

## **Emergent Care of the Burn Patient**



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- There are approx. 1 million burn injuries per year.
- Resulting in approx. 25,000 admissions to burn units.
- Average size of a burn that requires admission to a burn unit is 14%.
  - Six percent of those admitted do not survive.





The skin is the largest organ of the body.

Its function is as vital to survival as any other organ in the body.

 The skin is a multilayered structure composed of the epidermis and dermis.









#### • FUNTCIONS OF THE SKIN:

- Protection
- Thermo-regulation
- Maintenance of fluid and electrolyte balance
  - Metabolism
  - Neurosensory and social





#### **CAUSES OF BURNS**

- Flame/flash
- Scald; water or grease
  - Contact
  - Electrical
    - Chemical





#### ANATOMY OF A BURN

- Zone of coagulation
  - Zone of stasis
- Zone of erythema

Systemic Inflammatory Response













#### **BURN SIZE**

#### Rule of Nines

#### Lund and Browder Chart

#### Rule of palms















#### **CLASSIFICATION OF BURN INJURY**

- Superficial burns
- Partial-thickness burns superficial partial
  - and deep partial
  - Full thickness burns
    - Subdermal burns









#### **FLUID RESUSCITATION**

- Parkland formula
- 4 ml/kg/%BSA burned

1/2 this amount over first 8 hours, 1/4 over next 8 hours, 1⁄4 over third 8 hours.

Type of fluid – LR LR LR!
SHOULD SERVE ONLY AS A GUIDE





#### ASSESSMENT

AIRWAY

#### BREATHING

#### CIRCULATION





#### **SECONDARY ASSESSMENT**

#### DISABILITY

#### EXPOSURE

#### HISTORY





#### MANAGEMENT

# STOP THE BURN PROCESS ABC'S WOUND MANAGEMENT AND DRESSINGS

### • PAIN CONTROL!!!!!

HYPOTHERMIA





#### **SPECIAL SITUATIONS**

ELECTRIAL BURNS - rhabdomyolysis

CIRCUMFERENTIAL BURNS – escharotomies

PEDIATRIC BURNS – surface area, glycogen

#### CHEMICAL BURNS





# • SUMMARY

