EMS Pediatric Protocols

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Burns</th>
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<tr>
<td>Original Adoption Date:</td>
<td>08/2000</td>
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<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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**Basic Treatment Guidelines:**
Follow initial protocol for all patients.
Anticipate the need for advanced airway management especially in the presence of singed nasal hair and mucosa with respiratory distress, or facial / oral burns.

- **Thermal Burns**
  - Stop the burning process initially with water or saline.
  - Prevent further contamination.
  - Remove smoldering clothing and jewelry.
  - Do not break blisters.
  - Cover the burned area with a dry sterile dressing.
  - Do not apply any type of ointment, lotion, or antiseptic.
  - Assess and be prepared for airway compromise.
  - Use rule of nines to estimate percent of body surface area injured.
  - Estimate depth of burn as superficial, partial thickness or full thickness.

- **Chemical Burns**
  - Brush off powders prior to flushing.
  - Remove contaminated clothing.
  - Immediately begin to flush with large amounts of water.
  - Continue flushing the contaminated area while en route to the receiving facility.
  - Do not contaminate uninjured areas while flushing.
  - Attempt to identify contaminant and notify receiving facility

- **Toxin in the Eyes**
  - Flood eyes with lukewarm water for at least 20 minutes, having patient blink frequently during irrigation. Alkalis require continuous irrigation.
  - Continue irrigation during transport to hospital.
  - Attempt to identify contaminant.
• Electrical Burns
  • Treat soft tissue injuries associated with the burn with dry dressings.

Advanced Treatment Guidelines
1. Initiate IV **NORMAL SALINE** infusion of 20 ml/kg and titrate delivery for the first 30 minutes.
2. **FENTANYL CITRATE** 1.0 mcg/kg, repeat every 5 minutes to maximum of 3.0 mcg/kg or to total of 120 mcg. If no IV access consider **FENTANYL CITRATE** intranasal 1.0 mcg/kg repeat every 5 minutes to maximum of 3.0 mcg/kg to total of 120 mcg.

*When using Mucosal Atomization Devices (MAD) for intranasal administration, deliver half of the dose into each naris. For doses less than 1 milliliter, use two separate syringes and MAD tips. This will insure accurate dosing to both nares. A single naris dose should not exceed 1 milliliter.*