Care of Burns in Scotland
National Managed Clinical Network

Guideline for the Management of Paediatric Burns (v1.0)

NHS SCOTLAND

Are there signs of airway injury? If yes, contact anaesthetist

If appropriate **COOL THE BURN** with cool running tap water. **Keep the child warm**

Is burn TBSA > 10%

YES

- Heat room
- Insert IVC
- Obtain FBC, U&Es, CRP Blood Glucose, G&S.
- Commence resus fluid
- Commence maintenance fluids
- Apply a loose layer of cling film
- Administer analgesia
- Keep patient warm
- Actively warm patient if cold
- Contact Burns/Plastics Registrar on-call to arrange transfer

Is transfer going to be delayed?

YES

- Dress wound with Urgotul SSD or similar dressing
- Keep child warm
- Insert NG and start slow feed on advice of receiving team
- If circumferential burn, discuss need for escharotomy with receiving team

NO

Continue care as above

NO

Is burn TBSA > 3%

YES

- Heat room
- Apply a loose layer of cling film
- Administer analgesia.
- Contact Burns/Plastics Registrar on-call to arrange transfer

NO

- Is burn full thickness?
- Does it involve hands, face, feet, perineum or joints?
- Is burn circumferential?
- Is burn electrical/chemical?
- Are there child protection issues? (see Child Protection Guideline on COBIS website)

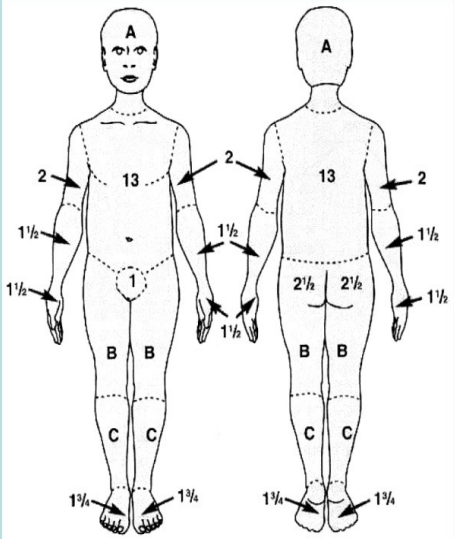
YES

- Apply a loose layer of cling film
- Administer analgesia
- Contact Burns/Plastics Registrar as per local arrangement/local burns unit to discuss transfer.

NO

- Deroof blisters
- Cleanse and swab wound
- Apply Urgotul SSD and a secondary dressing
- Patient can go home with appropriate follow up.

Check Immunisation and Tetanus Status



Relative percentages affected by growth

AREA	AGE 0	1	5	10	15	ADULT
A=½ of head	9½	8½	6½	5½	4½	3½
B=½ of one thigh	2¾	3¼	4	4¼	4½	4¾
C=½ of one leg	2½	2½	2¾	3	3¼	3½

FLUIDS - The initial resuscitation period is 24 hours, split into 2 periods:

FIRST 8 HOURS:

Modified **Parkland** formula - given as **Hartmann's** solution

Total Volume of Hartmann's = %TBSA x Wt. (in Kg) x 2

This should be the total volume of fluid given by 8 hours post-injury.
Target Urine output is 1 to 1.5 ml/kg/hour

Fluid boluses may be given initially or during resuscitation, depending on patient progress and discretion of clinicians, but over-resuscitation can cause major problems

SECOND 16 HOURS:

For this period, of resuscitation fluid is administered as **Colloid** solution: Albumin 4.5% (PPS)

Hourly Rate of Albumin 4.5% = %TBSA x Wt. (in Kg) x 0.1mls

IN ADDITION, GIVE MAINTENANCE FLUIDS

- 100ml/kg/day for the first 10 kg body weight
+ 50 ml/kg/day over 10kg and less than 20 kg body weight
+ 20ml/kg/day for each kg over 20kg body weight.

Oral / NG fluid volume is subtracted from maintenance fluids

WEBSITE www.cobis.scot.nhs.uk