



PAEDIATRIC ACUTE CARE GUIDELINE

Burns - Medication

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

This document should be read in conjunction with this DISCLAIMER
<http://kidshealthwa.com/about/disclaimer/>

Burns - Medication

Background

- All children with burns will require analgesia
- Those requiring admission to hospital will generally require opiates
- It is essential that the child has been given appropriate long acting medications prior to transfer to the burns unit

Management

Medications - in the Emergency Department


Pain Severity	Drug	Route	Dose	Comments
Severe	Fentanyl	IN	1.5 micrograms / kg Titrate to effect 5 minutely	Fentanyl is the first choice but if not available or IV access attained for other reasons, then use IV Morphine
	Morphine	IV	0.05 - 0.1mg / kg Can repeat 5 minutely until effective	If pain is severe, IV Morphine can be used even if patient has had IN Fentanyl
	Oral medication as below	PO		Give soon after first dose of Fentanyl or Morphine
Mild to Moderate	Paracetamol	PO	15mg/kg	
	Ibuprofen	PO	10mg / kg (Max dose=400mg)	Not to be used if < 3 mths old
	Oxycodone	PO	0.05-0.1mg/kg	

Medications - Burns Ward

	Drug	Route	Dose	Comments
After Hours: When the child is admitted to the Burns Ward between 2200-0800 hrs please chart the following on ward medication chart	Morphine elixir	PO	≥ 6 mths: 0.5 - 1mg/kg (Max dose 30mg) ≤ 6 mths: 0.25 - 0.5mg/kg 3 - 4 hourly PRN	Please write up a range rather than a single amount Can be given one hour after Codeine
	Paracetamol	PO	15mg/kg 6 hourly (regular, Max dose = 1g)	Discuss with pharmacy in < 1 mth olds
	Ibuprofen	PO	10mg/kg 6 hourly (regular/PRN)	Not in < 3 mth olds
	Oxycodone	PO	0.05 - 0.1mg/kg 4 hourly PRN	
	Ondansetron	IV /PO	0.1 - 0.2mg/kg 8 - 12 hourly PRN (Max dose = 8mg)	Maximum 24mg in 24 hrs

*A recent [TGA review](#) (2015) has recommended avoiding codeine in children < 12years.

This document can be made available in alternative formats on request for a person with a disability.

File Path:			
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department		
Reviewer / Team:	Kids Health WA Guidelines Team		
Date First Issued:	5 February, 2014	Version:	
Last Reviewed:	12 October, 2015	Review Date:	12 October, 2018
Approved by:	Dr Meredith Borland	Date:	12 October, 2015
Endorsed by:	Medical Advisory Committee	Date:	12 October, 2015
Standards Applicable:	NSQHS Standards: 		
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