

Pediatric Patients: Bridging the Readiness Gaps

Lansing, June 18, 2019

Pediatric Burn Surge

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Burn Mass Casualty Planning

We think of...

**New York
9/11/2001**



Friends in Need: Michigan's burn mass casualty plan



Friends in Need: Michigan's burn mass casualty plan

Madrid

Bus and Train Bombings



Friends in Need: Michigan's burn mass casualty plan



Friends in Need: Michigan's burn mass casualty plan

Civilian/Natural Disasters Persist



Friends in Need: Michigan's burn mass casualty plan

Civilian/Natural Disasters Persist



Friends in Need: Michigan's burn mass casualty plan

Just Imagine...



Friends in Need: Michigan's burn mass casualty plan

Preparing for a Mass Casualty Incident

Trauma \neq Burn

Penetrating Trauma



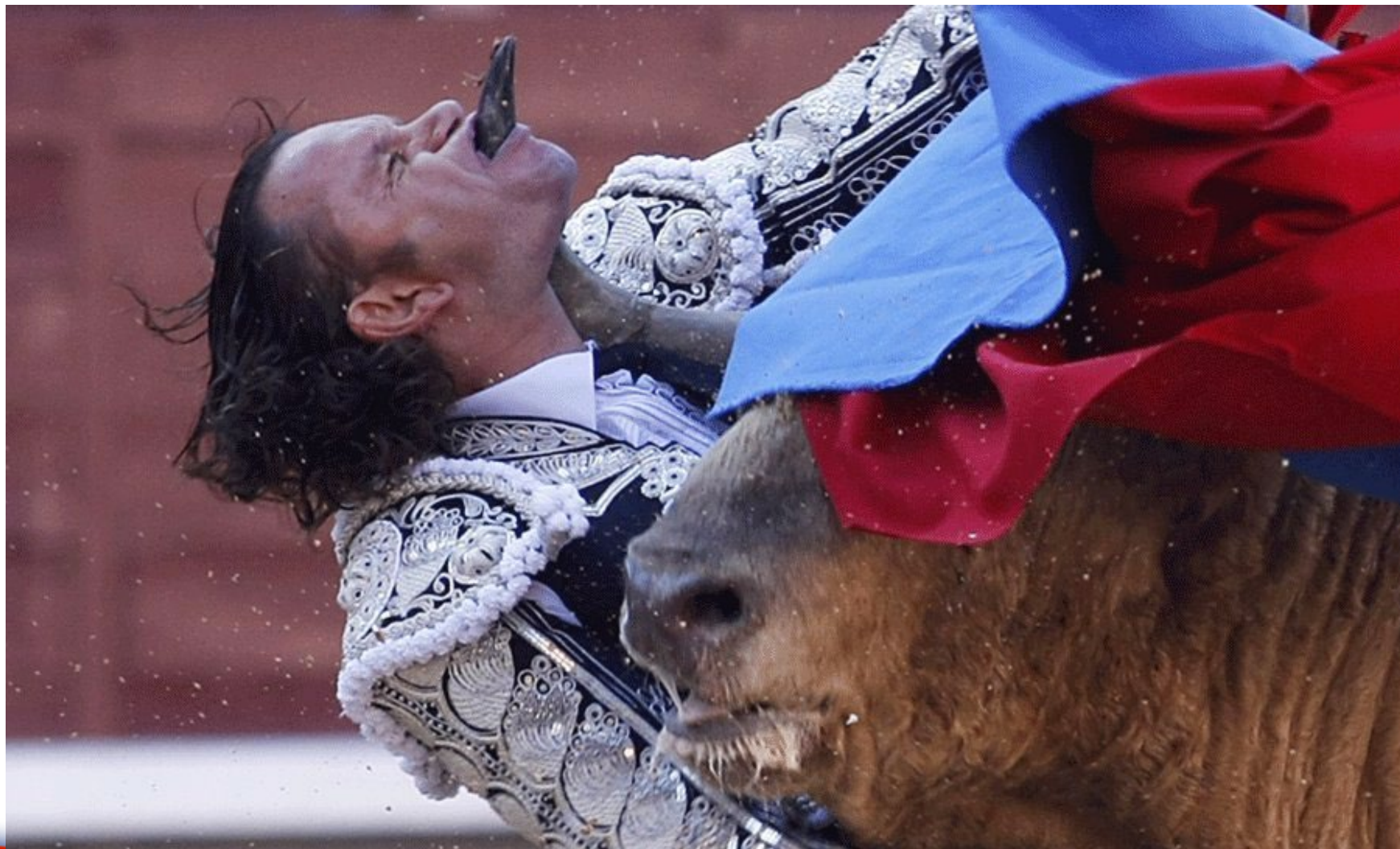
Friends in Need: Michigan's burn mass casualty plan

Blunt Trauma



Friends in Need: Michigan's burn mass casualty plan

Blunt & Penetrating Trauma



Friends in Need: Michigan's burn mass casualty plan

Blunt & Penetrating Trauma



Trauma & Golden Hour

Multiple Waldo's, Extreme Time Pressure, High Stakes



Why is it important to get trauma patients a treatment facility quickly?

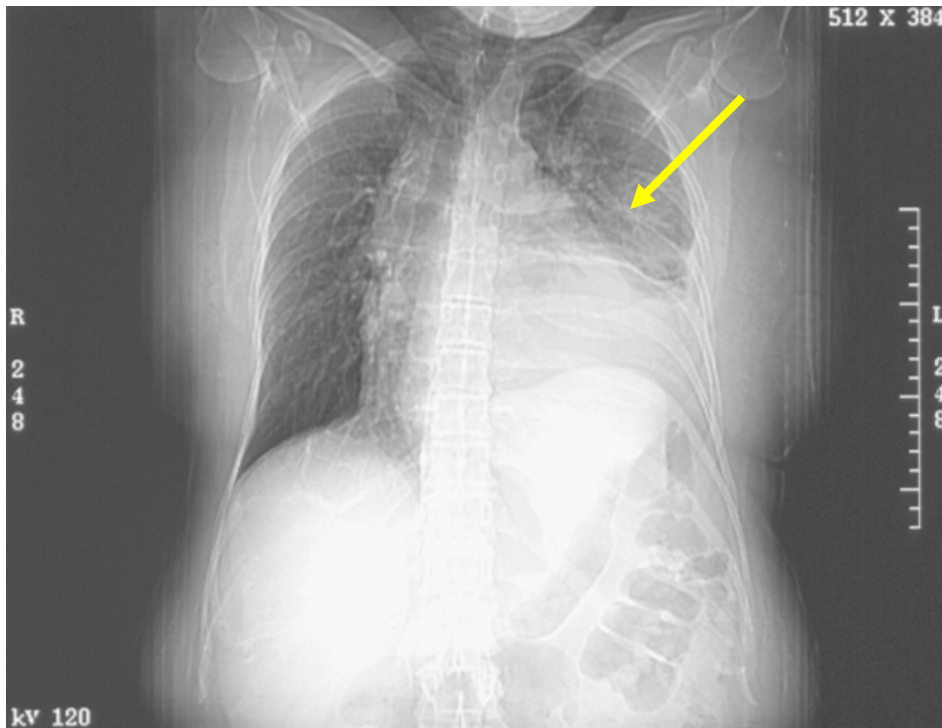
Critical Injuries Requiring Rapid Treatment

