

Pediatric Burns

Evaluating Pediatric Burns

Superficial

ETIOLOGY:

- Hot Sun
- Flash Burn
- Hot Liquids

S&S:

- Pink
- Dry
- Tender

Note: Do not count toward total body surface area (TBSA) burned



Partial Thickness

ETIOLOGY:

- Hot Liquids
- Flame Burns
- Chemicals

S&S:

- Red
- Blistered
- Edema
- Painful



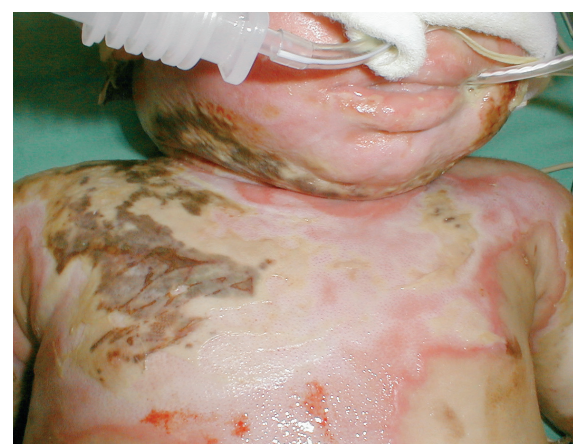
Full Thickness

ETIOLOGY:

- Fire
- Scald
- Electricity
- Chemicals

S&S:

- Pale White
- Charred
- Leathery
- Insensate



Outline of Major Burn Management

Interventions:

- Evaluate airway, breathing and circulation and evaluate C-Spine.
- High flow 100% oxygen via non-rebreather mask or intubate if indicated.
- Remove all clothing and keep patient warm. Cover burns with clean, dry dressing, sheet or plastic wrap.
- Establish two large bore IVs.
- Fluid resuscitation: Patient's weight in kg x % TBSA burn x 3 = total/24 hours resuscitation volume in mls. Infuse ringer's lactate. One half of the calculated volume should be delivered in the first 8 hours post burn.

Children under 3 years of age should receive a maintenance fluid of D5 1/2 NS in addition to their calculated LR resuscitation. For more information, visit WakeHealth.edu/Burn-Fluid-Calculator.

- Establish urinary catheter as indicated.
- Document the input/output values prior to arrival.
- Maintain NPO.
- Consult accepting physician.
- Pain management: Consider morphine sulfate 0.05 - 0.1 mg/kg q15 - 30 min. prn.

Burn Center Referral Criteria

According to American Burn Association referral guidelines, a patient should be referred to a burn center following initial stabilization for:

- Partial thickness burns greater than 10% total body surface area (TBSA)
- Burns involving the face, hands, feet, genitalia, perineum or major joints
- Third-degree burns in any age group
- Burned children in hospitals without qualified personnel or equipment for the care of children
- Electrical burns, including lightning injury
- Chemical burns
- Inhalation injury
- Burn injury in patients with pre-existing medical problems or disorders that could complicate management
- Any patients with burns and concomitant trauma in which the burn poses the greatest risk
- Burn injury in patients who will require special social, emotional, or long-term rehabilitation

