Outpatient Management of Pediatric Burns

PABLO AGUAYO, MD
BURN DIRECTOR CHILDREN’S MERCY KANSAS CITY
Some things are just bad combinations.
Objectives

- Initial triage of pediatric burns
- Wound care and general management
- Discharge/referral/follow-up
Initial Triage of Pediatric Burns

Burn Center Referral Criteria

A burn center may treat adults, children, or both.

Burn injuries that should be referred to a burn center include:

1. Partial thickness burns greater than 10% total body surface area (TBSA).
2. Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
3. Third degree burns in any age group.
4. Electrical burns, including lightning injury.
5. Chemical burns.
6. Inhalation injury.
7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
8. Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
9. Burned children in hospitals without qualified personnel or equipment for the care of children.
10. Burn injury in patients who will require special social, emotional, or rehabilitative intervention.

Severity Determination

First Degree (Partial Thickness)
Superficial, red, sometimes painful.

Second Degree (Partial Thickness)
Skin may be red, blistered, swollen. Very painful.

Third Degree (Full Thickness)
Whitish, charred or translucent, no pin prick sensation in burned area.

Percentage Total Body Surface Area (TBSA)

Reprinted from Guidelines for the Operation of Burn Centers pp. 75-86, Resources for Optimal Care of the Injured Patient 2016, Committee on Trauma, American College of Surgeons
Initial Triage of Pediatric Burns-
Available resources
Initial Triage of Pediatric Burns - Outpatient Care

- Age
- Extent of burn
- Depth of burn
- Premorbid disease
- Co-morbid disease
- Social circumstances
Wound Care and General Management

- Cooling
- Blisters
- Cleansing
- Dressing
Wound Care and General Management

- Dressings-Choose the least expensive one
  - Absorb drainage
  - Provide protection and isolation
  - Decrease pain
Pick no more than 2-3 and learn how to use them well
Discharge/Referral/Follow-up

- 5-7 days - most will need f/u
- Less frequent dressing changes are preferred
- Pain control at home and in follow-up
- Conversion to deep burns
- ROM affected
Transport Stability

- Burn Wound Care
  - Ensure burned sites are dry and covered with at least a clean sheet
  - Avoid wet dressings
  - Avoid any ointments or burn treatments