

Pediatric Emergencies

P-11 Pediatric Burns

Priorities

- Stop the burning process.
- Remove jewelry and clothing.
- If burn is chemical in origin, brush off dry material then flush with water. If chemical is liquid, flush with water.
- Early notification of receiving hospital.

Secure airway
Utilize BLS airway adjuncts if necessary

Oxygen – titrate to SpO₂ >95%
Assist ventilations via BVM if necessary

Albuterol 5mg via HHH/nebulizer mask/CPAP
May repeat x1 for continued wheezing

Cardiac monitor

Use dry sterile dressings for all burns

Consider IV/IO Access
For burns >20% BSA
NS 20mL/kg bolus
May repeat once for persistent age-adjusted hypotension

For burns without multisystem trauma

Morphine sulfate 0.1mg/kg IV/IO/IM for patients >6 months old to max dose of 4mg
Morphine sulfate 0.05mg/kg IV/IO/IM for patients <6 months old to max dose of 4mg
OR
Fentanyl 1mcg/kg IV/IO/IM/IN to max dose of 50mcg

Base Hospital Physician contact REQUIRED for repeat doses for fentanyl or morphine.

DISRUPTED COMMUNICATIONS

In the event of a “disrupted communications” situation, Solano County Paramedics may utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.