Pediatric Burn Scenarios 1 & 2 2013
Pediatric Burn Scenarios - #1

A 9 year old boy weighing 48 kgs and Ht. 135 cms, sustained burns today while playing with matches in a garage. Unknown accelerant and his pants caught on fire, which he attempted to put out using his hands. He sustained burns on both lower extremities. The burns are circumferential on the right lower extremity extending from the ankle to the mid-thigh and anteriorly on the left thigh. He also has burns to both hands, palmer surfaces.

1. Describe components of the initial assessment for this patient.

2. Calculate % Body surface area burned using the Sage Diagram –
   www.sagediagram.com, if you have not used need internet and there is an instruction page
   user name – use your own, medical center – type in Children's National Medical Center, your CH e-mail
   for patient info you can make up a name and patient ID#

   palms/ ______ thickness, Right leg and left thigh are partial thickness

3. Calculate the Parkland formula for this child. See Parkland link.

4. When do you expect maximal swelling?

5. What critical piece of information about the patient’s burns will likely be affected with maximal swelling and will warrant close observation/evaluation?

6. What should his hourly urine output be?

7. Six hours post burn his urine output is 3cc/kg/hr for 2 hours. What is the next best step in fluid management of this child and why?
Pediatric Burn Scenario # 2

You are admitting a 20 mo old Fe 3 hours post partial thickness scald burn. The burns are on the anterior torso and neck, right upper extremity and the right side of the face. There are large blisters on the torso and upper extremity. In addition, there are splash marks on the left lower and upper extremities without blisters and have intact skin. There is a 22G PIV in the left arm and Normal Saline 0.9% is infusing at 70 mls / hour. The transport team placed wet saline dressings prior to transport. Wt. 13.5kg Ht. 96cms


2. Should the Parkland formula to calculate the desired hourly fluid rate be initiated?

3. What IV fluid is indicated?

4. Describe equipment needed for debridement and dressing application. What is the appropriate dressing?

5. When should you initiate feedings for this patient and why?

6. List three potential complications for this patient.

7. Describe how to assess wound depth using accurate terms.

8. List which services you will contact and discuss why.