

9.02 PEDIATRIC BURN

BLS Treatment

- Position of comfort.
- NPO
- Assess circulation, airway, breathing, and responsiveness.
- **Oxygen** as indicated.
- Provide **Spinal Motion Restriction** as indicated.
- Appropriately splint suspected fractures/instability as indicated.
- Bandage wounds/control bleeding as indicated.

Thermal:

- 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**.

Electrical:

- Disconnect electrical source before touching patient.
- Dry dressing on any exposed area.

ALS Treatment

- Advanced airway as indicated.
- **Normal Saline** bolus.

For pain:

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

For nausea / vomiting:

- **Ondansetron**

Base Hospital Contact Criteria

- For additional **Fentanyl** or **Morphine** 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

