

Treatment Protocols**Date: 07/01/2025****Burns****Policy #9060P****Pediatric BLS Standing Orders**

- Assure scene safety before approaching patient
 - Keep in mind cyanide and CO poisoning
 - Remove clothing if any concern for off gassing from noxious gases
- Universal Patient Protocol
- Oxygen or ventilate per **Airway Policy** as needed to O2 saturation of 95%
- Have low threshold to begin high flow oxygen with any chest pain, shortness of breath, smoke inhalation, altered mental status, or signs of instability
- Continuous monitoring of pulse ox & blood pressure
- Capnography
- Treat other injuries
- Consider **Poisoning Protocol** if suspected toxic inhalation/exposure
- **Keep patient warm**
- Consult **Burn Triage Criteria** policy for potential air ambulance rendezvous to Burn Center

THERMAL BURNS

- <10% BSA – apply cool saline soaked gauze, and stop burning process
- 10% or greater – cover with dry dressing and keep warm

TAR BURNS

- Cool with water
- Do not attempt to remove tar

CHEMICAL BURNS

- Brush off dry chemicals
- Flush with copious amounts of saline or sterile water
- Refer to **Poisoning Policy**

Pediatric LALS Standing Orders

- Establish IV
- Capnography

For patients with > 10% partial thickness or > 5% full thickness burns, or hypotension or altered mental status, and <15 years old

- NS 20 ml/kg IV
- Use Shock Protocol for hypotension

For respiratory distress or wheezing

- Albuterol – per dosing chart via nebulizer, MR x1 PRN

Pediatric ALS Standing Orders

- Monitor EKG
- Establish IV/IO PRN

Treatment Protocols**Date: 07/01/2025****Burns****Policy #9060P**

- Capnography
- **Pain Medication Protocol PRN**

For patients with > 10% partial thickness or > 5% full thickness burns, or hypotension or altered mental status, and <15 years old

- NS 20 ml/kg IV/IO
- Use Shock Protocol for hypotension

For respiratory distress or wheezing

- Albuterol – per dosing chart via nebulizer, MR x1 PRN

Pediatric Base Hospital Orders

- BHP - Consider cyanide or carbon monoxide toxicity in cases of inhalation and fume exposure, with hypotension, altered mental status, respiratory distress, seizures, or you are otherwise concerned. Refer to **Cyanide Toxicity Treatment Policy**

Notes

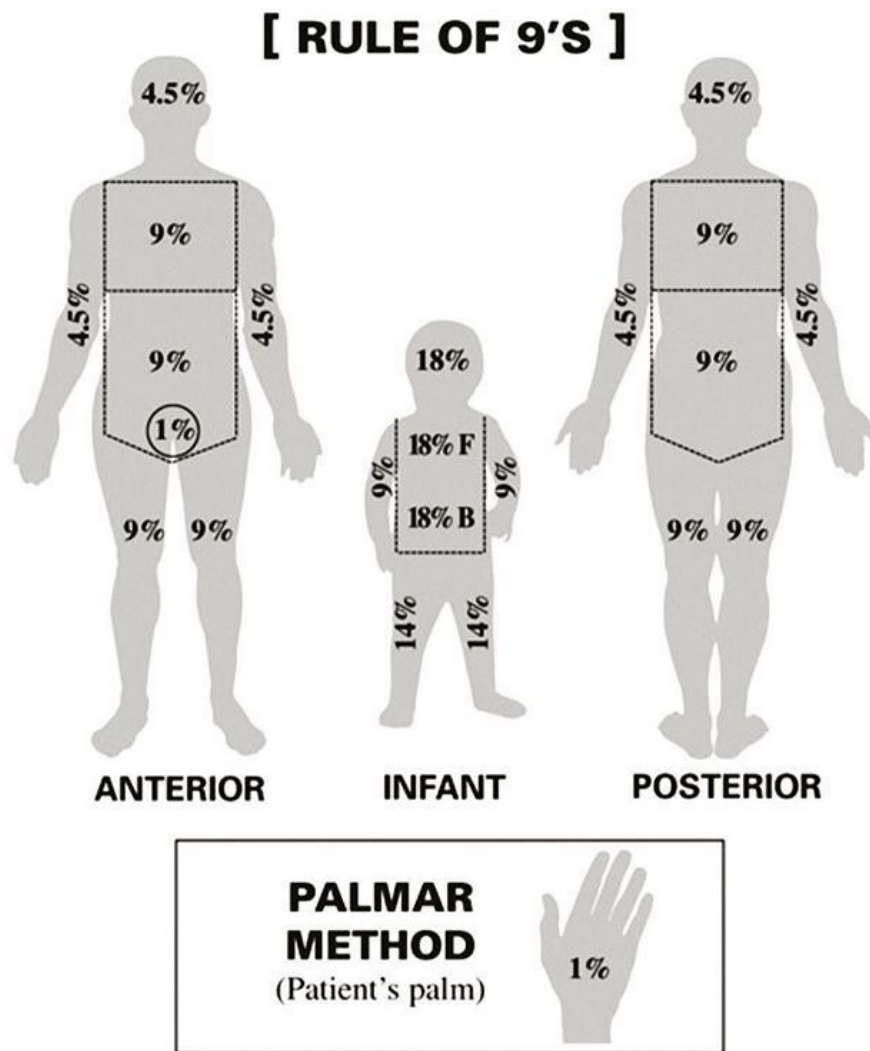
- EtCO₂ is emphasized for early use, especially consider with smoke inhalation, other fume exposure, and with any change in mental status
- 12 Lead EKG, especially consider with smoke inhalation, other fume exposure, and with any change in mental status
- Reference Burn Triage Policy for Burn Center criteria

Treatment Protocols

Date: 07/01/2025

Burns

Policy #9060P



APPROVED:

SIGNATURE ON FILE – 07/01/25

Katherine Staats, M.D. FACEP

EMS Medical Director