







Case Two

“Paediatric Thermal Burn”

Summary: 2yo boy
Scalded burns to all 4 limbs and face (Partial thickness)
Jumped into bath (Hot water only)
Estimated 20% TBA Partial thickness

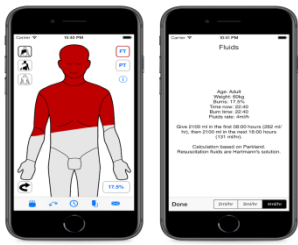
Depth of Burn	Layer of skin affected	Clinical Features	
Epidermal Burn	Epidermis only	Skin is red and painful, but not blistered. This is typical of sunburn.	
Superficial Partial Thickness Burn	The epidermis & upper layer of dermis.	The skin is pale pink and painful with blistering. Capillary refill: blanches & rapidly returns.	
Deep Partial Thickness Burn	The epidermis, upper and deeper layers of dermis	The skin appears dry or moist, blotchy and cherry red, and may be painful or painless. There may be blisters. Capillary refill: blanches with a sluggish return or does not blanch.	
Full Thickness Burn	The burn extends through all the layers of skin to subcutaneous tissues.	The skin is dry and white, brown, or black in colour, with no blisters. It may be described as leathery or waxy. It is painless. Capillary refill: does not blanch.	

FIRST AID VITAL – SAVES LIVES!!!

- REMOVE; Loose clothing etc
- COOL; Cool water 20mins (can benefit for up to 3 hours)
- COVER; Cling film then non adherent dressing and crep bandage
- MAINTAIN; body temperature
- ABX; One stat dose Flucloxacillin (Paeds)

ANALGESIA

- Paracetamol; 20mg/kg PO (30mg/kg PR OR 15mg/kg IV)
- Ibuprofen; 5mg/kg PO
- Morphine; 0.1mg/kg IV
- Diamorphine; 100mcg/kg Intranasal
- Ketamine; 1-2.5mg/kg IM (Opiate +/- ketamine with senior input only)



MERSEY BURNS APP
MUST GET!!
Calculate extent of burns & Fluid prescription

FLUID REPLACEMENT

- Adult >15% Child >10%
- ½ first 8 h *since time of injury*
- ½ next 16h
- + maintenance in child <30kg
- Aim = UO 0.5ml/kg/hr

PROGNOSIS

Age + TBSA burn should be less than 100