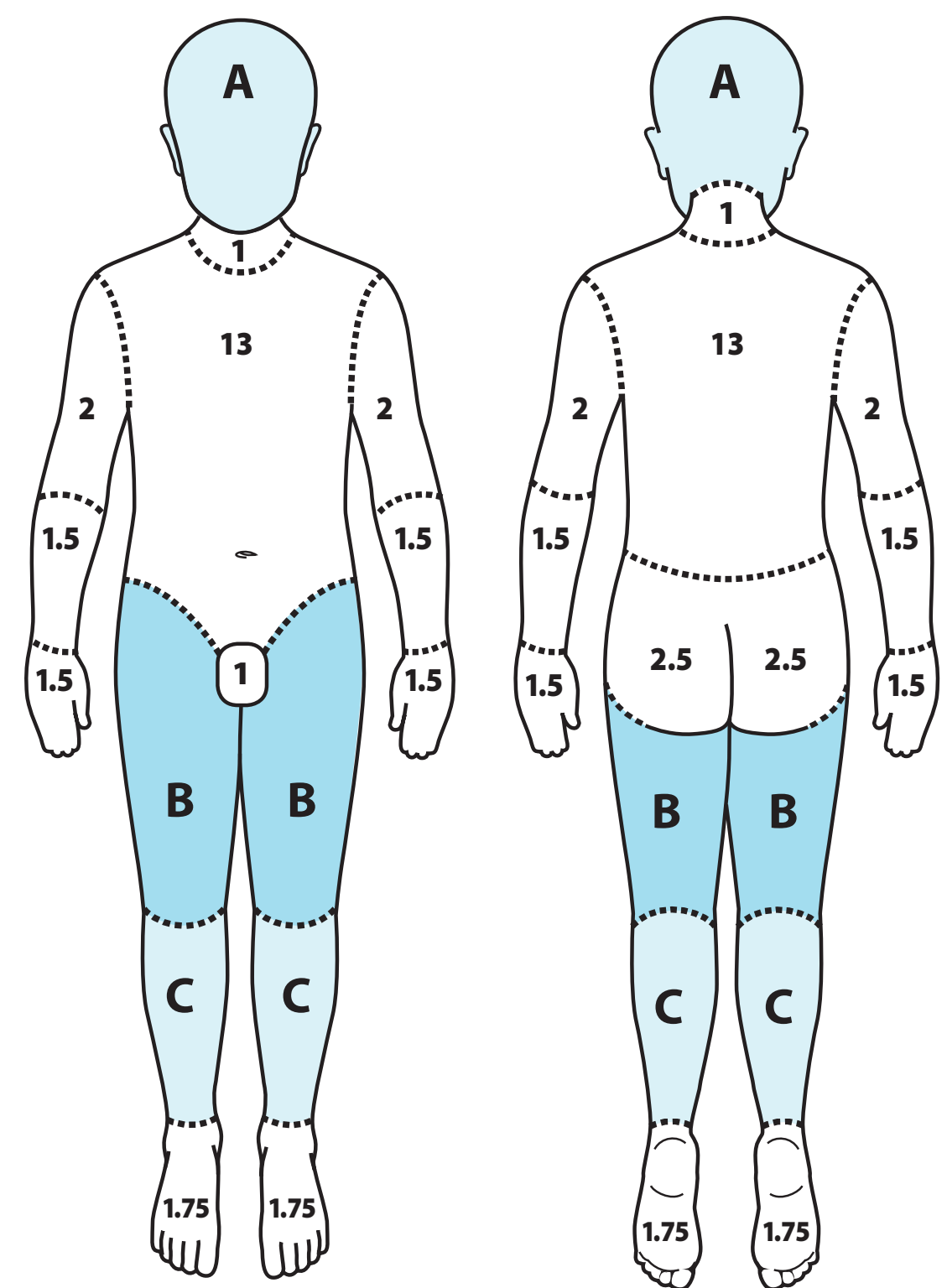
Lund and Browder Burn Chart

for calculating the percentage of total body surface area (TBSA) burned

Burned Area	Age (years)					
	1	1 to 4	5 to 9	10 to 14	15	Adult
	Total Body Surface (%)					
Head	19	17	13	11	9	7
Neck	2	2	2	2	2	3
Anterior Trunk	13	13	13	13	13	13
Posterior Trunk	13	13	13	13	13	13
Right Buttock	2.5	2.5	2.5	2.5	2.5	2.5
Left Buttock	2.5	2.5	2.5	2.5	2.5	2.5
Genitalia	1	1	1	1	1	1
R. U. Arm	4	4	4	4	4	4
L. U. Arm	4	4	4	4	4	4
R. L. Arm	3	3	3	3	3	3
L. L. Arm	3	3	3	3	3	3
Right Hand	1.5	1.5	1.5	1.5	1.5	1.5
Left Hand	1.5	1.5	1.5	1.5	1.5	1.5
Right Thigh	5.5	6.5	8	8.5	9	9.5
Left Thigh	5.5	6.5	8	8.5	9	9.5
Right Lower Leg	5	5	5.5	6	6.5	7
Left Lower Leg	5	5	5.5	6	6.5	7
Right Foot	3.5	3.5	3.5	3.5	3.5	3.5
Left Foot	3.5	3.5	3.5	3.5	3.5	3.5

Area	Age 0	1	5	10	15	Adult
A = half of head	9.5	8.5	6.5	5.5	4.5	3.5
B = half of one thigh	2.75	3.25	4	4.5	4.5	4.75
C = half of one lower leg	2.5	2.5	2.75	3	3.25	3.5

NOTE: Superficial burns do not count toward TBSA burned



Transferring a Patient to the Brenner Children's Pediatric ED

Physician-to-physician contact is essential to ensure the patient's needs are met. To arrange a transfer, call the **Physician's Access Line (PAL®) at 1-800-277-7654.**

Brenner Children's

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