**SUBJECT:** PEDIATRIC TREATMENT PROTOCOL - BURNS

**Date:** 07/01/2018

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### BLS

- Move to a safe environment
- Break contact with causative agent
- Ensure patent airway
- O₂ saturation prn
- O₂ and/or ventilate prn
- Treat other life-threatening injuries
- Carboxyhemoglobin monitor prn

**Thermal Burns:**
- Burns of <10% BSA, stop burning with non-chilled saline or water.
- For burns of >10% BSA, cover with dry dressing and keep warm.
- Do not allow patient to become hypothermic.

**Chemical Burns:**
- Brush off dry chemicals
- Flush with copious water

**Tar Burns:**
- Cool with water
- Transport
- Do not remove tar

**Inhalation of smoke/gas/toxic substance:**
- Move patient to safe environment
- 100% O₂ via mask
- Consider transport to facility with hyperbaric chamber for suspected carbon monoxide poisoning for unconscious or pregnant patient

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### ALS

- Monitor EKG for significant electrical injury and prn
- IV/IO SO adjust prn
- Treat pain as per Pain Management Protocol S-173

For patients with >10% partial thickness or >5% full thickness burns:
- 5-14 yo:
  - 250 ml fluid bolus IV/IO then TKO SO
- <5 yo:
  - 150 ml fluid bolus IV/IO then TKO SO

**In the presence of respiratory distress with bronchospasm:**
- Albuterol per drug chart via nebulizer SO. MR SO

**Respiratory distress with stridor:**
- Epinephrine 1:1,000 per drug chart via nebulizer SO. MR x1 SO
  - Epinephrine 1:1,000 per drug chart IM SO. MR x2 q5 minutes SO

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**Base Hospital Contact and Transport (Per S-415):**
Will be made to UCSD Base Hospital for patients meeting burn center criteria

**BURN CENTER CRITERIA**
Patients with burns involving:
- >10% BSA partial thickness or >5% BSA full thickness
- Suspected respiratory involvement or significant smoke inhalation in a confined space
- Injury of the face, hands, feet, perineum, or circumferential
- Electrical injury due to high voltage (greater than 120 volts)

**Disposition:**
Consider hyperbaric chamber for suspected CO poisoning in unconscious or pregnant patient.