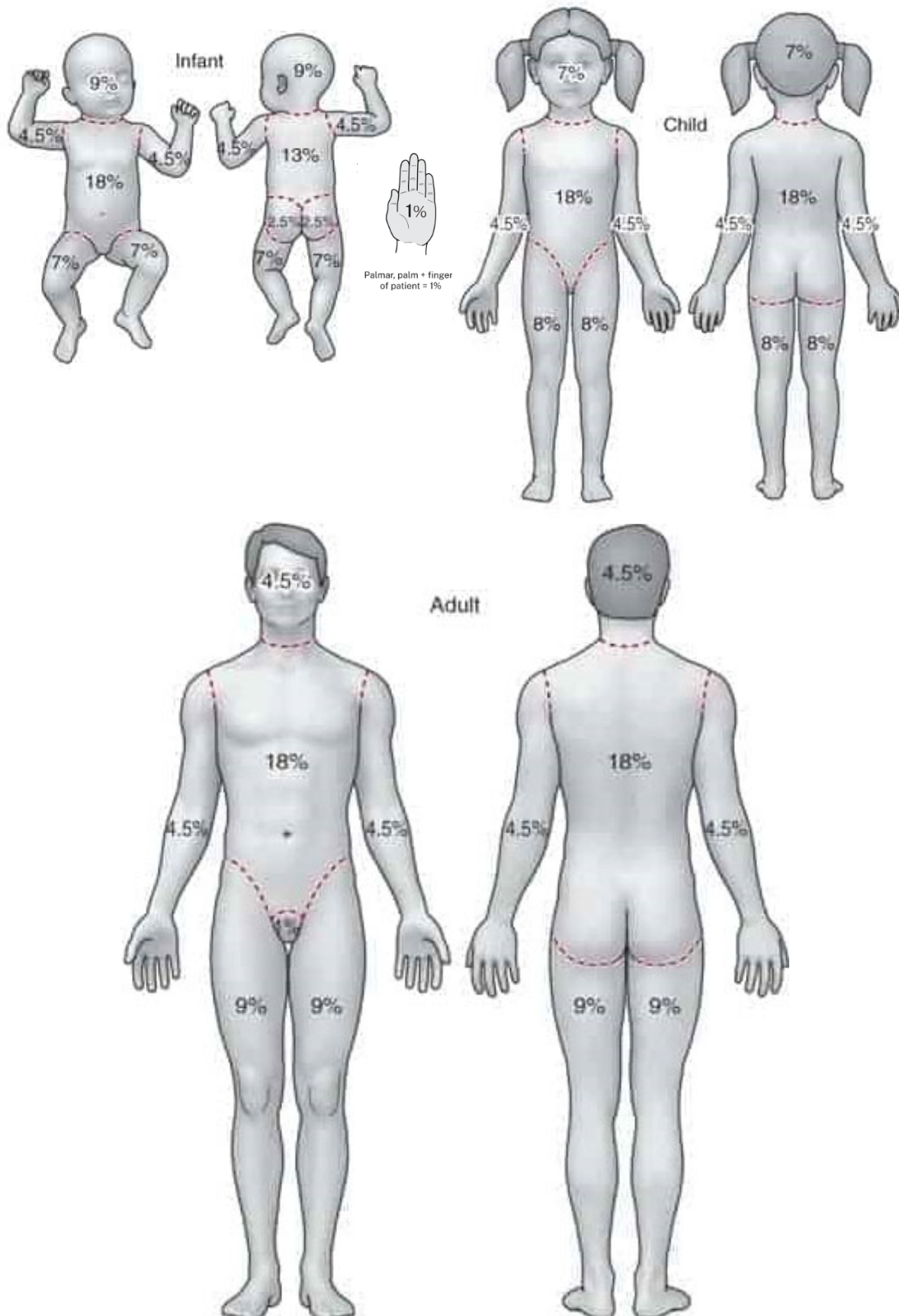


BODY SURFACE BURN PERCENTAGE CALCULATION

Body Location	Infant 28 days - 1 year	Children 1 year - puberty	Adults & Adolescents
Full head & neck	18%	14%	9%
Upper back	9%	9%	9%
Lower back	9%	9%	9%
Anterior chest	9%	9%	9%
Anterior abdomen	9%	9%	9%
Full upper extremity	9%	9%	9%
Full lower extremity	13.50%	16%	18%
Genitalia	1%		1%
patient's palm = 1% BSA			



CYANOKIT

INDICATIONS: Adult with cyanide exposure (inhalation, ingestion, dermal) with symptoms of:

CNS: Headache, Dilated pupils, AMS, Confusion, Sensorium change, Seizures

Resp: Dyspnea, Tachypnea/early, Bradypnea/late

CV: Chest tightness, Hypertension/early, Hypotension/late, Shock

GI: Nausea, Vomiting

1. Adult Routine Medical Care. **NOTE:** pulse oximetry may be inaccurate.
2. Cyanokit is not compatible with many other medications; 2 IV lines required. Do not administer other drugs in the same intravenous line as Cyanokit.
3. Decontamination should be concurrent with initial resuscitation.
4. Cyanokit contains 1 vial of HYDROXOCOBALAMIN 5 gm, place in upright position.
5. Reconstitute: Using transfer spike add 200 mL of NORMAL SALINE to vial.
6. Mix: Invert or rock vials for at least 60 seconds to mix contents, do not shake.
7. Administer vial IV over 15 minutes, approximately 15 mL per minute.
8. Do not delay transport.
9. Notify ED as early as possible.

FUNCTIONAL NEEDS CARE OF PATIENTS WITH FUNCTIONAL NEEDS

Patients with special health care (functional) needs may require reasonable modification to policies, practices, and procedures. Patients may be dependent on durable medical equipment, supplies, and assistance services. They may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently; others that may benefit include women in late stages of pregnancy, geriatric patients, and those needing bariatric equipment. Communicate with caregiver/parent for information, and to assist with care. Confirm patient's baseline assessment with the caregiver.

Tracheostomy:

- Evaluate for displacement, obstruction, pulmonary problem, equipment issue.
- May ventilate/oxygenate via a BVM with a tracheostomy adapter or mask over stoma.
- If unable to ventilate, cover opening and ventilate with BVM over nose and mouth.
- Suction as needed.

Stoma:

Consider infant/child mask over stoma for ventilation; seal mouth and nose if air escaping.

Left Ventricular Assist Device (LVAD): Battery operated, mechanical pump surgically implanted next to the heart. Tube pulls blood from LV into pump to send blood directly into aorta.

- Patient Assessment
 - Evaluate perfusion based on mental status, skin condition, EtCO₂
 - May (or may not) have peripheral pulse/BP
 - ECG waveform may have artifact and or be flat
 - SpO₂ may be unreliable
 - Usually taking anticoagulant medication
- Patient Treatment
 - Treat altered mental status, respiratory distress, and hypoperfusion per SOP.
 - If unconscious and non-breathing, CHEST COMPRESSIONS are ALLOWED
 - May be defibrillated without disconnecting pump; do not defibrillate over pump.
 - Defibrillate at nipple line or above. Anterior-posterior pad placement preferred
 - Often have pacemaker and/or Implantable Cardioverter Defibrillator (ICDs)
 - LVAD Coordinator may be contacted for further information
- Equipment
 - NEVER remove both sources of power/batteries at same time.
 - Avoid water submersion or contact with strong magnets or magnetic fields
 - Transport specialized equipment, extra battery pack, charger and cords with patient

Other technology-assisted special needs:

If possible, transport specialized equipment, emergency information, and medications to emergency department with patient.