LAST UPDATED: August 2020

COMMUNITY MEDICAL CENTER

Pediatric Burn Injury Pathway

Characteristics of burns that should be referred to regional burn center

- Partial-thickness burns of greater than 10% TBSA (total body surface area)
- Significant burns that involve the face/ears, hands, feet, genitalia, perineum, major joints, or are circumferential
- Deep thickness burns
- Electrical, chemical, or inhalational burns
- Burns with concomitant trauma (such as fractures)

Burn Management "6 C's"

CLOTHING

- Remove any clothing that is hot or burned, or has been exposed to chemicals immediately
- Remove adherent clothing in CLEANING phase

COOLING

- Immediately apply cool sterile saline soaked gauze to burns
- Avoid ice application
- Avoid cooling extensive burns

CLEANING

- Ensure adequate pain control
- Do not use chlorhexidine or iodine; instead use mild soap and water
- Embedded material should be removed with irrigation

CHEMOPROPHYLAXIS

- Ensure tetanus immunization is up to date within last 5 yrs
- Do not routinely prescribe systemic antibiotics
- Apply topical antibiotics: bacitracin or silver sulfadiazine (not on face or if pregnant, young infant), bismuth impregnated gauze, biologic dressing

COVERING

- Do not need to cover superficial burns
- Cover partial- and full-thickness burns
- Use successive strips (not circumferential) of dry fine mesh gauze and tubular net bandage
- Change daily or when excessively moist

COMFORT

- Schedule analgesics such as acetaminophen and ibuprofen
- May prescribe additional opioids (oxycodone, morphine) as needed; avoid combo meds, hydrocodone or codeine
- Additional analgesics, possible anxiolysis, will need to be given with dressing changes
- Goal pain score < 5/10

Additional Acute Management Considerations

- ABC's – consider securing AIRWAY early if inhalational injury or oral chemical exposure, and especially if hoarseness, stridor, drooling, respiratory distress, altered mental status
- Don't forget to consider non accidental trauma as a cause of burns and consult appropriately
- Estimate TBSA of burn with Lund and Browder chart, or estimation with patient's hand (1% TBSA)
- Administer IVF especially if >15% TBSA with partial- or full- thickness burns, measure electrolytes - start with 20mL/kg crystalloid bolus then titrating to maintain UOP > 0.5-1 mL/kg/hr
- Could calculate IVF as per Parkland/Baxter or Galveston formula
- Add dextrose in maintenance fluids especially if patient </= 5yo or <30kg

IF YOU HAVE ANY CONCERNS about being able to advise outpatient care for a pediatric burn, and/or your facility is unable to provide needed inpatient care, please contact our 24-7 Referral / Consult Line to speak with our pediatric team, including plastic surgeon or pediatric surgeon

For Pediatric Hospitalist consultation or transfer, call 24-7 Referral / Consult Line: (406) 327-4726