Torn Aorta with contained leak

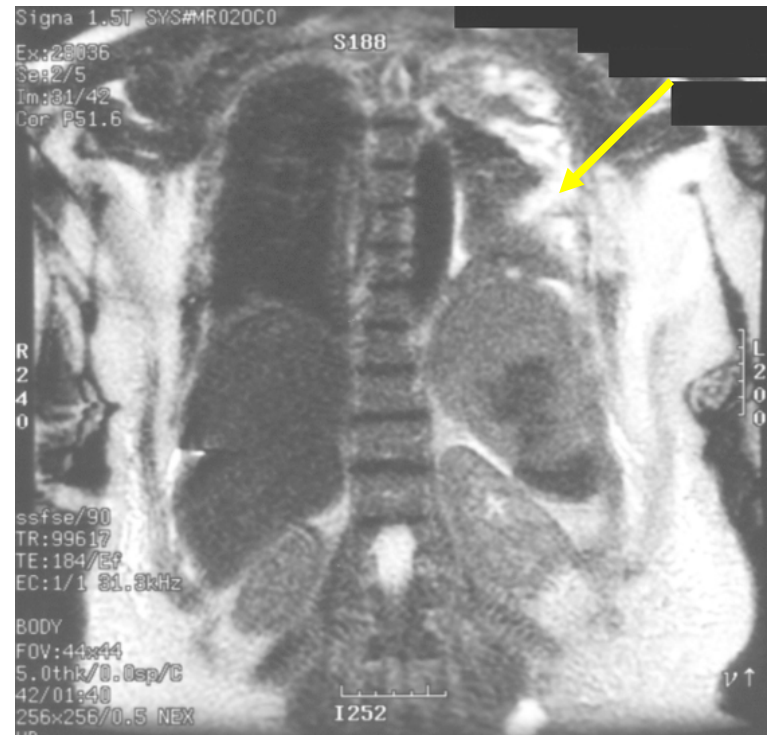


Critical Injuries Requiring Rapid Treatment

Ruptured Diaphragm = difficulty breathing and suffocation.



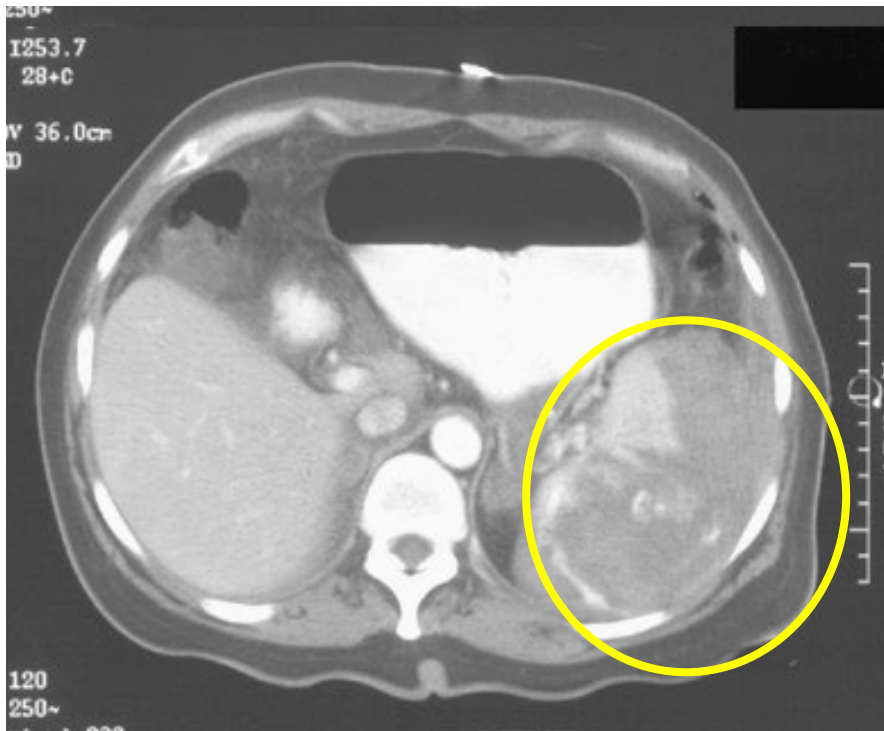
Chest Xray



Chest MRI

Critical Injuries Requiring Rapid Treatment

Blood Loss = Low oxygen delivery to tissues/organs (SHOCK)



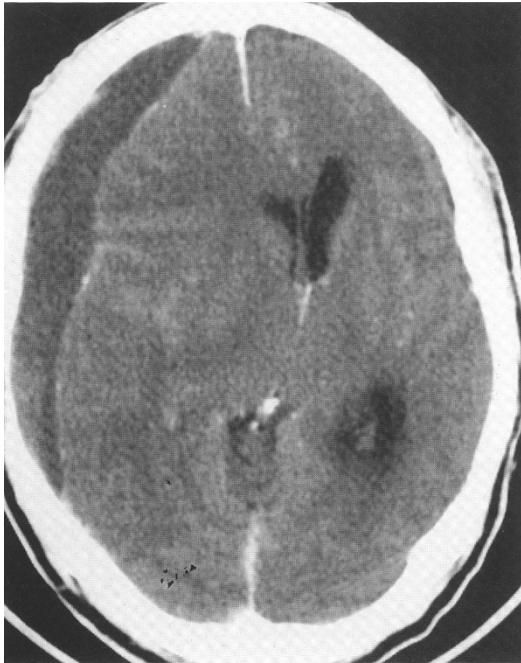
Ruptured spleen on CT



Active bleeding on angiogram

Critical Injuries Requiring Rapid Treatment

Closed Head Injury leads to increased intra-cranial pressure and further brain injury



Subdural hematoma with shift



Epidural hematoma with shift

Top 3 Causes of Shock After Trauma

1. Bleeding

2. Bleeding

3. Bleeding

You need a surgeon!

Top 3 Causes of Shock After Burn

1. Salt water loss

2. Salt water loss

3. Salt water loss

You don't need a surgeon to treat this!

From a Surgeon's Perspective....

