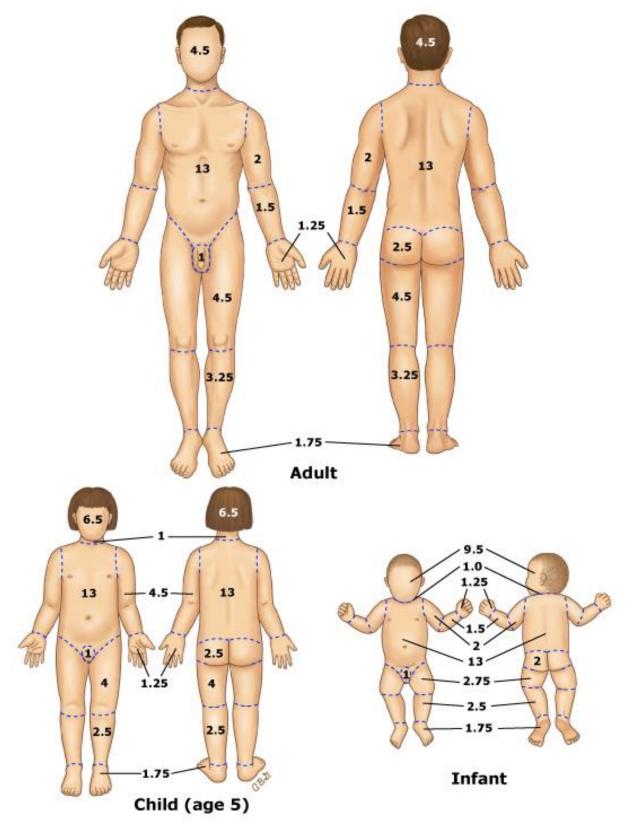
THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.

Inclusion Criteria: Infants and children presenting to the ED with burn injury 1 Admission Criteria: Exclusion Criteria: As determined by provider Burns on head, face, palms, hand, feet, chest, perineum, joints, or **Initial Evaluation:** anything circumferential, Triage per ED protocol per attending discretion MD/AP and RN to perform brief rapid assessment history & physical Moderate or major burn Describe the burn: per attending discretion Total Body Surface Area (TBSA) – use Lund and Browder Chart to accurately determine % of body surface Uncontrolled pain area with Partial Thickness/Full Thickness burns (see Appendix A) Suspected physical abuse Burn Depth - Superficial, Partial Thickness, Full Thickness (FT) (see Suspected Physical Abuse Pathway) Place patient in Resuscitation Room if: Any patient with burn >25% TBSA (Level 1 activation) wounds that are not Suspected inhalation injury (diagnose with flexible bronchoscopy) and consider cyanide poisoning completely healed must Altered mental status or LOC at scene or in ED be re-admitted to the Associated major trauma Pediatric Surgery service Minor (<5% TBSA) or Moderate Severe (>10% TBSA)? (5-10% TBSA) If burn >25%, Trauma team activation **Pain Medications:** Immediate Trauma consult Ketorolac IV 0.5 mg/kg IV q6hr (max 15 mg/dose) or Ibuprofen PO 10 mg/kg/dose q6hr (max 800 mg/dose) Acetaminophen PO 15 mg/kg/dose q6hr (max 1000 mg/dose, max 75 mg/kg/day, not to exceed Obtain: Labs per trauma team 4000 mg/day) Morphine IV 0.05 mg/kg q3hr PRN (max per dose: infants: 2 mg/dose; 1-6 yr old: 4 mg/dose; 7-12 yr Reliable IV access and start isotonic crystalloid per Parkland formula old: 8 mg/dose; >12 yrs: 10 mg/dose) Parkland formula: 2 mL x %TBSA x body Fentanyl Intranasal 1-2 mcg/kg x1 (max 50 mcg/dose) if no IV access weight (kg); ½ of this volume given over first 8 hours, remainder given over the Fluids: next 16 hours Consider maintenance IVF or bolus if patient is NPO or concern for dehydration exists Place IO if PIV fails Vaccinations: Assess the need for Tetanus vaccine and/or Tetanus Immunoglobulin (Appendix B) Consider: Transfer to regional burn center Consultations/Notifications: Fasciotomies for circumferential FT burns If >5% TBSA: Immediately call the Local Fire Marshal and complete Burn Injury Reporting Form (see Cyanide antidote (Cyanokit) for those with Appendix C) inhalation injury (eg, closed space, house fire) Consult Pedi Surgery/Trauma (860-220-4311) if: CO poisoning and measurement of >5% TBSA partial thickness burn, any full thickness burn or provider discretion carboxyhemoglobin Consult SCAN if concern for Suspected Physical Abuse (Suspected Physical Abuse Pathway) <2 yrs old, delayed presentation, history not consistent with injury If patient is not transferred to a burn center, then treat off pathway per pediatric trauma team. Meets admission criteria? Admit to Pedi Surgery/Trauma Service **Pain Medications:** Acetaminophen PO 15 mg/kg/dose q6hr PRN (max 75 mg/kg/day, not to exceed 4000 mg/day) Ketorolac IV 0.5 mg/kg q6hr PRN (max 120 mg/day) Hydrocodone/Acetaminophen PO 0.1 mg/kg q6hr PRN (do not exceed 75 mg/kg/day of acetaminophen) OR Morphine IV 0.05 mg/kg q3hr PRN Fluids/Electrolytes/Nutrition: If maintenance IVF is required, use D5 NS with KCl 20 mEq/L Regular diet (if not going to OR for debridement) Consider NGT for supplemental nutrition if caloric intake low Burn wound care: Depends on burn location and surgeon discretion. Bacitracin, Telfa, Kling wrap BID or PRN (first dressing by Pedi Surg, then RN thereafter) Mepilex Ag or Mepitel Ag may be applied and left in place for 7 days Discharge Criteria: Pain control on PO pain regimen, no active concerns for suspected abuse, family education complete, wound care supplies provided, appropriate follow up in place (PCP as needed for minor burns; Pedi surgery clinic 860-545-9520, 1st available appointment) **Discharge Medications:** Ibuprofen PO 10 mg/kg q6hr PRN (max 1.2 g/day) AND Hydrocodone/Acetaminophen PO 0.1 mg hydrocodone/kg/dose q6hr PRN (max 5-10 mg hydrocodone/dose; max acetaminophen 4000 mg/day or 75 mg/kg/day) *Dispense only 3 days worth.

