

OPERATIONAL GUIDELINES: Decrease Risk of Hypothermia in Pediatric Patients with Burn Injuries in Emergency Department

OBJECTIVE: To ensure that all staff are appropriately trained, prepared and equipped to provide the essential tasks necessary for preparation of burn patients, have a clear understanding of expectations when patients arrive into the Emergency Department. Children have nearly three times the body surface area (BSA) to body mass ratio of adults. The large BSA to body mass ratio of the child also predisposes the child to hypothermia, which must be aggressively avoided. Children younger than two years have thinner layers of skin and insulating subcutaneous tissue than older children and adults.

GUIDELINES:

Prior to Arrival

1. Upon a leveled trauma activation notification of a burn patient coming in the trauma RN will prepare the trauma room.
2. Trauma room doors need to be closed and the room temperature adjusted to 85 degrees. The doors need to remain closed to maintain the temperature in the room.
3. Turn on heat lamps above stretcher
4. Trauma RN will call distribution to have the burn cart delivered to the trauma bay.
5. Prepare the fluid warmer with Room temperature LR.

Post Arrival

1. Patient arrives remove any wet clothing, dressings or linens and apply warm blankets.
2. Obtain a core temperature
3. Patient temperature of 35-36 use the hotline to infuse iv fluids. **DO NOT BOLUS THE PATIENT, UNLESS THERE IS OTHER ASSOCIATED TRAUMA.**
4. Apply Bair hugger/Consider infant warmer for patients < 40 kg
5. Minimize traffic in and out of the trauma bay doors to prevent decreasing room temperature.
6. Limit patient's exposure time to room air-examine one area at a time and recover the area prior to viewing the next.
7. Post evaluation and prior to transfer to the unit, cover the wounds with clean dry sheets and warm blankets.
8. If wound care is going to be performed prior to the patient transferring to the unit, ensure the patients temperature is above 36.8.
9. Core body temperature needs to reach 36.8 and be maintained for 1 hour prior to discontinuing warmed fluids and bair hugger. Ensure patient remains covered and room temperature kept adequate to prevent recooling.

Note:

If the patient goes to the CT scanner, they need to be covered with warm blankets, Limit the amount of room air exposure time to minimize cooling the patient.