Trauma



Burn



Past Lessons from Burn Disasters

- **1978 liquid petroleum gas tanker truck explosion in Spain.**
 - 82 patients bussed (without medical care for many hours) 150 miles south to Valencia.
 - 58 patients taken north, with enroute medical care, to Barcelona.
 - 4 day survival: 45% vs. 93%.
- **Illustrates the importance of prompt medical resuscitation and stabilization.**

Typical Burn Care Timeline

FIRST 6 HOURS

Triage, ABCs, wound assessment, resuscitation

- Airway, Respiratory Insufficiency, Shock

6 – 24 HOURS

Wound care, monitor for complications, resuscitation

- Compartment syndrome, Respiratory/Renal insufficiency

DAYS 2 – 6

Supportive Care (Analgesia, Nutrition, Prophylaxis)

- Wound infections (day 5+)

DAYS 3 - 7

Decision for burn surgery or continued wound care

RARELY IS DEFINITIVE BURN SURGERY BEGUN IN FIRST 48-72 HRs

Treatment & Prevention of SHOCK Is the Key for Initial Burn Patient Care

SHOCK - Inadequate Tissue Perfusion

Perfusion requires intact A + B + C

- **A - upper airway: heat damage & swelling**
- **B - lower airway: smoke, carbon monoxide**
- **C - hypovolemia, but NOT due to blood loss**

Keep Everything WARM & COMFORTABLE

- Burn injuries leak fluid, which evaporate...



- Shivering uses enormous energy
- Burns hurt

Keep Inside WET (hydrated)

- **Patients leak (not bleed) everywhere**
 - External – wound
 - Internal – lungs, tissues
- **Establish IV access early (it ain't gonna get any easier)**
- **Give them what they're leaking:**
 - salt water



Keep Inside WET (hydrated)

- In mass casualty, consider ORAL hydration.



Medical Considerations in a Burn MCI

- **Burns injuries rarely require immediate surgical intervention!**
 - *Take a breath....Think...Consider*
- **100% O2, airway (resources)**
- **Keep everything WARM and COMFORTABLE**
- **Keep outside DRY**
- **Keep inside WET (hydrated)**

U.S. Burn Bed Capacity

- **Number of BURN CENTERS →127**
- **Number of BURN BEDS →as low as 1,500**
- **Leaving the number of available beds as low as 300 on any given day**



A Federal Mandate (and a good idea...)

- The US National Bioterrorism Hospital Preparedness Program, requires that states plan for the provision of care to burn patients based on a population ratio of 50 per million.
- Michigan: population 10 Million → **500** burn casualties
- 6 Michigan Burn Centers. **79** beds total.
 - Bronson Methodist Hospital
 - Children's Hospital of Michigan
 - Detroit Receiving
 - Hurley Medical Center
 - Spectrum Health
 - U of Michigan

Principles of Burn Mass Casualty Management*

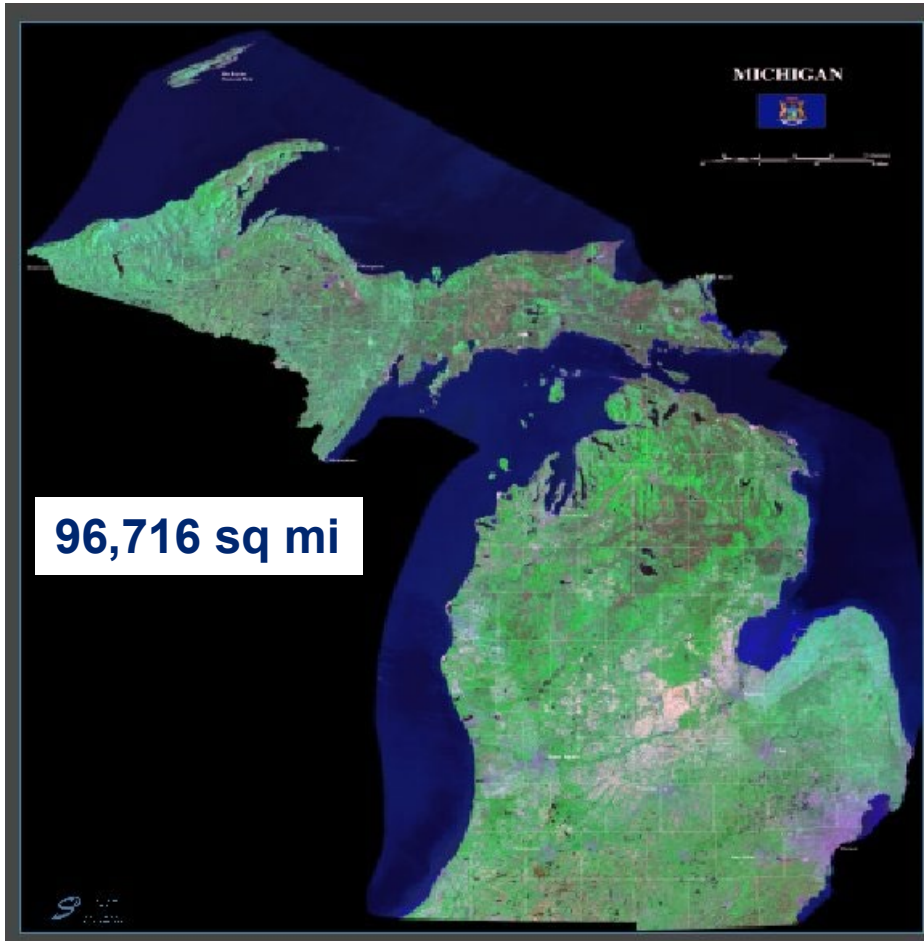
1. Have a Plan
2. Command, Control and Communication
3. Triage
4. Transport
5. Treatment Strategies
6. Personnel Management
7. Supplies and Equipment
8. Transfer

* Cancio LC & Pruitt BA, Int J Disaster Med 2005

General Concepts Underlying the Michigan Plan

- We should supplement (*not replace*) the American Burn Association's national preparedness efforts.
- We should build on and reinforce (*but not re-invent*) the infrastructure that has been built for major disasters: The National Incident Management System.
- **We should prepare to rely only on ourselves (*local/regional*) for the initial post-incident period.**

