

9.02 PEDIATRIC BURN

BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness. Position of comfort or **Spinal Restriction** as indicated, NPO, **Oxygen** as indicated, **Calculating Body Surface Area**

Thermal Burns	Chemical Burns	Tar Burns	Electrical Burns
Apply cool water (not ice) to affected area(s), cover with dry sterile dressing. Remove non-adhered clothing and jewelry. Leave blisters intact.	See Protocol 3.04 Hazardous Materials . Do not apply water to affected areas.	Apply cool to tepid water (not ice). Do not attempt to remove tar or apply solvents.	DISCONNECT ELECTRICAL SOURCE BEFORE TOUCHING PATIENT . Apply dry dressing to affected area.

ALS

Advanced airway as indicated. Patients with the following **Criteria** shall be transported to St Francis Hospital Burn Center or Zuckerberg San Francisco General

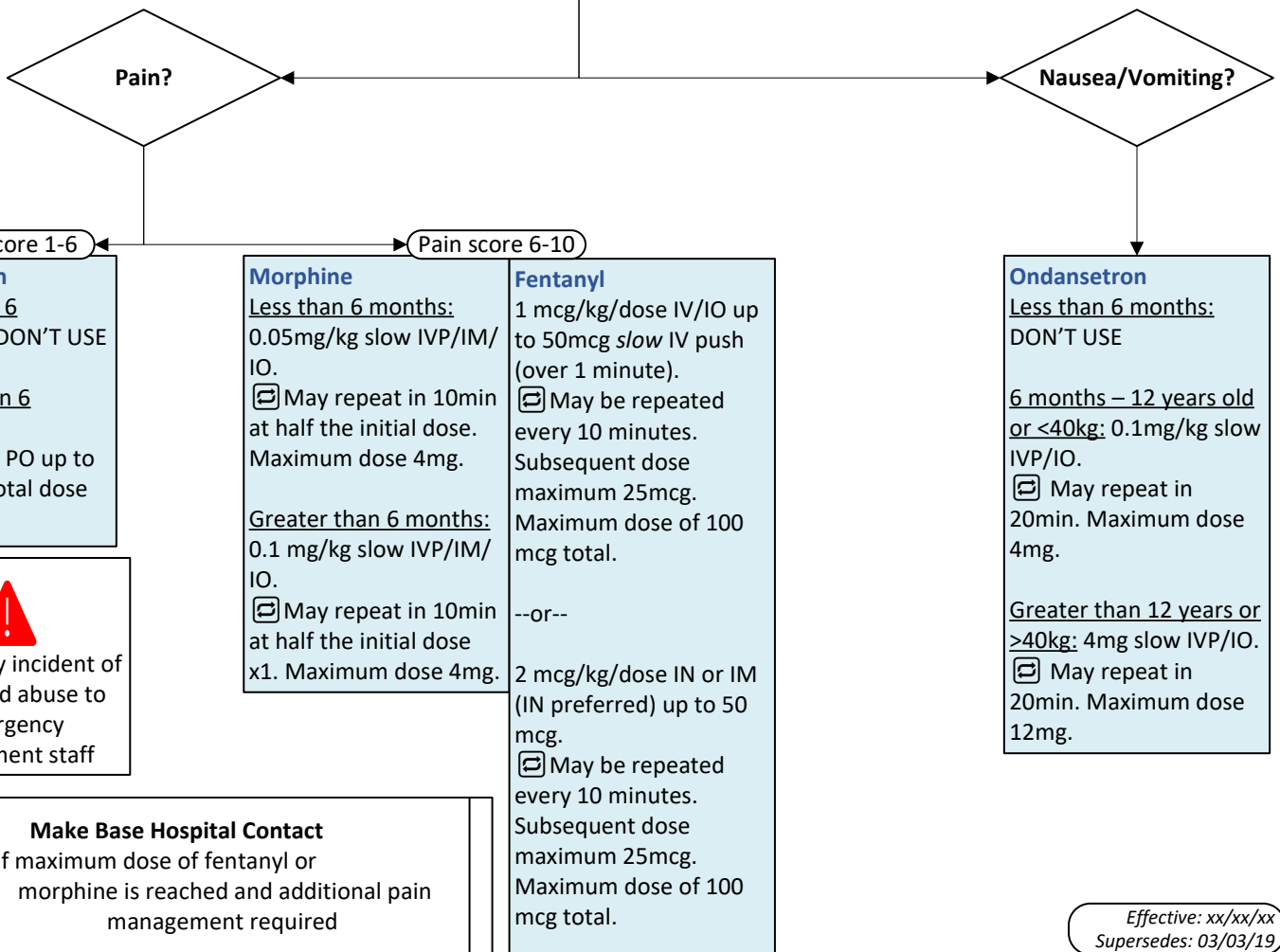
Normal Saline
IV/IO of Normal Saline TKO.

