



PEDIATRIC BURNS

Effective: January 1, 2025
Replaces: January 1, 2024

1. Patient Care Goals

- 1.1. Minimize tissue damage and patient morbidity from burns
- 1.2. Determine extent and severity of burns and transport directly to Burn Center if appropriate (**Policy 605**)
- 1.3. Improve patient comfort by providing appropriate treatment for pain
- 1.4. Recognize and treat for hypotension and shock
- 1.5. Maintain normothermia

2. BLS Treatment

- 2.1. Routine Medical Care – Pediatric (**700-S05**)
 - 2.1.1. **Oxygen** – titrate as appropriate
 - 2.1.2. High flow supplemental **Oxygen** for all burn patients rescued from an enclosed space/suspected inhalation injuries
- 2.2. If patient has an unsecured airway, transport to the closest hospital (**Policy 602**)
- 2.3. Stop the burning process with water (Do not use ice packs)
- 2.4. Expose and examine the patient for all burned areas
 - 2.4.1. Do not remove clothing, jewelry or tarlike substances **if** stuck to the patient's body
- 2.5. Estimate the severity of the burns using the pediatric ABA classification or "rule of 9's" or Palmar Method (Rule of 1's)
 - 2.5.1. Superficial, first-degree burns should not be counted toward total body surface area (TBSA) calculation
- 2.6. Protect against hypothermia
 - 2.6.1. Dry sterile dressings or burn dressings for any burns 10% or greater total body surface area (TBSA)
 - 2.6.2. Moist dressings are permitted for small burns 10% or less TBSA
 - 2.6.3. Maintain patient body temperature with sheets, blankets and/or ambient temperature to prevent hypothermia
- 2.7. If patient meets burn center criteria, transport to the burn center (**Policy 605**)
- 2.8. Assess for associated trauma and treat accordingly (**700-P16**)

3. ALS Treatment

- 3.1. **Vascular Access (IV) or Vascular Access (IO)**, per procedure (**700-M13**)
 - 3.1.1. Consider **20ml/kg Fluid bolus**, may repeat to a max of 500ml
- 3.2. Manage pain according to Routine Patient Care – Pediatric (**700-S05**)

4. Special Considerations

- 4.1. Liquid chemical burns:
 - 4.1.1. Flush immediately with copious amounts of water for 20 minutes
- 4.2. Dry chemical burns:
 - 4.2.1. Brush powder off skin, then flush with copious amounts of water or saline, try to identify the chemical if safe

5. Pertinent Assessment Findings



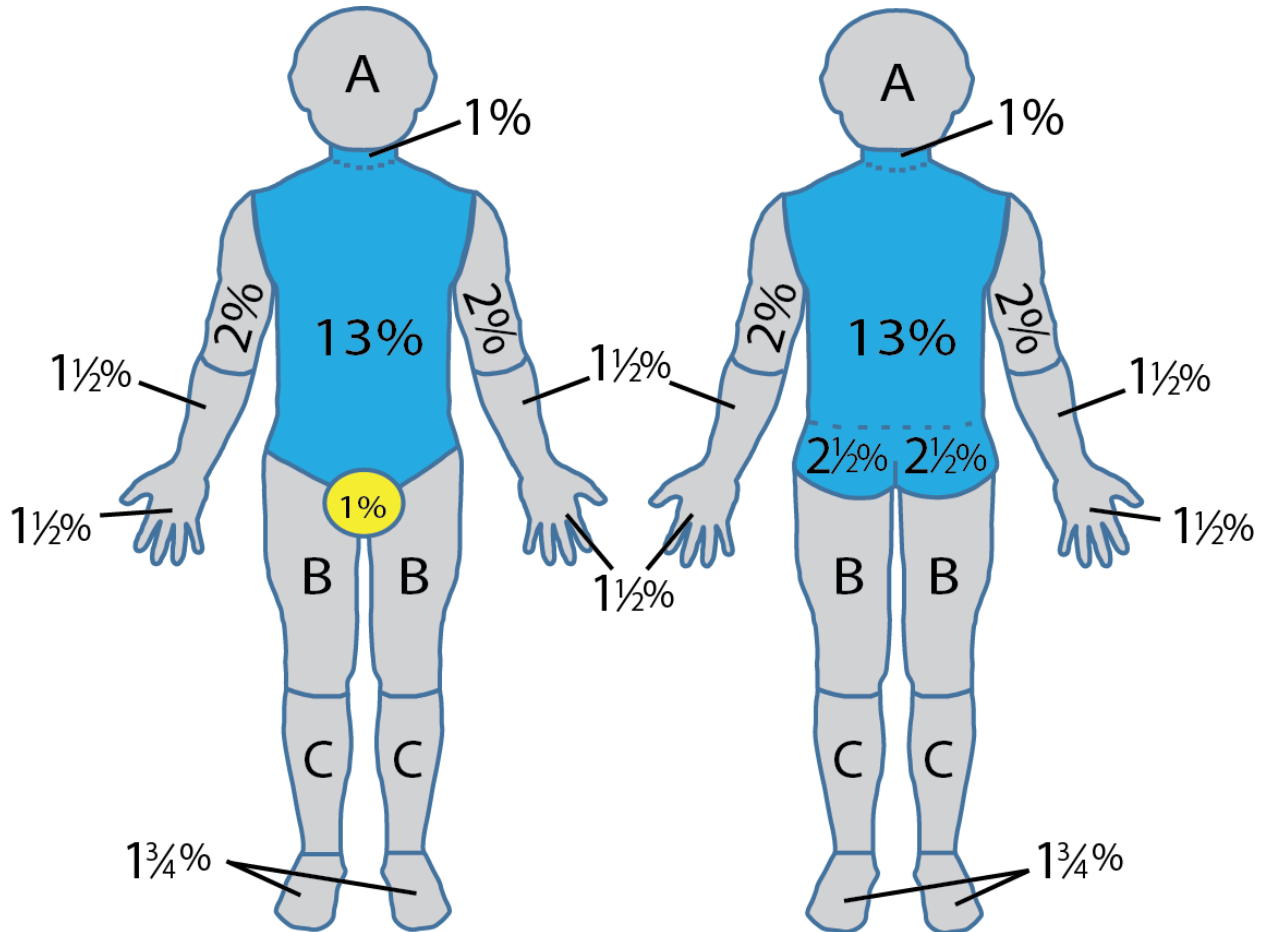
- 5.1. Stridor or change in voice are signs of significant airway burns that can lead to airway compromise
- 5.2. Circumferential thoracic burns can cause ventilatory compromise, potential need for ventilatory support
- 5.3. Circumferential extremity burns can compromise distal circulation, assess CMS often
- 5.4. Pulse oximetry may not be accurate for patients rescued from enclosed-space fires

6. Key Documentation Elements

- 6.1. Patency of airway and ventilatory status
- 6.2. Total Body Surface Area (TBSA) of partial and full thickness burns
- 6.3. Pulse and capillary refill exam distal to any circumferentially burned extremity
- 6.4. Pain scale before and after pain management measures



7. Pediatric – Rule of Nines



AREA	NEONATE	1 YEAR	5 YEARS	10 YEARS	15 YEARS
A= 1/2 OF HEAD	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2
B= 1/2 OF ONE THIGH	2 3/4	3 1/4	4	4 1/2	4 1/2
C= 1/2 OF ONE LEG	2 1/2	2 1/2	2 3/4	3	3 1/4