Time Distance Resources



Friends in Need: Michigan's burn mass casualty plan

Statewide Regional Organization

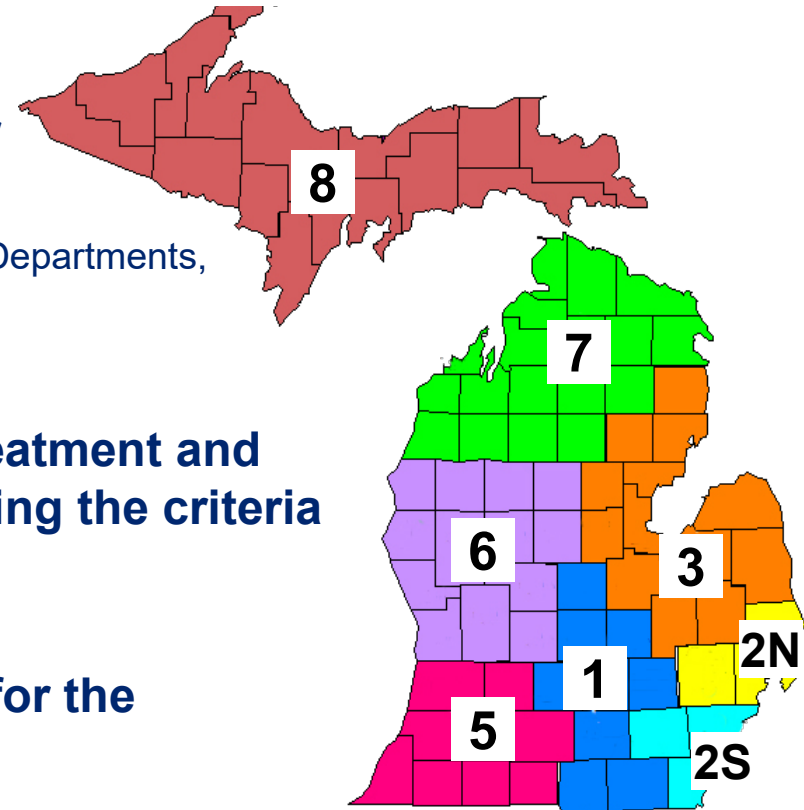
8 Healthcare Coalition Regions

- Medical Director
- Healthcare Coalition Coordinators
- Assistant Healthcare Coalition Coordinator

83 counties, 59 Medical Control Authorities, 45 Public Health Departments, and 12 Tribes

Each Region should plan to provide initial treatment and stabilization for burn victims triaged as meeting the criteria for a burn referral to a burn center

This administrative structure is also utilized for the statewide trauma system



Organization & Assignment of Responsibilities

Regional Medical Coordination Centers (MCC's)

- Activated when emergency medical care coordination is needed in response to a real or potential MCI.
- Functions
 - ❖ Support to hospitals, local EOC's, other RMCC's and the CHECC
 - ❖ Current availability of regional medical resources
 - ❖ Coordination of requests and receipt of intra and extra-regional medical resources
 - ❖ Casualty transportation system

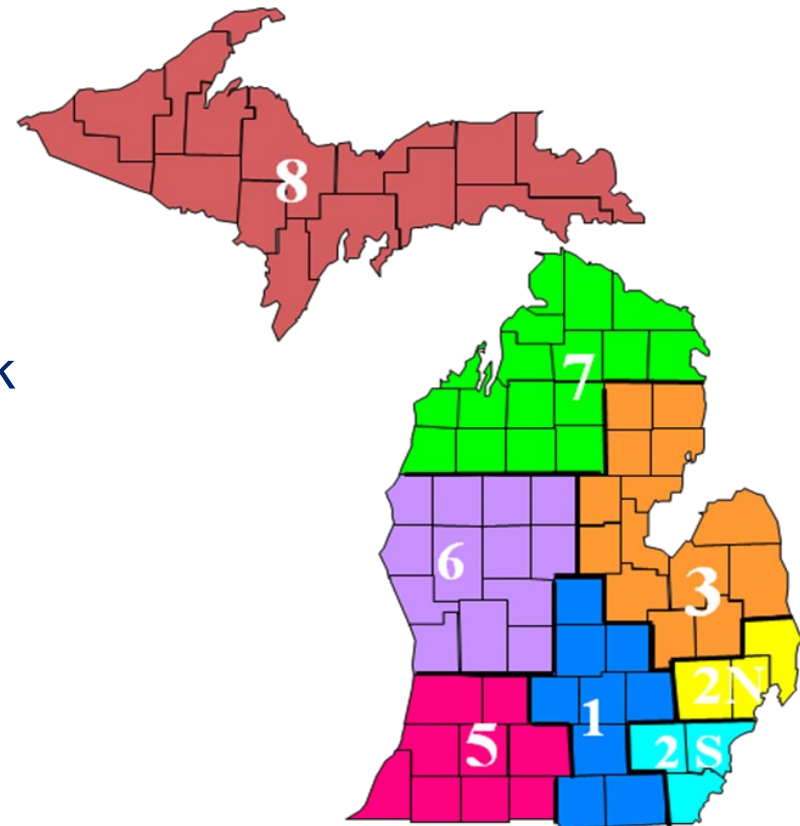
Trauma Centers for Surge Capacity

1. Typically the most capable medical centers in the more rural regions of Michigan
2. Already the center of local preparedness efforts
3. Working relationships with state/county agencies, medical control authorities and EMS
4. Preferred destination for combined burn/trauma injuries
5. Have ED physicians & surgeons on staff as well as manned ICUs
6. Currently function as via-point for transfer of rural burn patients to MI burn centers
7. Used to resuscitation of injured patients

Organization & Assignment of Responsibilities

Regional Burn Surge Facilities (2019)

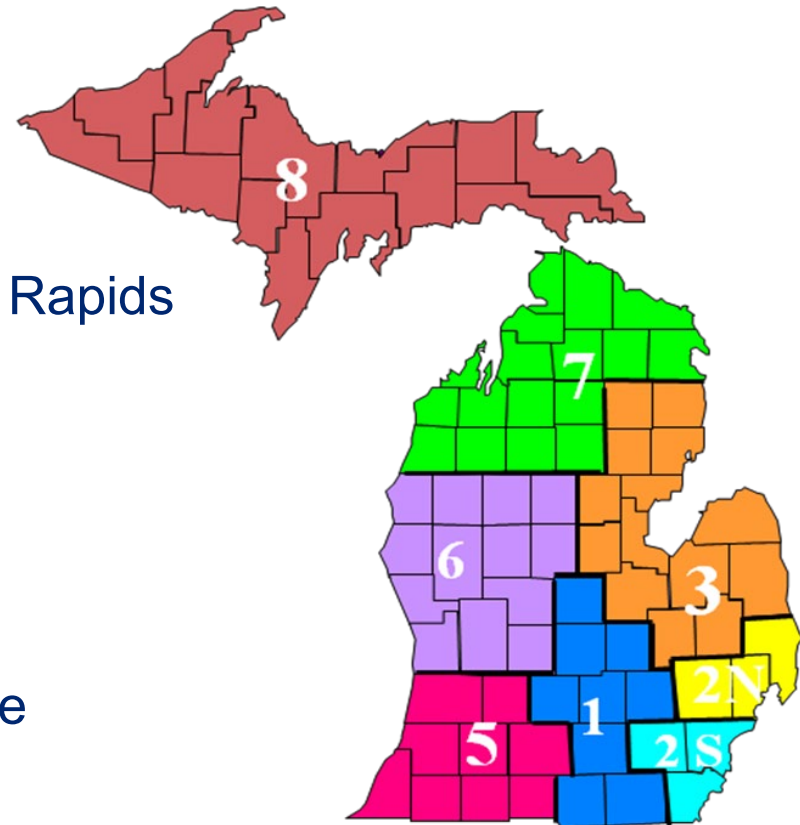
- Region 1
 - Sparrow Hospital
 - Henry Ford Allegiance
- Region 2 North
 - William Beaumont – Royal Oak
 - McLaren Oakland
- Region 2 South
 - Henry Ford Hospital
 - St. Joseph's Ann Arbor
- Region 3
 - St Mary's Saginaw