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CONTACTS: BRENDAN CAMPBELL, MD, MPH | SAMANTHA PELOW, APRN | JEN TABAK, RN, MSN



CLINICAL PATHWAY:

Burn

Appendix B: Tetanus Vaccine and IG Considerations

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.

- If the patient has completed primary Tetanus series, is up to date on Tetanus vaccination, and received a dose in the past 5 years, no tetanus prophylaxis is indicated.
- If the patient is up to date on Tetanus vaccine but has not completed DTaP series (4 vaccines in total), provide a dose of DTaP if the minimum interval has occurred. Need to Tetanus Immunoglobulin (TIG) should be assessed below:
 - If the patient received at least 3 doses of a Tetanus-containing vaccine, no TIG is needed.
 - If the patient has received fewer than 3 doses of a Tetanus-containing vaccine,
 TIG is needed.











Burn Injury Reporting Form

www.ct.gov/dcs | phone 860.713.5522 | 860-920-3093

To Report Burn Injuries:

- 1. *Immediately* call the Local Fire Marshal in whose jurisdiction the injury occurred.
- 2. Tell the Fire Marshal you are reporting a burn injury and give the following information:

A. Victim's name, address and date of birt B. Address when burn injury occurred C. Date and time of injury	h D. Area(s) of body injured E. Degree of burns and percent of F. Injury severity	G. Apparent cause of burn injury H. Name and address of reporting facility I. Attending physician
	Oct.gov with the subject line: Burn	t. This is a fillable-form in PDF. Please complete the Injury Report. You may also print and mail the form uite 1306, Hartford, CT 06103.
Victim's NameLast, First, MI	DOBmm/dc	Gender Male Female
Victim's AddressNumber,	Victim Street, City, State, Zip	n's Phone Check if incident has received prior treatment (transfer patient)
Address Where Burn Occurred		County
	Number, Street, City, State,	
Date of Injury Time of I	njury hours Percent Bur	□1st □3rd rned% Degree(s) of Burn □2nd □Inhalation Burn
Area(s) of Body Injured (Put and "X" by a	II that apply) Injury	y Severity (Put an "X" in the appropriate box)
Face, Head Leg	□Мо	oderate (treated and released)
Neck, Shoulder Foot	□Ser	rious (hospitalized)
Chest, Abdomen Arm	□Life	e Threatening (death is imminent and/or probable)
Back, Buttocks Hand	□Dea	ad on Arrival
Groin, Genitals Internal (in	cluding trachea and larynx)	
□Gas/Vapor Explosion - ignition of flam □Hot Liquid - Hot water, coffee, tea, ho □Other Open Flame - Welding, matche □Outside Fires - Grass and brush, fores □Radiation - Burns caused by contact o □Steam - caused by escaping steam fro □Structure Fire - any uncontained burn □Sunburn - Exposure to ultraviolet ligh □Vehicle Fire - Car, truck, plane, boat, to	ctive, caustic, corrosive or irritating stovepipe, furnace, iron, steam pipecue, hot grease uipment and flash burns te ckets, smoke bombs, etc. able/combustible liquids such as gamable gases or the explosion of flat food, hot tar, melted plastic, etc. s, lighter, torch, etc. t, bonfires, dump, trash and refuse r exposure to any radioactive mate m radiators, boilers, pipes, etc. ing within a structure, including sm t, including sun lamps ractor, lawnmower, etc., carbureto	esoline, kerosene, diesel fuel, jet fuel, lighter fluid, etc. ammable liquid vapors e fires, etc. erials noking accidents, trash fires, etc. or and engine fires, etc.
Name of Reporting Facility		Date of Report
Address of Reporting Facility	Niverban Chart City	



Last, First, MI

RETURN TO THE BEGINNING

Name of Person Completing Report _



Last, First, MI

Name of Attending Physician _