










TREATMENT PROTOCOL: BURNS *

1. Basic airway
2. Spinal immobilization prn
3. Pulse oximetry
4. Oxygen prn
 High flow oxygen is essential with known or potential respiratory injury. If evidence of inhalation injury, facial burn, singed nasal hair or soot in the oropharynx, be aware of the potential for rapid respiratory deterioration
 Consider potential for carbon monoxide and/or cyanide toxicity in closed space fires
5. Advance airway prn
6. Remove jewelry and clothing from involved area

THERMAL	CHEMICAL	ELECTRICAL
<ol style="list-style-type: none"> 7. Cover with dry dressings or sheet 8. Venous access prn 9. If burn involves greater than 20% body surface area: Normal Saline fluid challenge 10ml/kg IV  Pediatric: 20ml/kg IV 10. Elevate burned extremities if possible 11. For pain management: Fentanyl 123 50-100mcg slow IV push, titrate to pain relief May repeat every 5min, maximum total adult dose 200mcg  Pediatric: 1mcg/kg slow IV push (over 2 minutes) See Color Code Drug Doses/L.A. County Kids 6 May repeat every 5min, maximum pediatric dose 50mcg Morphine 345 2-4mg slow IV push, titrate to pain relief May repeat one time  Pediatric: 0.1mg/kg slow IV push See Color Code Drug Doses/L.A. County Kids 	<ol style="list-style-type: none"> 7. If <u>dry</u>, brush and flush with copious amounts of water 2 8. If <u>liquid</u>, flush with copious amounts of water 1 9. Venous access prn 10. If poor perfusion: Normal Saline fluid challenge 10ml/kg IV  Pediatric: 20ml/kg IV 11. For pain management: Fentanyl 123 50-100mcg slow IV push, titrate to pain relief May repeat every 5min, maximum total adult dose 200mcg  Pediatric: 1mcg/kg slow IV push (over 2 minutes) See Color Code Drug Doses/L.A. County Kids 6 May repeat every 5min, maximum pediatric dose 50mcg Morphine 345 2-4mg slow IV push, titrate to pain relief May repeat one time  Pediatric: 0.1mg/kg slow IV push See Color Code Drug Doses/L.A. County Kids Do not repeat pediatric dose, maximum 	<ol style="list-style-type: none"> 7. Cardiac monitor: document rhythm and attach an ECG strip 8. If dysrhythmias, treat by appropriate protocol 9. Cover with dry dressings or sheet 10. Venous access 11. If poor perfusion: Normal Saline fluid challenge 10ml/kg IV  Pediatric: 20ml/kg IV 12. For pain management: Fentanyl 123 50-100mcg slow IV push, titrate to pain relief May repeat every 5min, maximum total adult dose 200mcg  Pediatric: 1mcg/kg slow IV push (over 2 minutes) See Color Code Drug Doses/L.A. County Kids 6 May repeat every 5min, maximum pediatric dose 50mcg Morphine 345 2-4mg slow IV push, titrate to pain relief May repeat one time  Pediatric: 0.1mg/kg slow IV push See Color Code Drug Doses/L.A. County Kids

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Do not repeat pediatric dose, maximum pediatric dose 4mg	pediatric dose 4mg	Do not repeat pediatric dose, maximum pediatric dose 4mg
12. CONTINUE SFTP or BASE CONTACT	12. CONTINUE SFTP or BASE CONTACT	13. CONTINUE SFTP or BASE CONTACT
13. If pain unrelieved: Fentanyl 50-100mcg slow IV push, titrate to pain relief. May repeat every 5min, maximum total adult dose 200mcg Morphine 2-12mg slow IV push, titrate to pain relief May repeat every 5min, maximum total adult dose 20mg	13. If pain unrelieved: Fentanyl 50-100mcg slow IV push titrate to pain relief May repeat every 5min; maximum total adult dose 200mcg Morphine 2-12mg slow IV push, titrate to pain relief May repeat every 5min, maximum total adult dose 20mg	14. If pain unrelieved: Fentanyl 50-100mcg slow IV push titrate to pain relief May repeat every 5min; maximum total adult dose 200mcg Morphine 2-12mg slow IV push, titrate to pain relief May repeat every 5min, maximum total adult dose 20mg
14. Reassess for potential deterioration	14. Reassess for potential deterioration	15. Reassess for potential deterioration

SPECIAL CONSIDERATIONS

- ❶ Observe for hypothermia; cooling large surface area burns (greater than 15% body surface area) may result in hypothermia
- ❷ If eye involvement, continuously flush with normal saline during transport. Allow patient to remove contact lenses if possible
- ❸ Use with caution: in elderly; if systolic BP less than 100mmHg; sudden onset acute headache; suspected drug/alcohol intoxication; suspected active labor; nausea/vomiting; respiratory failure or worsening respiratory status
- ❹ Absolute contraindications: Altered LOC, respiratory rate less than 12 breaths/min, hypersensitivity or allergy
- ❺ Ondansetron 4mg IV, IM or ODT may be administered prior to fentanyl or morphine administration to reduce potential for nausea/vomiting
- ❻ If the child is off the Broselow™ and adult size, move to the Adult protocol and Adult dosing