

1) Routine Trauma Assessment

NOTE: *Burns do not bleed. Bleeding with burns indicates an additional underlying traumatic injury*

2) Appropriate airway management

- a) Administer unit dose (2.5 mg) albuterol for bronchospasm
- b) Consider early intubation with RSI for upper airway burns
- c) Consider cricothyrotomy/Per Trach® if patient presents with laryngeal edema and cyanosis

3) Determine Body Surface Area involved (BSA)

4) If less than 10% BSA

- a) Apply wet sterile dressing or Water-Gel® (up to 2 packets)
- b) Administer 50 mcg Fentanyl for pain control every 10 minutes up to 100 mcg total
- c) For patients 5 – 8 years old 25 mcg Fentanyl IV/IN every 10 minutes up to 50 mcg total

5) If greater than 10% BSA

- a) Apply plastic cling wrap to area of burn, avoid circumferential wrapping.
- b) Establish IV of normal saline
- c) Administer fluid bolus if systolic blood pressure <110 mmHg
- d) Administer 50 mcg Fentanyl IV/IN for pain control every 10 minutes up to 200 mcg total
- e) For patients 5 – 8 years old 25 mcg Fentanyl IV/IN every 10 minutes up to 100 mcg total