Pediatric hypovolemic shock: IV/IO bolus of 20 mL/Kg.
 Repeat up to 60 mL/Kg if indicated.

Neonatal hypovolemic shock: 10 mL/Kg.
 Repeat up to 30 mL/Kg.

Manage pain. Manage N/V.

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BLS Treatment

- Assess vital signs
- Assess circulation, airway, breathing, and responsiveness
- Position of comfort or Spinal Motion Restriction as indicated.
- ~~NPO~~
- ~~Assess circulation, airway, breathing, and responsiveness.~~
- ~~Oxygen~~ as indicated.
- ~~_____~~
- ~~Provide Spinal Motion Restriction as indicated.~~
- Calculating Body Surface Area
- ~~Appropriately splint suspected fractures/instability as indicated.~~
- ~~Bandage wounds/control bleeding as indicated.~~

Thermal:

- Apply cool water (not ice) to affected area(s), cover with dry sterile dressing. Remove non-adhered clothing and jewelry. Leave blisters intact.
- ~~Use water to stop further tissue damage. Dry area to avoid hypothermia.~~
- ~~Remove jewelry and non-adhered clothing. Do not break blisters.~~
- ~~Cover affected body surface with dry sterile dressing or dry sterile sheet.~~

Chemical:

- Treat according to **Protocol 3.04 Hazardous Materials.** Do not apply water to affected areas.

Tar Burns

- Apply cool to tepid water (not ice). Do not attempt to remove tar or apply solvents.

Electrical:

- Disconnect electrical source before touching patient.
- Apply d Dry dressing on affected ~~ny exposed~~ area.

ALS Treatment

Advanced airway as indicated. Manage pain. Manage N/V.
Patients with the following criteria shall be transported to St. Francis Hospital Burn Center or Zuckerberg San Francisco General

Normal Saline:

- Pediatric hypovolemic shock: IV/IO bolus 20mL/kg. Repeat up to 60mL/kg if indicated.

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- Neonatal hypovolemic shock: 10mL/kg. Repeat up to 30mL/kg.

- ~~Normal Saline bolus~~

~~For pain:~~

- ~~Use medication per Protocol 8.12 Pediatric Pain Control.~~

~~Pain 1-6:~~

- ~~Ibuprofen~~
 - ~~Less than 6 months: DON'T USE~~
 - ~~More than 6 months: 10 mg/kg PO up to 400 mg total dose~~

~~Pain 6-10:~~

- ~~Morphine:~~
 - ~~Less than 6 months: 0.05mg/kg slow IVP/IM/IO. May repeat in 10 min at half the initial dose. Maximum dose 4mg.~~
 - ~~Greater than 6 months: 0.1 mg/kg slow IVP/IM/IO. May repeat in 10 min at half the initial dose x1. Maximum dose 4mg.~~
- ~~Fentanyl~~
 - ~~1 mcg/kg dose IV/IO up to 50 mcg slow IV push (over 1 minute). May repeat every 10 minutes. Subsequent dose 25mcg. Maximum dose 100mcg total.~~
 - ~~2mcg/kg dose IN or IM (IN preferred) up to 50mcg. May repeat every 10 minutes. Subsequent dose maximum 25mcg. Maximum dose of 100mcg total.~~

~~For nausea / vomiting:~~

- ~~Ondansetron~~
 - ~~Less than 6 months: DON'T USE~~
 - ~~6 months – 12 years old or <40kg: 0.1mg/kg slow IVP/IO. May repeat in 20min. Maximum dose 4mg.~~
 - ~~Greater than 12 years or >40kg: 4mg slow IVP/IO. May repeat in 20 min. Maximum dose 12mg.~~

