

BURINI

By = FANAD

Q. Classify Burn :

Full Thickness

Partial Thickness

Deep Superficial

① → Superficial Burn -

Involves Epidermis

Dermis - upto papillary layer

Formation of Erythema

Formation of Blisters

Loss of epidermis

Loss of Fluid

Dermis is pink + Moist

Prick sensation remain normal.

No surgical Rx - required

Healing within 2 weeks.

② - Deep Burn - Involves epidermis

Dermis - upto reticular layer

Loss of epidermis

No Fluids

Sensation on affected area reduced.

Can't differentiate b/w Sharp and
Blunt -

No surgery Required

Heal within 03 weeks.

* Full-Thickness.

Whole dermis destroyed

Hard, leathery Feel

Thrombosed vessel - seen

Surgical intervention required

For healing by skin grafting
Flaps.

Q Management of Burn Patient

* → Pre-Hospital care of Burn Patient



① Ensure rescuer safety first

② Stop the Burning process - Drop and roll method

③ Cool the burn wound - for 10 minutes



At 15°C

To avoid Hypothermia



To reduce pain

To prevent or slow down the microvascular Damage.

④ Follow ABCDE protocol

⑤ - Oxygenation.

⑥ - Elevation of Burned limbs

⑦ - Sitting a patient with Burned airway may prove life saving.

Hospital Management

Assessment



Admit the patient.

Assessment of air-way.

Assessment of %age of burned area.

Assessment of Depth of Burn

Involvement of any circumferential Burn

Assessment of associated injuries.

① Assessment of air-way.

Check for laryngeal edema.

check for any change in

- Voice

- stridor

- Anxiety

Respiratory Difficulty

secure air-way



Endotracheal Tube.

Cricothyroidectomy.

Rx - Inhalational injury



Physiotherapy

Nubelizer

Warm - Humidified O₂
Ventilation.

Assesment of % of Burn (Size)

① - Small + Patchy area of Burn

Using - Patient hand + Digits = 1% of
(Palm) TBSA

② - Rule of Nine

Head and neck



Front

Back

Total

4.5

4.5

9

Right arm



Front

Back

Total

4.5

4.5

9

Left arm

Front

Back

Total

4.5

4.5

9

Chest

Front

Back

Total

9

9

18

Abdomin

Front

9

Back

9

Total

18

Right Thigh

4.5

4.5

9

left Thigh

4.5

4.5

9

Right leg

4.5

4.5

9

left leg

4.5

4.5

9

P. area

10%

Total = 100 %.

③ - Lund and Browders chart.

Assessment of depth of Burn :



No definite method

But clues can tell about depth.

Scalds - Partial thickness Burn.

Fat-Burn - Deep dermal

Flame Burn - Mixed Burn

Alkali Burn - Full thickness Burn.

Electric Burn - Full "

Acid Burn - Weak → superficial Burn

Strong → deep dermal.

Assessment of circumferential involvement



Full thickness - Eschar formation

Compartment syndrome.



Rx - Escharotomy.

Assessment of Associated injuries



ATLS

Management :

Fluid-Resuscitation :-

If Burn is more than 15% of TBSA

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IV fluid resuscitation

Parkland's Formula

1st-24 hrs

4 ml x Pt. body weight x %age of Burn

Total fluid = 24 hrs.

Half = Given in first 08 hrs.

Other half = Given in next 16 hrs.

Maintenance

100 ml/kg = For the first 10 kg

50 ml/kg = For the 2nd 10 kg.

20 ml/kg = Every kg above 20 kg.

Children

Maintenance

4 ml x Pt. body weight x %age of Burn

Type of Fluids :-

Lactated ringer

Ringers acetate

Avoid colloids

Other Blood products]

↓

on first 24 hrs.

↓

To prevent edema
lung complication.

Rx of wound :-

Superficial - Heal itself.

Circumferential

Thickens - Escharotomy.

Cleaning + Debridement
of wound

Anti-bacterial. - silver sulphadiazine
(1.0%) cream

silver nitrate (0.5%)

Mafenide acetate (5%)

silver sulphadiazine +
Cerium nitrate

Restoration of epidermal
Release of Contracture

Energy Balance and Nutrition

Infection Prophylaxis

Additional Measures

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Nursing care

Physiotherapy

Psychological support.

Curling Ulcer + Gastric
erosion

- H₂ Blocker

PPI's

prophylaxis

Complication:-

Acute - ARDS

Loss of fluid - Hypovolemia

Acute Renal failure - Myoglobinuria

Delayed

Malabsorption

Ulcer of stomach

Bacteremia

Septicemia

Compartment syndrome

Infection

↓ Immunity

Scar

change in voice

Stridor.

Escharotomy :

Surgical incision over the eschar and superficial fascia to relieve pressure on underlying structure.