

POLICY: 555.81  
TITLE: Pediatric Burns

EFFECTIVE: 07/01/2024  
REVIEW: 07/2027  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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## PEDIATRIC BURNS

- I. AUTHORITY  
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE  
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL

### TRANSPORT PER TRAUMA POLICIES

Provider Key: F = First Responder/EMR      E = EMT      O = EMT Local Optional SOP  
P = Paramedic      D = Base Hospital Physician Order Required

	F	E	O	P	D
<b>SCENE SAFETY:</b> move patient to a safe environment.	X	X	X	X	
<b>ASSESSMENT</b>	X	X	X	X	
<b>STOP THE BURING PROCESS:</b> <ul style="list-style-type: none"> <li><b>CHEMICAL BURNS:</b> brush off dry chemicals then flush with copious amounts of water. Consult container label for decontamination instructions and transport label with patient.</li> <li><b>TAR BURNS:</b> cool with water and transport. Do not attempt to remove tar.</li> <li><b>THERMAL BURNS:</b> cool with water for up to 5 minutes to stop the burning process. Avoid prolonged cool water usage due to risks of hypothermia and local cold injury.</li> </ul>					
<b>BLS AIRWAY:</b> okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
<b>SUPRAGLOTTIC AIRWAY:</b> if GCS is < 8 and not rapidly improving, consider SGA.				X	
<b>NEEDLE CRICOTHYROTOMY:</b> if unable to ventilate with SGA <ul style="list-style-type: none"> <li>Quicktrach Child device for patients 10-35 kg (22-77lbs).</li> <li>Quicktrach device for patients &gt; 35 kg (&gt; 77lbs).</li> <li>14 – 18G catheter for patients &lt; 10kg (&lt; 22lbs).</li> <li>Ventilate with high flow oxygen.</li> </ul>				X	
<b>PULSE OXIMETRY:</b> apply and monitor.		X	X	X	
<b>CAPNOGRAPHY:</b> apply and monitor if advanced airway has been placed.				X	
<b>OXYGEN:</b> if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.				X	
<b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.				X	

	F	E	O	P	D
<b>VASCULAR ACCESS:</b> IV/IO.				X	
<b>FLUID RESUSCITATION:</b> partial thickness & full thickness burns: 0.5 mL x patient weight in kg x %TBSA burn = the amount of fluid to be administered in the first hour. Consider warm IV fluids, unless hyperthermic.				X	
<b>DRESS BURNS:</b> Cover thermal burns with dry dressing and keep patient warm.	X	X	X	X	
Refer to 555.43 PEDIATRIC PAIN MANAGEMENT.				X	