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

Ο.	Remove Jewelly and clothing from involved area					
	THERMAL		CHEMICAL		ELECTRICAL	
7.	Cover with dry dressings or sheet	7.	If <u>dry</u> , brush and flush with copious amounts of water	7.	Cardiac monitor: document rhythm and attach an ECG	
8.	Venous access prn		2		strip	
9.	If burn involves greater	8.	If <u>liquid</u> , flush with copious	8.	If dysrhythmias, treat by	
	than 20% body surface		amounts of water		appropriate protocol	
	area:	9.	Venous access prn	9.	Cover with dry dressings or	
	Normal Saline fluid	10.	If poor perfusion:		sheet	
	challenge		Normal Saline fluid		Venous access	
	10ml/kg IV		challenge	11.	• •	
	Pediatric: 20ml/kg IV		10ml/kg IV		Normal Saline fluid	
10.	Elevate burned		Pediatric: 20ml/kg IV		challenge	
	extremities if possible	11.	For pain management:		10ml/kg IV	
11.	For pain management:		Fentanyl • • • • • • • • • • • • • • • • • • •	4.0	Pediatric: 20ml/kg IV	
	Fentanyl 000		50-100mcg slow IV	12.	For pain management:	
	50-100mcg slow IV		push, titrate to pain		Fentanyl 028	
	push, titrate to pain		relief		50-100mcg slow IV	
	relief		May repeat every 5min, maximum total		push, titrate to pain	
	May repeat every		adult dose 200mcg		relief	
	5min, maximum total	M	· ·		May repeat every 5min, maximum total adult	
m	adult dose 200mcg	1	Pediatric: 1mcg/kg slow		dose 200mcg	
11	Pediatric: 1mcg/kg slow		IV push (over 2	M	_	
	IV push (over 2		minutes)	1	Pediatric: 1mcg/kg slow	
	minutes)		See Color Code Drug		IV push (over 2	
	See Color Code Drug		Doses/L.A. County		minutes)	
	Doses/L.A. County		Kids 6		See Color Code Drug	
	Kids 6		May repeat every		Doses/L.A. County	
	May repeat every		5min, maximum		Kids@	
	5min, maximum		pediatric dose 50mcg Morphine 3 • 5		May repeat every 5min,	
	pediatric dose 50mcg		2-4mg slow IV push,		maximum pediatric	
	Morphine 3 9 5		titrate to pain relief		dose 50mcg Morphine 3 9 5	
	2-4mg slow IV push, titrate to pain relief		May repeat one time		2-4mg slow IV push,	
	May repeat one time		Pediatric: 0.1mg/kg		titrate to pain relief	
	Pediatric: 0.1mg/kg		slow IV push		May repeat one time	
	slow IV push		See Color Code Drug		Pediatric: 0.1mg/kg	
	See Color Code Drug		Doses/L.A. County		slow IV push	
	Doses/L.A. County		Kids		See Color Code Drug	
	Kids		Do not repeat pediatric		Doses/L.A. County Kids	
			dose, maximum			

EFFECTIVE DATE: 7-1-11 REVISED: 05-01-14 SUPERSEDES: 1-1-13 SUBJECT: **BURNS** REFERENCE NO. 1271

TREATMENT PROTOCOL: BURNS *							
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						
12. CONTINUE SFTP or	BASE CONTACT	13. CONTINUE SFTP or					
BASE CONTACT	13. If pain unrelieved:	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	Fentanyl 50-100mcg slow IV push titrate to pain relief May repeat every 5min; maximum total adult dose 200mcg Morphine	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,	Morphine					
2-12mg slow IV push, titrate to pain relief May repeat every 5min, maximum total	titrate to pain relief May repeat every 5min, maximum total adult dose 20mg	2-12mg slow IV push, titrate to pain relief May repeat every 5min, maximum total adult					
adult dose 20mg 14. Reassess for	14. Reassess for potential deterioration	dose 20mg					
potential deterioration	detenoration	15. Reassess for potential deterioration					

SPECIAL CONSIDERATIONS

- Observe for hypothermia; cooling large surface area burns (greater than 15% body surface area) may result in hypothermia
- **9** If eye involvement, continuously flush with normal saline during transport. Allow patient to remove contact lenses if possible
- 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
- Absolute contraindications: Altered LOC, respiratory rate less than 12 breaths/min, hypersensitivity or allergy
- Ondansetron 4mg IV, IM or ODT may be administered prior to fentanyl or morphine administration to reduce potential for nausea/vomiting
- **6** If the child is off the Broselow[™] and adult size, move to the Adult protocol and Adult dosing