

9.02 PEDIATRIC BURN - EMSAC November 2023

BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness. Position of comfort or **Spinal Restriction** as indicated, NPO, **Oxygen** as indicated, **Calculate 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 . Once decontaminated, 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. Follow current **Destination Policy 5000**.

Normal Saline

IV/IO of Normal Saline TKO.

Pediatric hypovolemic shock: IV/IO bolus of 20 mL/Kg.

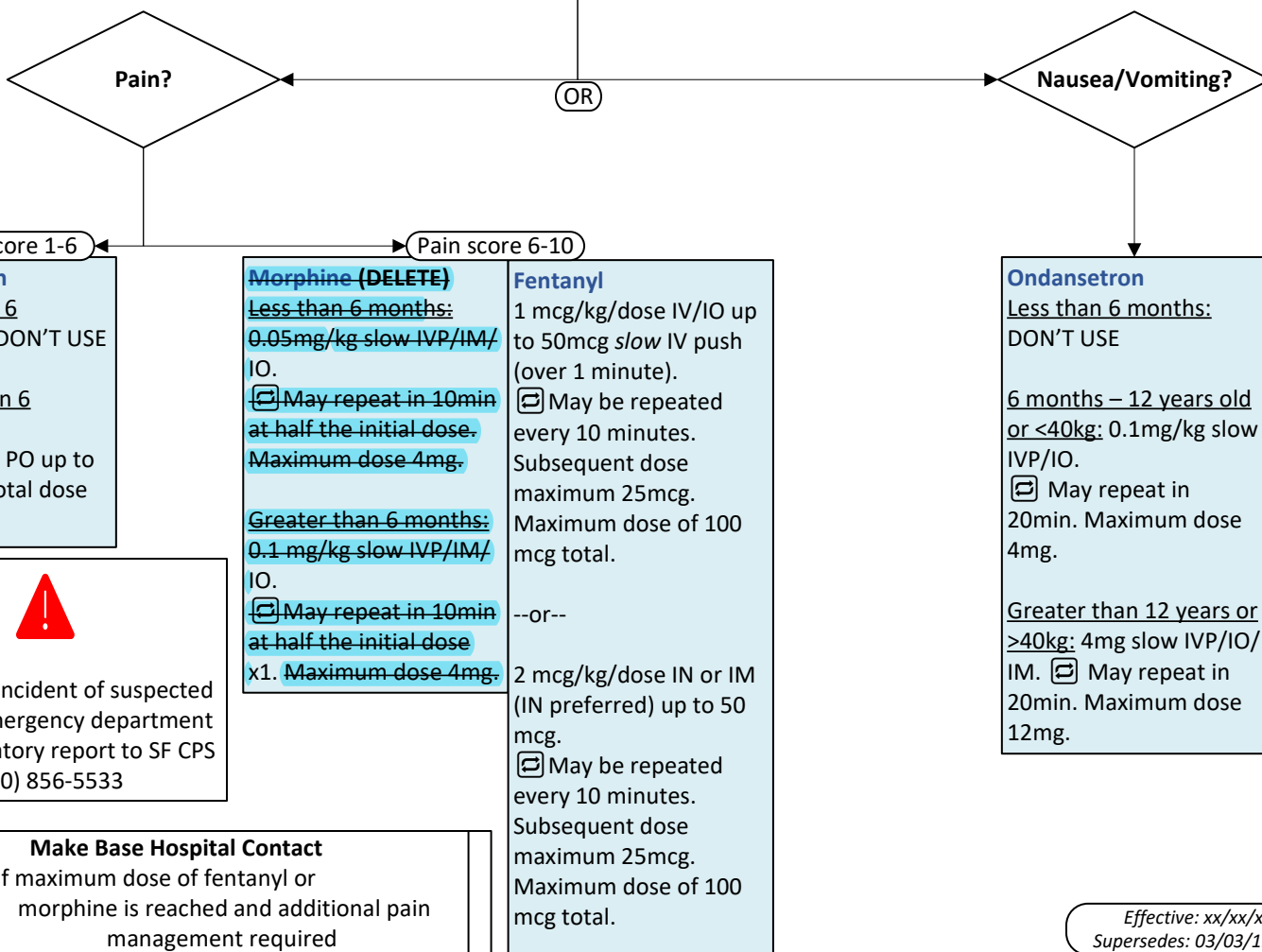
Repeat up to 60 mL/Kg if indicated.

Neonatal hypovolemic shock: 10 mL/Kg.

Repeat up to 30 mL/Kg.

Manage pain. Manage N/V.

**DRAFT
VERSION**



Effective: xx/xx/xx
Supersedes: 03/03/19

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BLS Treatment
<ul style="list-style-type: none">Assess vital signsAssess circulation, airway, breathing, and responsivenessPosition of comfort or Spinal Motion Restriction as indicatedNPOOxygen as indicated.Calculating Body Surface Area <p>Thermal:</p> <ul style="list-style-type: none">Apply cool water (not ice) to affected area(s), cover with dry sterile dressing. Remove non-adhered clothing and jewelry. Leave blisters intact. <p>Chemical:</p> <ul style="list-style-type: none">Treat according to Protocol 3.04 Hazardous Materials. Do not apply water to affected areas. <p>Tar Burns</p> <ul style="list-style-type: none">Apply cool to tepid water (not ice). Do not attempt to remove tar or apply solvents. <p>Electrical:</p> <ul style="list-style-type: none">Disconnect electrical source before touching patient.Apply dry dressing on affected area.
ALS Treatment
<p>Advanced airway as indicated. Manage pain. Manage N/V.</p> <p>Patients with the following criteria shall be transported to St. Francis Hospital Burn Center or Zuckerberg San Francisco General</p> <p>Follow current Destination Policy 5000.</p> <p>Normal Saline:</p> <ul style="list-style-type: none">Pediatric hypovolemic shock: IV/IO bolus 20mL/kg. Repeat up to 60mL/kg if indicated.Neonatal hypovolemic shock: 10mL/kg. Repeat up to 30mL/kg.Normal Saline bolus <p>Pain:</p> <p>Pain 1-6:</p> <ul style="list-style-type: none">Ibuprofen

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- 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.

