

PEDIATRIC BURNS

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> Type of exposure Need for decontamination Percent surface area Inhalation injury PMH Other trauma 	<ul style="list-style-type: none"> Pain, swelling Hypotension Hoarseness, wheezing Singed facial, nasal hair Airway compromise, distress Carbonaceous sputum 	<ul style="list-style-type: none"> Chemical Thermal Radiation Electrical

	EMR	EMT	PM
1. Provide Pediatric Routine Trauma Care - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
2. Obtain ECG, monitor Capnography.		•	•
3. Consider Pediatric Airway Management	•	•	•
4. For Pain Management : FENTANYL : 1 mcg/kg IVP/IN/IO/IM, max single dose 100 mcg, repeat every 10 min., max total dose 200 mcg			•
5. Estimate total burn surface area using Rule of 9's	•	•	•
6. NORMAL SALINE for thermal/electrical burns, titrate to MAP \geq 65 \leq 5 YO: 125 mL/hr 6-13 YO: 250 mL/hr \geq 14 YO: 500 mL/hr			•

THERMAL:

Superficial (1st degree)			
7. Cool burned area with water or NORMAL SALINE	•	•	•
8. If < 20% total burn surface area, apply sterile NORMAL SALINE soaked dressings	•	•	•
Partial (2nd) or Full (3rd) Thickness			
7. Apply dry sterile dressing	•	•	•

ELECTRICAL or LIGHTNING:

7. Treat dysrhythmias per protocol			•
8. Identify and document entry/exit wounds	•	•	•
9. Assess neurovascular status (PMS) of affected area	•	•	•
10. Immobilize affected area	•	•	•
11. Apply dry sterile dressing	•	•	•

CHEMICAL:

7. Refer to department HazMat protocol for decontamination	•	•	•
8. If powder: remove affected clothing, brush away excess	•	•	•
9. Flush burn area with sterile water or NORMAL SALINE	•	•	•
10. If eye involvement: Assist patient in removing contact lens Flush burned eye with sterile water or NORMAL SALINE continuously	•	•	•

PEARLS:

1. Onset of stridor and change in voice are impending signs of potentially significant airway burns, which may rapidly lead to airway obstruction or respiratory failure.
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Use Calculator for dosing