Organization & Assignment of Responsibilities

Regional Burn Surge Facilities (2019)

- Region 5
 - Borgess Medical Center
- Region 6
 - Mercy Health St. Mary's Grand Rapids
- Region 7
 - Munson Medical Center
 - McLaren Northern Michigan
 - MidMichigan Alpena
- Region 8
 - UP Health Systems – Marquette
 - UP Health Systems - Portage

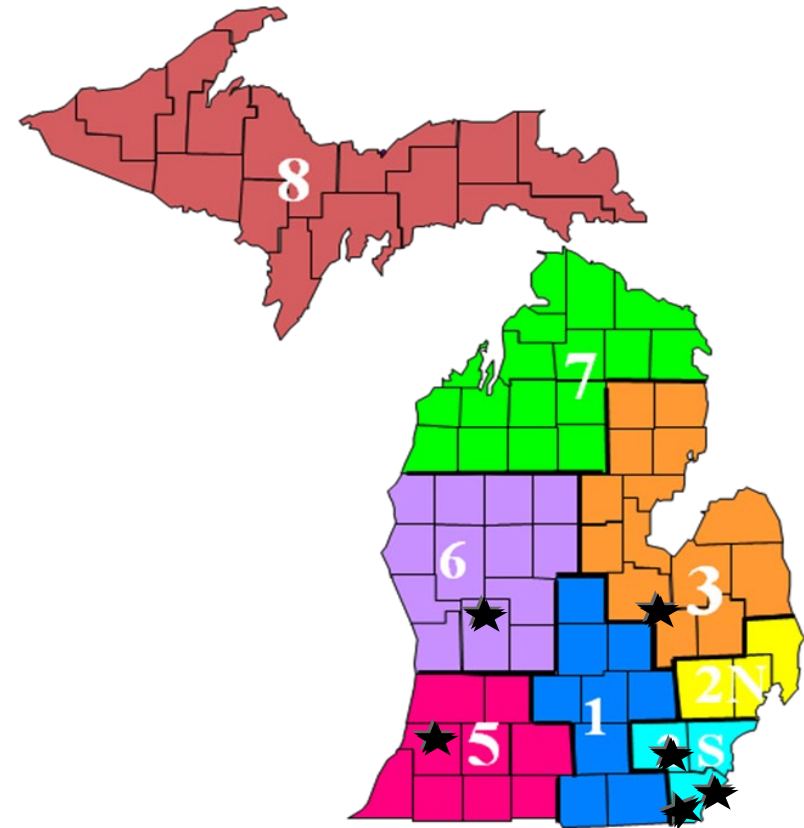


Organization & Assignment of Responsibilities

Michigan Burn Centers

- University of Michigan*
- Children's Hospital of Michigan*
- Detroit Receiving Hospital
- Hurley Medical Center
- Bronson Methodist Hospital
- Spectrum Health

* ABA-verified Pediatric Burn Center



Michigan Burn Mass Casualty Tiered Triage

<u>AGE</u>	% Total Body Surface Area Burn + 10 for Inhalation Injury									
	0 - 10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 +
<2	Very High	Very High	Very High	High	Medium	Medium	Medium	Low	Low	Very Low
2 - 5	Outpatient*	Very High	Very High	High	High	High	Medium	Medium	Low	Low
5 - 19.9	Outpatient*	Very High	Very High	High	High	High	Medium	Medium	Low	Low
20 - 29.9	Outpatient*	Very High	Very High	High	High	Medium	Medium	Low	Low	Very Low
30 - 39.9	Outpatient*	Very High	Very High	High	Medium	Medium	Medium	Low	Very Low	Very Low
40 - 49.9	Outpatient*	Very High	Very High	Medium	Medium	Medium	Low	Very Low	Very Low	Expectant
50 - 59.9	Outpatient*	Very High	Very High	Medium	Medium	Low	Very Low	Very Low	Expectant	Expectant
60 - 69.9	Very High	Very High	Medium	Medium	Low	Very Low	Very Low	Expectant	Expectant	Expectant
70+	Very High	Medium	Medium	Low	Very Low	Expectant	Expectant	Expectant	Expectant	Expectant

*Inhalation Injuries – consider admission for airway monitoring and respiratory support.

NOTE: Significant associated trauma and/or co-existing medical conditions WILL worsen prognosis.

State Burn Coordinating Center Roles, Responsibilities & Expectations

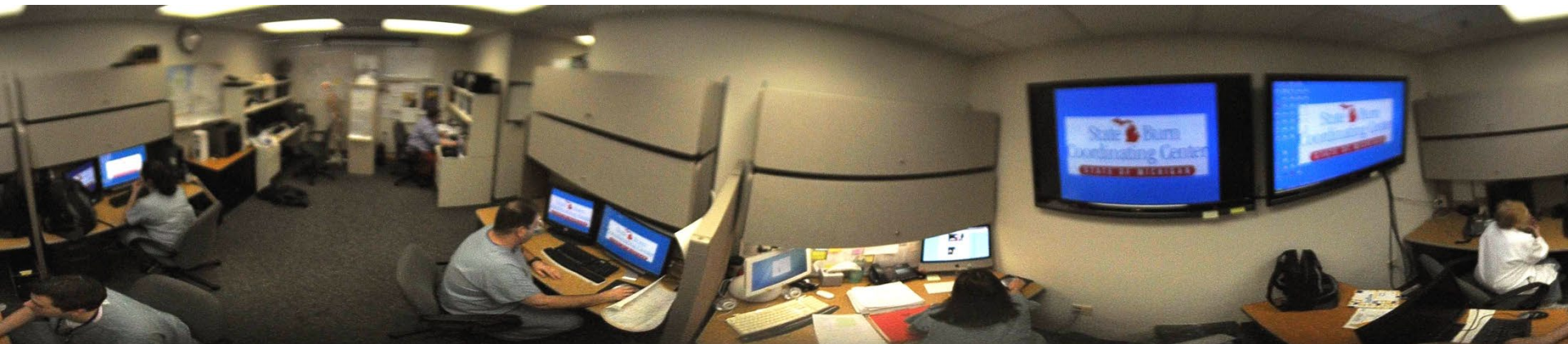


SBCC: Initial 24 Hours

- **Activate SBCC emergency operations staff**
- **Coordinate with Community Health Emergency Command Center (CHECC) for activation of additional Burn Surge Facilities**
- **Monitor the triage and transport of burn casualties to MI Burn Centers and Burn Surge Facilities**
- **Notify SBCC in neighboring states or ABA as necessary**
- **Monitor the admission of burn casualties to MI Burn Centers and BSFs**
- **Monitor the response of BSF patients to resuscitation**
- **Consultation support for Burn Surge Facilities**

