Pediatric Thermal Burn

**History**
- Type of exposure (heat, gas, chemical)
- Inhalation injury
- Time of injury
- Past medical history and Medications
- Other trauma
- Loss of Consciousness
- Tetanus/Immunization status

**Signs and Symptoms**
- Burns, pain, swelling
- Dizziness
- Loss of consciousness
- Hypotension/shock
- Airway compromise/distress could be indicated by hoarseness/wheezing

**Differential**
- Superficial (1st Degree) red - painful (Don't include in TBSA)
- Partial Thickness (2nd Degree) blistering
- Full Thickness (3rd Degree) painless/charred or leathery skin
- Thermal
- Chemical – Electrical

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**Assess Burn / Concomitant Injury Severity**

- **Minor Burn**
  - < 5% TBSA 2nd/3rd Degree Burn
  - No inhalation injury, Not Intubated, Normotensive GCS 14 or Greater
  - Remove Rings, Bracelets / Constricting Items
  - Dry Clean Sheet or Dressings
  - Pediatric Multiple Trauma Protocol if indicated
  - Pediatric Airway Protocol(s) as indicated
  - IV Procedure if indicated
  - Normal Saline
    - Lactated Ringers if available
  - Pediatric Pain Control Protocol if indicated

- **Serious Burn**
  - 5-15% TBSA 2nd/3rd Degree Burn
  - Suspected inhalation injury or requiring intubation for airway stabilization
  - Hypotension or GCS 13 or Less (When reasonably accessible, transport to a Burn Center)
  - Remove Rings, Bracelets / Constricting Items
  - Dry Clean Sheet or Dressings
  - Pediatric Multiple Trauma Protocol if indicated
  - Pediatric Airway Protocol(s) as indicated
  - IV Procedure if indicated
  - Lactated Ringers if available
  - Pediatric Pain Control Protocol if indicated

- **Critical Burn**
  - >15% TBSA 2nd/3rd Degree Burn
  - Burns with Multiple Trauma
  - Burns with definitive airway compromise
  - (When reasonably accessible, transport to a Burn Center)
  - Remove Rings, Bracelets / Constricting Items
  - Dry Clean Sheet or Dressings
  - Pediatric Multiple Trauma Protocol if indicated
  - Pediatric Airway Protocol(s) as indicated
  - IV Procedure if indicated
  - IO Procedure if indicated
  - Lactated Ringers if available
  - Pediatric Pain Control Protocol if indicated

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**Carbon Monoxide / Cyanide Exposure**

- YES
  - Carbon Monoxide / Cyanide Protocol if indicated

- NO
  - Transport Facility of Choice

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**Notify Destination or Contact Medical Control**

1. Lactated Ringers preferred over Normal Saline. Use if available, if not change over once available.
2. Formula example: an 80 kg (196 lbs.) patient with 50% TBSA will need 1000 cc of fluid per hour.
**Pediatric Thermal Burn**

**Rule of Nines**
- Seldom do you find a complete isolated body part that is injured as described in the Rule of Nines.
- More likely, it will be portions of one area, portions of another, and an approximation will be needed.
- For the purpose of determining the extent of serious injury, differentiate the area with minimal or 1st degree burn from those of partial (2nd) or full (3rd) thickness burns.
- For the purpose of determining Total Body Surface Area (TBSA) of burn, include only Partial and Full Thickness burns. Report the observation of other superficial (1st degree) burns but do not include those burns in your TBSA estimate.
- Some texts will refer to 4th, 5th, and 6th degree burns. There is significant debate regarding the actual value of identifying a burn injury beyond that of the superficial, partial and full thickness burn at least at the level of emergent and primary care. For our work, all are included in Full Thickness burns.
- Other burn classifications in general include:
  - 4th referring to a burn that destroys the dermis and involves muscle tissue.
  - 5th referring to a burn that destroys dermis, penetrates muscle tissue, and involves tissue around the bone.
  - 6th referring to a burn that destroys dermis, destroys muscle tissue, and penetrates or destroys bone tissue.

**Pearls**
- Recommended Exam: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, and Neuro
- Green, Yellow and Red In burn severity do not apply to the Start / JumpStart Triage System.

**Critical or Serious Burns:**
- > 5-15% total body surface area (TBSA) 2nd or 3rd degree burns, or
- 3rd degree burns > 5% TBSA for any age group, or
- circumferential burns of extremities, or
- electrical or lightning injuries, or
- suspicion of abuse or neglect, or
- inhalation injury, or
- chemical burns, or
- burns of face, hands, perineum, or feet, or
- any burn requiring hospitalization.
- Require direct transport to a Burn Center. Local facility should be utilized only if distance to Burn Center is excessive or critical interventions such as airway management are not available in the field.
- Burn patients are trauma patients, evaluate for multisystem trauma.
- Assure whatever has caused the burn is no longer contacting the injury. (Stop the burning process!)
- Early intubation is required when the patient experiences significant inhalation injuries.
- Circumferential burns to extremities are dangerous due to potential vascular compromise secondary to soft tissue swelling.
- Burn patients are prone to hypothermia - never apply ice or cool the burn, must maintain normal body temperature.
- Evaluate the possibility of child abuse with children and burn injuries.
- Never administer IM pain injections to a burn patient.