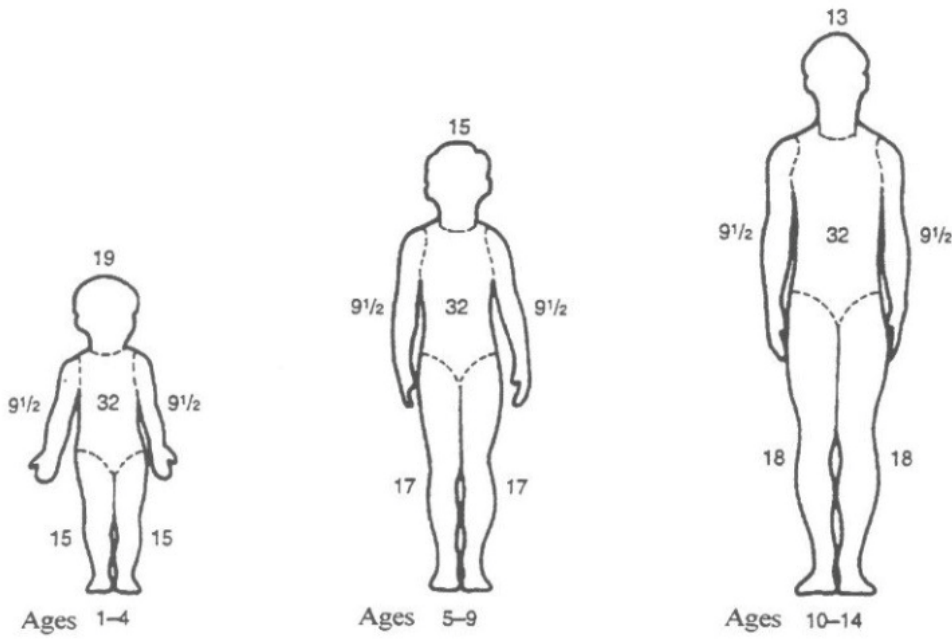
Base Hospital Contact Criteria

- If maximum dose of **Fentanyl** or **Morphine** is reached and additional pain management is required

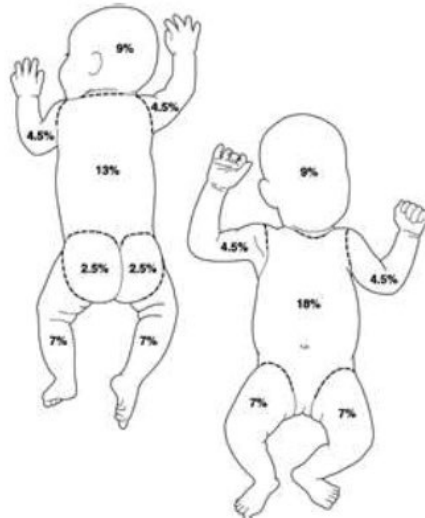
CALCULATING BODY SURFACE AREA

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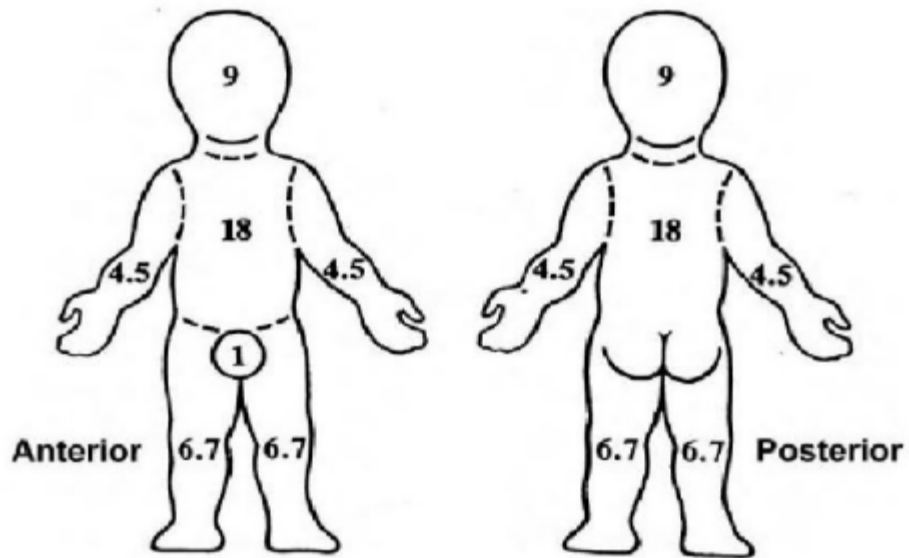
PEDIATRICS:



INFANTS:



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