Real-time Support

SBCC Emergency Command Center in UM Burn Center



...separate from UMHS ECC

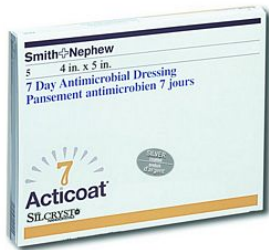


Friends in Need: Michigan's burn mass casualty plan

Deployable Burn Triage & Support Teams

- **Team:**

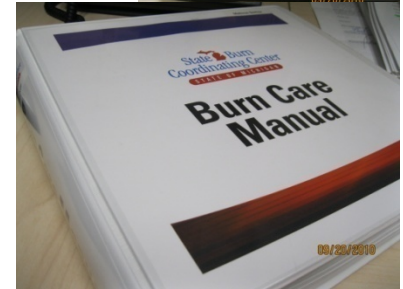
- Flight nurse for acute and critical care expertise
- Burn nurse with special wound care expertise
- Surgeon with burn experience
 - General and plastic surgery chief residents
- Pilot/driver



Photos courtesy of Adam Johnson, Brockit Inc

- **Equipment/Supplies:**

- Burn care reference materials, critical supplies
- Video cameras and computers to record and report patient condition, enabling secondary triage at the State Burn Coordinating Center



SBCC: Days 2-4

- **Send Burn Secondary Triage Teams to BSFs**
- **Monitor patient response in BSFs**
- **Continuous consultation support for BSFs**
- **Coordinate with CHECC for the transfer of burn casualties from BSFs to MI Burn Centers**
- **Coordinate with neighbor SBCCs and ABA for the transfer of burn casualties from BSFs and MI Burn Centers to regional/national Burn Centers**
- **Monitor walking wounded treated at BSFs around MI**
- **Coordinate the procurement and distribution of critical burn surgery supplies to MI Burn Centers**



Burn Surge Facilities

Roles, Responsibilities & Expectations



Burn Surge Facility – Priorities

- **Triage**
- **Admit**
- **Resuscitate**
- **Pain relief**
- **Dressings**
- **Gather ID information**
- **Collaborating with CHECC & SBCC**

Burn Surge Facility – Initial 96 Hours

- Supportive care: fluids, analgesia, nutrition
- Report patient response to resuscitation
 - Database entry
 - FAX
 - Call
 - Email
- Treating walking wounded
- Consultation with SBCC clinical staff
- Receive Burn Teams from SBCC
- Prepare patients for transfer to burn center



Website Interface

www.Michiganburn.org



EMERGENCY BURN TRIAGE AND MANAGEMENT



734-936-BURN (936-2876)

DISASTER PLANS

[MI Burn Mass Casualty Plan](#)
[Michigan Burn Disaster Database](#)
[EMResource \(requires login\)](#)
[Google Maps of MI Burn Facilities](#)

BURN ESSENTIALS

[Fluid Resuscitation Protocol](#)
[Peds Fluid Resuscitation \(excel\)](#)
[Adult Fluid Resuscitation \(excel\)](#)
[Difficult to Resuscitate Protocol](#)
[Nutrition Algorithm for Burns](#)
[Burn Injury FAQs](#)
[Advanced Burn Life Support](#)
[Burn Mass Casualty Links](#)



The State of Michigan Burn Coordinating Center has developed these modules to provide just-in-time training for pre-hospital and medical personnel caring for burn patients following a mass casualty event. This content is intended to support all levels of care for these patients as the triage and coordination of transfer is addressed.

SELECT LEARNING MODULE

- Burn Assessment and Classification
- Debridement: Cleaning Wounds
- General Burn Care
- Adult Sedation and Pain Management
- Peds Sedation and Pain Management
- Medical Nutrition for Burns
- Care by Body Area
 - Face, Neck and Ears
 - Upper Extremity Including Hand/Fingers
 - Chest, Abdomen and Back
 - Buttock, Groin, and Genitalia
 - Lower Extremity Including Foot/Toes

SELECT AREA BURNED



SELECT TRAINING VIDEO

- Face and Ears: Burn Dressing
- Neck: Acticoat
- Neck: Silvadene
- Upper Extremity: Acticoat
- Upper Extremity: Silvadene
- Chest, Abdomen & Back (Mobile): Acticoat
- Chest, Abdomen & Back (Mobile): Silvadene
- Chest, Abdomen & Back (Immobile): Acticoat
- Chest, Abdomen & Back (Immobile): Silvadene
- Groin & Genitalia: Silvadene
- Buttocks: Acticoat
- Buttocks: Silvadene
- Lower Extremity: Acticoat
- Lower Extremity: Silvadene



EMERGENCY BURN TRIAGE AND MANAGEMENT



HOME

[Blank Form Download](#)[Manage Patient Data](#)[Burn Care Training](#)[About Us](#)

Login

U: P: 

The State of Michigan Burn Coordinating Center has developed this database to track patients injured in a Burn Mass Casualty Incident within the state. This system is an integral part of the Burn Mass Casualty plan, providing essential information on patient status to assist in the triage and treatment of these patients at predefined surge facilities while coordination of transfer is addressed.

This site will allow approved users to:

- [Enter new patients](#)
- [Add detail about patient status](#)
- [Upload photos and documents related to patient status](#)
- [Download necessary forms for patient care](#)
- [Learn more about the State of Michigan Burn Coordinating Center](#)
- [Connect with training materials for the care of burn patients](#)

Training and Reference Modules

www.michiganburn.org

Burn Care: Abdomen, Chest and Back

Presented by:
Sarah Taylor, BSN
University of Michigan Trauma Burn Center

Debridement/Cleansing of Burns

- Make sure all loose tissue is removed from the affected area.
- Open and drain any intact blisters over 1 inch diameter
- [Debridement module](#)



Chest, Abdomen and Back Burns



Assess the Wound

- Assess for compartment syndrome
- Bladder Pressure and Respiratory exam
- [Burn Classification Module](#)
- [Emergency Procedure Module](#)



Chest, Abdomen and Back Burns



Multimedia On-Demand Support

- Combined with video and narration into interactive modules – cookbook reference

The screenshot shows a presentation window titled "Arm_Hand_Burns (02:29 / 04:07)". The slide content includes:

- University of Michigan Health System logo
- Amanda Corwin, BSN, RN
UMHS Disaster Preparedness Team
- Navigation tabs: Outline, Thumbnails, Notes, Search
- Table of Contents:
 1. Burn Care: Upper Extremities
 2. Objectives
 3. Do's and Don't of Extremity Burns
 4. Debridement/Cleansing of Burns
 5. Assess the Wound
 6. Supplies Needed
 7. Dressing with Acticoat
 8. Dressing with Silvadene
 9. Dressing with Silvadene
 10. Upper Extremity Dressing
 11. Special Considerations
- Slide Title: Dressing with Silvadene
- Video: A person in blue scrubs is applying a white dressing to a patient's hand. A blue bowl is visible on the table.
- Slide Footer: Hand and Arm Burns, University of Michigan Trauma Burn Center logo
- Control Bar: articulate POWERED PRESENTATION, SLIDE 9 OF 11, PLAYING, 00:21 / 01:30, navigation buttons

Resuscitation Protocols

BURN MCI: FLUID RESUSCITATION

I. Burn Resuscitation Protocol

- A. Document patient's TBSA burn using Lund-Browder diagram (Rule of Nines Diagram). Include only partial and full-thickness burns.
- B. Obtain weight or close estimate.

II. First 24 Hours Post Burn

A. TBSA < 20%

Maintenance IVF only until taking adequate oral intake.

B. TBSA \geq 20% and Weight \geq 30kg

1. Calculate estimated fluid needs:

- a) 2-4cc of LR X kg of body weight X %TBSA burned:
 - administer half of calculated amount over the first 8 hours
 - administer half of calculated amount over next 16 hours
- b) If urine output < ½ cc/kg/hour (goal is 30-50 cc/hour):
 - increase LR infusion by 1/3 of the hourly calculated amount
- c) If urine output > 70 cc/hour:
 - dip urine to exclude glucosuria
 - decrease LR infusion by 1/3 of the hourly calculated amount

C. TBSA \geq 20% and Weight < 30kg

1. Calculate estimated fluid needs:

- Adult
- Pediatric
- Difficult to Resuscitate

BURN MCI: DIFFICULT TO RESUSCITATE PROTOCOL

Recommendations for the difficult fluid resuscitation:

At 12 hours after burn injury, calculate the PROJECTED 24-hour resuscitation if fluid rates are kept constant. If the projected 24-hour resuscitation requirement exceeds 6ml/kg/%TBSA, then the following steps are recommended:

1. Initiate 5% albumin (25gm/L) early as described previously in *Emergency War Surgery Handbook*.
2. Check bladder pressures every 4 hours.
3. If UOP <30ml/hr, strongly consider the placement of a PA catheter to guide resuscitation with specific PCWP and SvO₂ goals. (Goal PCWP 10-12, SvO₂ 65-70%). If PA catheter placement is not practical then consider monitoring CVP from a subclavian or IJ along with central venous saturations (goal CVP 8-10, ScvO₂ 60-65%).
 - a. If CVP or PCWP not at goal then increase fluid rate.
 - b. If CVP or PCWP at goal then consider levophed to augment mean arterial pressure (and thus UOP) or dobutamine 5mcg/kg/min (titrate until SvO₂ or ScvO₂ at goal). Max dose of dobutamine is 20mcg/kg/min.
 - c. If both CVP or PCWP and SvO₂ or ScvO₂ at goal, then stop increasing fluids (even if UOP <30ml/hr). The patient should be considered hemodynamically optimized and the oliguria is likely a result of established renal insult. Some degree of renal failure should be tolerated and expected. Continued increases in fluid administration despite

Resuscitation Protocol

BurnFluidAdult1.5.xls [Read-Only] [Compatibility Mode]

University of Michigan Adult Burn Resuscitation Flow Sheet

Patient Name: Last, First CPI: 0000-0000

Burn Injury Date: 00/00/2009 Planned fluid resuscitation: 4 ml/kg/%TBSA

Burn Injury Time: 0:00

Estimated fluid volume patient should receive:

%TBSA: Estimated wt kg: 1st 8 hrs: 2nd 16 hrs: 1st 24 hrs: Total m^l's

Site	Hr's from burn	Time	Crystalloid m ^l 's	Colloid m ^l 's	Total m ^l 's IVF	Target Urine Output	Actual Urine Output	SBP mmHg	MAP mmHg	CVP mmHg	Vasopressin units/min	Dobutamine ug/kg/min	Levophed ug/min	Actual Urine Output		Comments
														< 85% Target	> 70 ml	
ED	1st				0	0					None	None	None	No	No	
	2nd				0	0					None	None	None	No	No	
	3rd				0	0					None	None	None	No	No	
	4th				0	0					None	None	None	No	No	
	5th				0	0					None	None	None	No	No	
	6th				0	0					None	None	None	No	No	
	7th				0	0					None	None	None	No	No	
	8th				0	0					None	None	None	No	No	
Total fluids 1st 8 hrs:			0	0	0	0	0									
	9th				0	0					None	None	None	No	No	
	10th				0	0					None	None	None	No	No	
	11th				0	0					None	None	None	No	No	
	12th				0	0					None	None	None	No	No	
	13th				0	0					None	None	None	No	No	
	14th				0	0					None	None	None	No	No	
	15th				0	0					None	None	None	No	No	
	16th				0	0					None	None	None	No	No	
	17th				0	0					None	None	None	No	No	
	18th				0	0					None	None	None	No	No	
	19th				0	0					None	None	None	No	No	
	20th				0	0					None	None	None	No	No	
	21st				0	0					None	None	None	No	No	
	22nd				0	0					None	None	None	No	No	
	23rd				0	0					None	None	None	No	No	
	24th				0	0					None	None	None	No	No	
Total fluids 2nd 16 hrs:			0	0	0	0	0									
Total fluids 24 hrs:			0	0	0	0	0									
Projected 24 hr total fluids at 12 hrs:					0	m ^l 's	Consider difficult to resuscitate guideline:					TRUE				
6ml / kg %TBSA burn estimate:					0	m ^l 's										

Excel Spreadsheet Formulas incorporated

Targets specified

Flags if desired outcome not observed

Clinical summary useful for secondary triage

BSF Training at SBCC

One day of classes and practical

- Evaluation of burn wounds and patients
- Hands on wound care training
- Surge Facility MCI Kit – Development and Use
 - Role cards
 - Checklists
 - Protocols
- Mass casualty exercise – Triage & resuscitation
- Resources – what, where, how to use
- Communications – what, where, how to use
- Team-building & networking



Michigan's Burn Centers

Roles, Responsibilities & Expectations

**Continue to provide great burn care
.... just to many more people.**

Michigan Burn Centers – Initial 24-48 Hours

- Receive burn casualties
- Activate surge capacity
- Report capacity and capability to SBCC to coordinate the acceptance of transfers from Burn Surge Facilities or other burn centers
- Increase capability/capacity of outpatient burn care facilities



