

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Basic**

**SMO: Pediatric Burns**

**Overview:** Burns can be of varying severity as well as having several causes., including thermal, chemical , and electrical. This protocol is intended to help the EMS responder assess and treat the spectrum of burns they may encounter

**INFORMATION NEEDED**

- Type and source of burn: Thermal, chemical, electrical, steam, smoke, or toxic fumes
- Complicating factor: exposure in enclosed space, total time exposed, drugs or alcohol involved
- Medical history: cardiac or respiratory disease, circulatory problems
- Consider non-accidental trauma and required reporting requirement

**OBJECTIVE FINDINGS**

- Evidence of inhalation injury or toxic exposure, i.e. carbonaceous sputum, hoarseness, or singed nasal hairs
- Extent of burn: depth—Total Body Surface Area (TBSA) affected (see Burn Reference Guide in Appendix); OR the surface area covered by one of the patient’s hands equals one percent of their TBSA.
- Entrance or exit wounds if electrical or lightning strike
- Associated trauma from explosion, electrical shock, or fall

**TREATMENT**

**THERMAL**

- Routine Medical Care
- Stop the burning process
- Early use of Combitube for unresponsive patients with evidence of inhalation injury
- Remove jewelry and non-adhered clothing, do not break blisters
- Cover affected body surface with dry sterile dressing or sheet
- DO NOT use wet or cool dressings
- Prevent hypothermia

**CHEMICAL**

- Decontamination and HazMat procedures
- Early use of Combitube for unresponsive patients with evidence of inhalation injury
- Brush off dry powder, if present
- Remove any contaminated or wet clothing (including underwear)
- Irrigate continuously with saline or water
- TRANSPORT to appropriate facility (see PRECAUTIONS AND COMMENTS)
- Continue irrigation en route

## **TREATMENT (cont)**

### **ELECTRICAL**

- Scene Safety
- Early use of Combitube for unresponsive patients with evidence of inhalation injury
- Moist dressing on any exposed, injured areas
- Treat entrance and exit wounds as thermal burns.
- Spinal stabilization is indicated with serious electrical burns

### **Documentation of adherence to protocols:**

- % TBSA burned
- Treatment provided to patient
- Airway status and oxygen provided
- Method of maintaining and managing the airway

### **Medical Control Contact Criteria**

- Notify hospital as early as possible of situation to allow them to prepare for appropriate response upon patient arrival.

### **PRECAUTIONS AND COMMENTS**

- Inhalation injuries may cause delayed but severe airway compromise. Be prepared for early use of Combitube.
- Do not apply ice or ice water directly to skin surfaces as additional injury will result.
- Lightning injuries may cause prolonged respiratory arrest.
- Extremes of age (<12 ) may need EDAP or Trauma Center.

#### **DEFINITION OF MAJOR BURNS:**

- 10% of TBSA
- Burns of airway, face, eyes, hands, feet, or genital area
- Chemical inhalation or electrical burns

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Paramedic**

**SMO: Pediatric Burns**

**Revised Date:** \_\_\_\_\_

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**TREATMENT**

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- Scene Safety
- Early intubation for unresponsive patients with evidence of inhalation injury
- Moist dressing on any exposed, injured areas
- Treat entrance and exit wounds as thermal burns.
- Spinal stabilization is indicated with serious electrical burns

### **Documentation of adherence to protocols:**

- % TBSA burned
- Treatment provided to patient
- Airway status and oxygen provided
- Method of maintaining and managing the airway
- IV/IO site and fluids administered
- Pain medication provided with Medical Direction approval

### **Medical Control Contact Criteria**

- Contact Medical Control for orders for Morphine sulfate or other pain management orders.
- Notify hospital as early as possible of situation to allow them to prepare for appropriate response upon patient arrival.

### **PRECAUTIONS AND COMMENTS**

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- Do not apply ice or ice water directly to skin surfaces, as additional injury will result.
- Lightning injuries may cause prolonged respiratory arrest.
- Extremes of age (<12) may need EDAP or Trauma Center.

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