

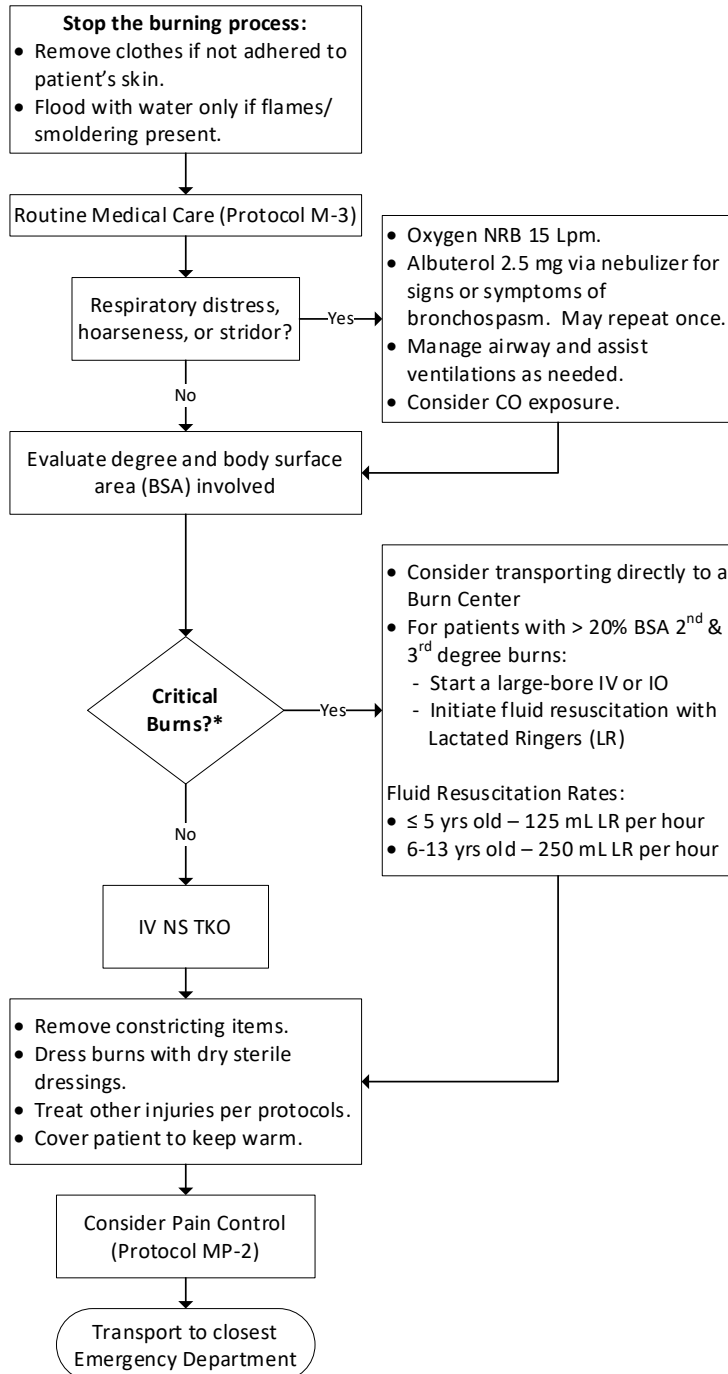
Monterey County EMS System Policy



Protocol Number: TP-1
 Effective Date: 7/1/2023
 Review Date: 6/30/2026

BURNS - PEDIATRIC

ALS and BLS



Types of Burns

- Thermal – remove from environment, put out fire.
- Chemical – brush off or dilute chemical, consider HAZMAT team.
- Electrical – make sure patient is de-energized and suspect internal injuries.
- Assume CO if enclosed space.

***Critical Burns**

Do not include 1st degree burns in determining

- 2nd degree burns > 10% BSA.
- 3rd and 4th degree burns.
- Burns involving the face, hands, feet, genitalia, perineum, or major joints.
- Electrical burns, including lightning injury.
- Chemical burns.
- Burn injury with inhalation injury.

Destination Considerations

For patients with burns and concomitant trauma:

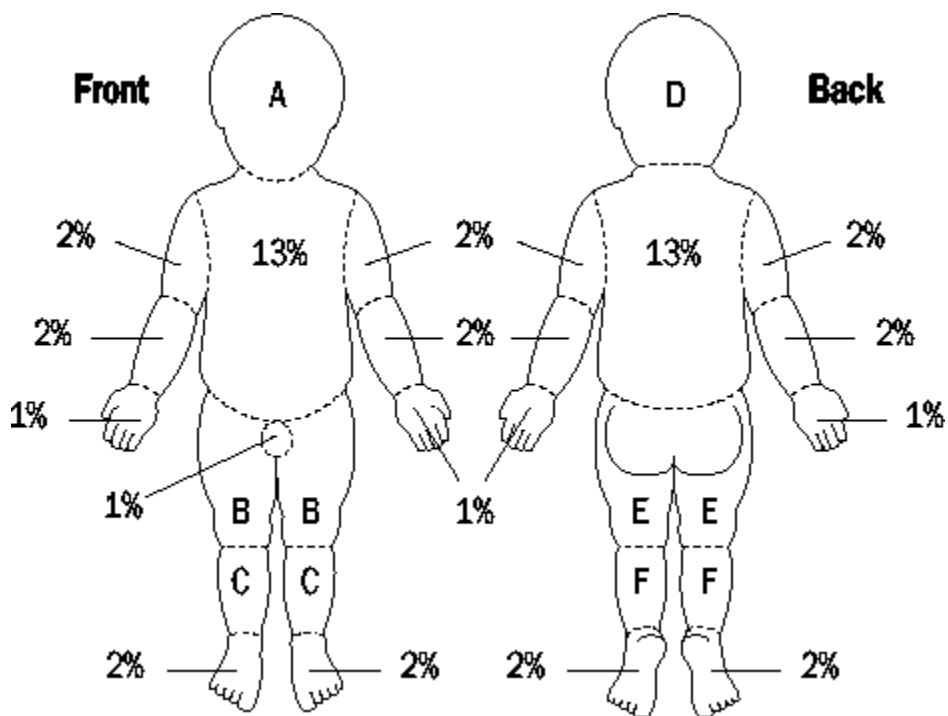
- If the burn injury poses the greatest risk of morbidity or mortality, consider transporting directly to a Burn Center.
- If the trauma poses the greater immediate risk, transport to the closest Trauma Center.

Patients with inhalation injury or burns to the airway should be transported to the closest Emergency Department for stabilization.

Burn Centers

- San Jose – Santa Clara Valley Medical Center Regional Burn Center
- Fresno – Community Regional Medical Center Leon S. Peters Burn Center
- San Francisco – Bothin Burn Center at Saint Francis Memorial Hospital

PEDIATRIC RULE OF 9'S



Relative percentage of total body surface area (TBSA) affected by growth

AREA	NEONATE	1 YEAR	5 YEARS	10 YEARS	15 YEARS
A/D = 1/2 OF HEAD	9 ½ % TBSA	8 ½% TBSA	6 ½% TBSA	5 ½% TBSA	4 ½% TBSA
B/E = 1/2 OF ONE THIGH	2 ¾% TBSA	3 ¼% TBSA	4% TBSA	4 ½% TBSA	4 ½% TBSA
C/F = 1/2 OF ONE LEG	2 ½% TBSA	2 ½% TBSA	2 ¾% TBSA	3% TBSA	3 ¼% TBSA