Michigan Burn Centers – Day 3-7

- **Accept transfers from BSFs or other burn centers**
- **Determine resources needed for definitive burn care of admitted burn patients**
- **Definitive burn care – debridement/grafting, wound care**
- **Coordinate with SBCC for delivery of critical supplies (homograft, dressings, supplies)**



MI Burn Centers – Day 8+

- **Complete burn care of inpatient casualties**
- **Accept transfers of burn casualties treated outside MI**
- **Definitive burn care of those who self present (walking wounded)**

MI Burn Centers – De-escalation

- Rehab
- Follow-up
- Scar management
- Support groups



Key Points

- **Burn disasters will occur**
- **Local burn center resources and personnel will be overwhelmed.**
- **It will be impossible to immediately transport all burn casualties to definitive burn care facilities outside the regions (clogged roads, overtaxed ambulances & aircraft).**
- **The immediate clinical need is for resuscitation, which can be rendered by non-burn facilities.**
- **The burn care expected of these surge facilities should be simple and not overwhelm local medical personnel (Minimize wound care).**
- **Tremendous needs exist for practical burn care training to support preparedness efforts.**

Michigan's Burn Plan

- **Widespread acceptance & support**
- **Adopted by multiple states around US**

....but

Pediatric Annex

Follow up discussion with Burn Surge Facilities as well as medical and emergency preparedness professionals determined there was insufficient Pediatric expertise and resources available to optimally care for a large number of burned pediatric patients.



Top Concerns

- **Airway**
- **Resuscitation**
- **Pain Management**

Solution

- **Send expert teams AND supplies to the site to assist with the subtle nuances of the Pediatric patient**
- **Transfer the Pediatric patient as soon as possible (not day 2 or 3) to an appropriate center for definitive treatment.**

Strike Teams

The configuration of the Team will be dependent on the incident and what will be required.

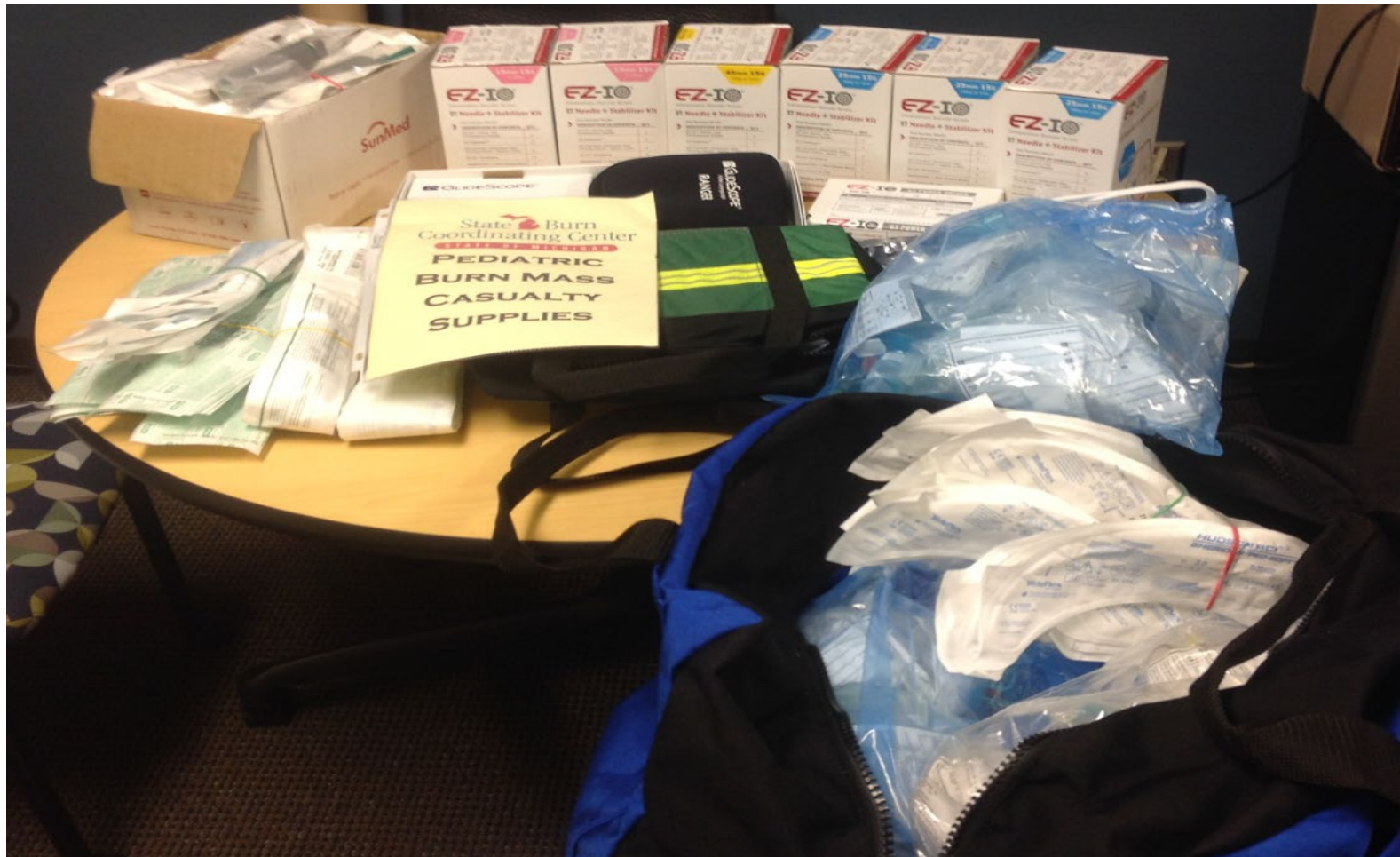
- Pilot/Driver and a Flight Nurse is the Primary Team.
- Additional members may include one or more of the following:
 - Additional flight nurse
 - Senior Burn Nurse
 - Pediatric Critical Care Nurse
 - Pediatric Emergency Medicine Fellow
 - Senior ER Resident
 - Senior Level Pediatric Surgical Resident

Strike team will provide support for: Triage, Treatment and Transport

Supplies

- The group started out with a “wish list” of supplies
- This was revised several times
- Input on packing and storing was gathered from flight services members
- Funds were provided through a grant from OPHP
- Glide Scopes were purchased
- These supplies have been assembled into the “GO BAGS” which have been distributed to 6 flight services throughout Michigan.
- **OK to use for any pediatric MCI, not only burns.**

Go Bag – Pediatric Burn Surge



Friends in Need: Michigan's burn mass casualty plan

What do you think? Need?

- **Current plan**
- **Resources**
- **Education/training**



Questions?



www.michiganburn.org