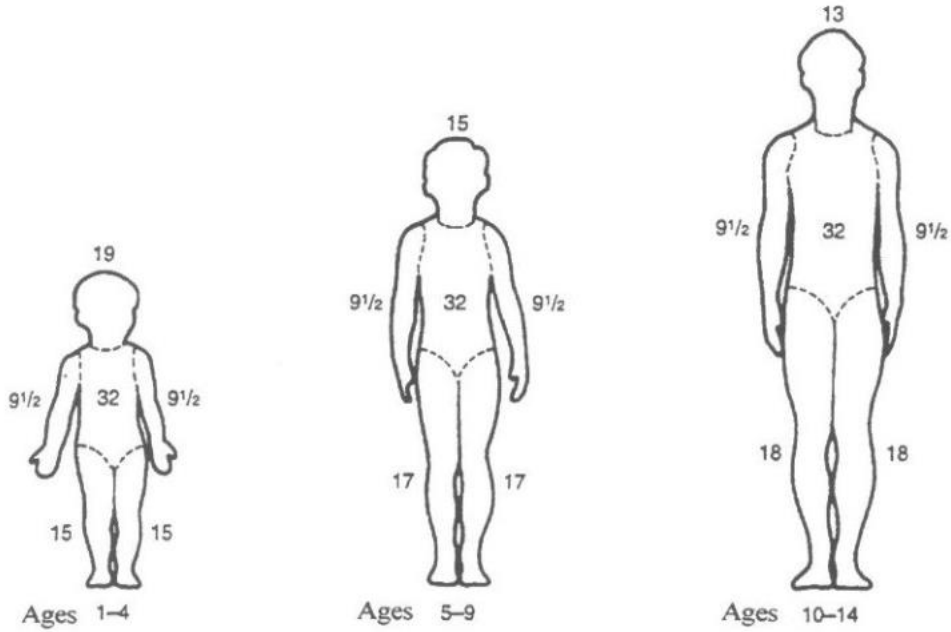
Base Hospital Contact Criteria

- ~~For additional pain management if maximum dose of Fentanyl or Morphine is reached and additional pain management is required above maximum dose.~~
- ~~Pediatric burn patients who do not meet trauma triage criteria shall be transported to St. Francis Memorial Hospital.~~
- ~~Transport to Zuckerberg San Francisco General Hospital Trauma Center if the patient meets trauma triage criteria.~~

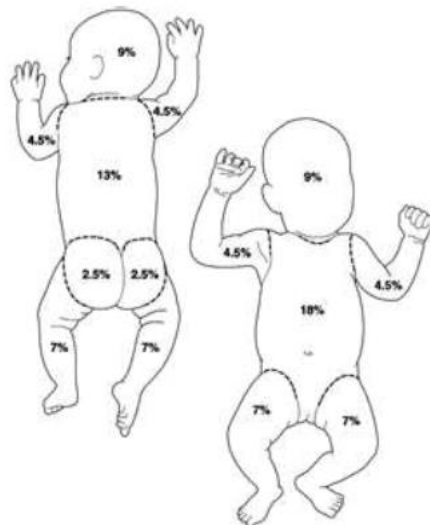
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CALCULATING BODY SURFACE AREA

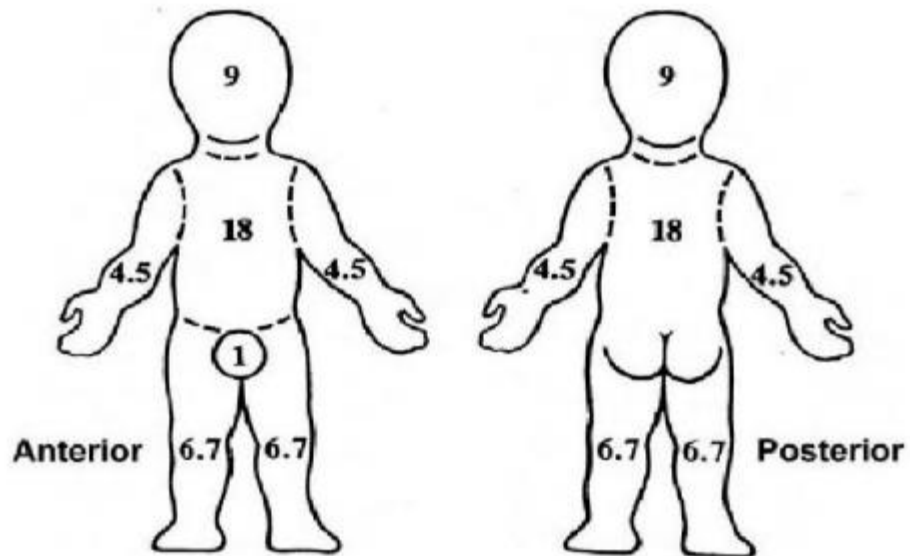
PEDIATRICS:



INFANTS:



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