REPORT
COMMITTEE ON ACCIDENT PREVENTION

Emergency Care of Childhood Skeletal Trauma and Burns

The Committee on Accident Prevention of the American Academy of Pediatrics, in co-operation with the Surgical Section of the same organization, has prepared the following statements to cover the emergency management of childhood skeletal trauma and burns. Both of these statements are endorsed by the Committee on Trauma of the American College of Surgeons and have been approved by the Federal Civil Defense Administration.

EMERGENCY CARE OF CHILDHOOD SKELETAL TRAUMA

1. Evaluate and splint where they lie before moving. Do not attempt reduction.
2. Move cervical injuries face up on a rigid support with manual traction applied gently by cupping chin at the time of moving. Sand bags on either side of neck to prevent turning, if possible.
3. Spine injuries should not be flexed in transportation.
4. Lower leg injuries, transport in pillow strapped with belt.
5. Upper leg injuries, transport with both legs and trunk bound to board without circulatory interference.
6. Lower arm injuries, transport with splint such as rolled newspaper, gentle compression wrapping and sling.
7. Upper arm can be bound to chest with lower arm supporting in sling.
8. Open injuries or open wounds, cover with sterile dressing, do not dust with antibiotic, but systemic antibiotic is useful. Do not attempt to retract bone back under skin. Get to surgical care promptly.
9. Do not cover distal tips of extremities if it can be avoided thus allowing a circulation check to be made from time to time.

EMERGENCY CARE OF BURNS

1. Burns are due to thermal agents (scalds or fire); chemical agents (battery acid or lye); radiation (sunburn or nuclear); and electrical energy.
2. Even small burns may be followed by infection, tetanus, excessive scarring and disfigurement. Large burns may represent an immediate threat to life from shock. Arrest of the circulation and respiration may occur following electrocution.
3. Flames should be smothered if possible with child horizontal; children who have been scalded should have their clothing removed immediately; chemical burns (except phosphorus) should be washed with large quantities of running water. Chemical burns of the eye should be flushed with saline solution or water. Patients should be removed from source of radiant energy.
4. Fresh burns are relatively clean. They should be covered by a clean cloth immediately and should not be uncovered until the patient is delivered to a hospital emergency room or a doctor’s office. Such covering should be loosely applied without constriction.
5. Ointments, greases, powders, etc., should not be used in the emergency treatment of burns. Leave this management to the physician who will care for the patient.
6. Shock may be combated by keeping the patient flat, reassuring him, and keeping him warm during transportation to the hospital.
7. Pain is usually not a serious problem in the emergency treatment of a burn and drugs for pain should not be administered except by the physician who will care for the burn.

8. Patients with burns of the face, hands, feet or areas surrounding a joint, as well as any burn equivalent to more than 5% of the body surface, should be hospitalized after emergency treatment.

9. Electrical burns accompanied by electrocution and failure of respiration and circulation should receive artificial respiration for an indefinite period and until ordered to stop by a physician.

ACCIDENT PREVENTION COMMITTEE

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