## 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.
CALCULATING BODY SURFACE AREA

Anterior 6.7 6.7

Posterior 6.7 6.7