

POLICY: 555.81
TITLE: Pediatric Burns

EFFECTIVE: 09/01/2026
REVIEW: 8/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC BURNS

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs, and Paramedics within their scope of practice.
- III. PROTOCOL

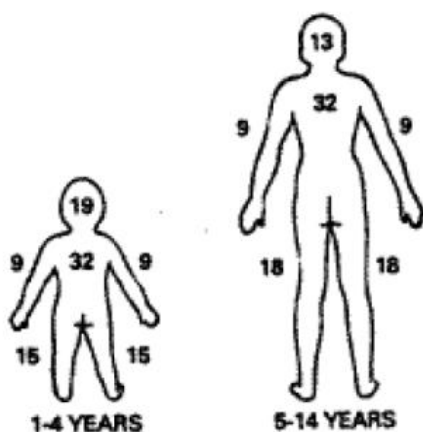
TRANSPORT PER TRAUMA POLICIES

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required

	F	E	O	A	P	D
SCENE SAFETY: move patient to a safe environment.	X	X	X	X	X	
ASSESSMENT	X	X	X	X	X	
STOP THE BURING PROCESS:						
CHEMICAL BURNS: brush off dry chemicals then flush with copious amounts of water. Consult container label for decontamination instructions and transport label with patient. THERMAL BURNS: if burn occurred less than 3 hours ago and is less than 30% TBSA, apply cool running water for 20 minutes as available. Transport immediately for unstable patients.	X	X	X	X	X	
AVIOD HYPOTHERMIA: cool only the burned area and keep the unaffected body parts warm by covering and use heater in passenger compartment.	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	X	
NEEDLE CRICOTHYROTOMY: if unable to ventilate with SGA						
- Quicktrach Child device for patients 10-35 kg (22-77lbs). - Quicktrach device for patients > 35 kg (> 77lbs). 14 – 18G catheter for patients < 10kg (< 22lbs). - Ventilate with high flow oxygen.					X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor if advanced airway has been placed.					X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: IV/IO.				X	X	

	F	E	O	A	P	D
FLUID RESUSCITATION: NS 20mL/kg as indicated. Reassess after each bolus. Repeat at 10 mL/kg bolus. Use warm IV fluids unless hyperthermic.					X	
DRESS BURNS: Cover thermal burns with dry, non-stick dressing and keep patient warm.	X	X	X	X	X	
Refer to 555.43 PEDIATRIC PAIN MANAGEMENT as indicated.					X	

Patient Age	NB	NB	3 Mo	6 Mo	1 Yr	2 Yr	4 Yr	6 Yr	8 Yr	10 Yr	12 Yr
Body Length (cm)	0-53	54-58	59-65	66-74	75-80	81-86	87-99	100-113	114-132	133-158	159-189
Body Wt. (kgs)	2	4	6	7	10	12	16	20	25	34	41
Partial & Full Thick-ness Burns	1%	1	2	3	4	5	6	8	10	13	17
	5%	5	10	15	18	25	30	40	50	63	85
	10%	10	20	30	35	50	60	80	100	125	170
	15%	15	30	45	53	75	90	120	150	188	255
	20%	20	40	60	70	100	120	160	200	250	340
	25%	25	50	75	88	125	150	200	250	313	425
	50%	50	100	150	175	250	300	400	500	625	850
	75%	75	150	225	263	375	450	600	750	938	1275
Amount of IV/IO fluid in mL to be administered in the first hour											



<u>Burn Area</u>	<u>1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>
Head	19	17	13	11
Neck	2	2	2	2
Anterior Trunk	13	13	13	13
Posterior Trunk	18	18	18	18
Genitalia	1	1	1	1
Upper Extremity (each)	9	9	9	9
Lower Extremity (each)	14.5	15.5	17.5	18.5
The patient's palm (hand minus fingers) is about 1% of the patient's body surface area.				

Age	HR	RR	BP	Temp (C)	Temp (F)
Premie	120-170	40-70	55-75/35-45	36-38	96.8-100.4
0-3 months	100-160	35-60	65-85/45-55	36-38	96.8-100.4
3-6 months	90-120	30-45	70-90/50-65	36-38	96.8-100.4
6-12 months	80-120	25-40	80-100/55-65	36-38	96.8-100.4
1-3 years	70-110	20-30	90-105/55-70	36-38	96.8-100.4
3-6 years	65-110	20-25	90-110/60-75	36-38	96.8-100.4
6-12 years	65-100	14-22	90-120/60-75	36-38	96.8-100.4
12+	55-100	12-20	100-135/65-85	36-38	96.8-100.4