Don't Get Burned!

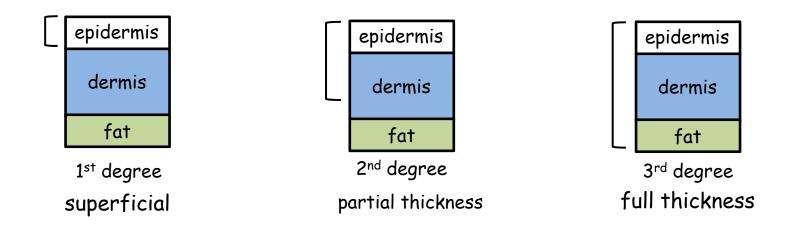
Office Evaluation and Management of Burns

Randall S. Burd, MD, PhD Division of Trauma and Burn Surgery Children's National Medical Center

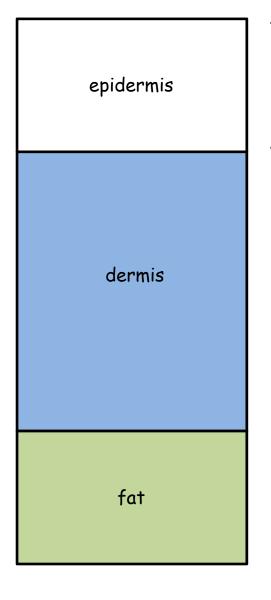


Depth Size Treatment Tips Pitfalls









superficial burns



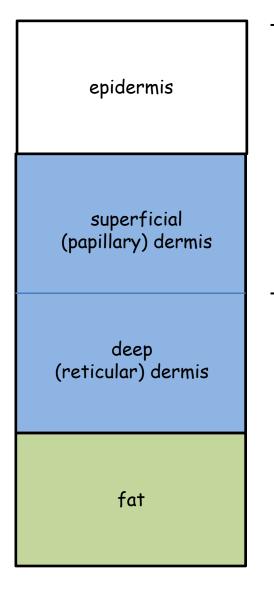












superficial partial thickness burns





superficial partial thickness burns

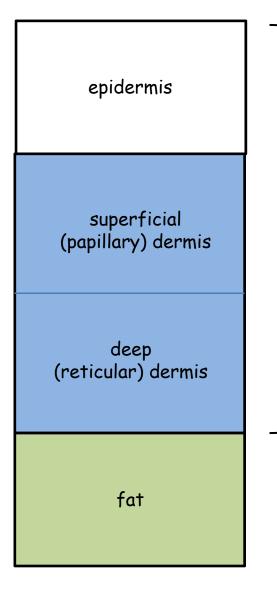




deep partial thickness burns







deep partial thickness burns





epidermis						
superficial (papillary) dermis						
deep (reticular) dermis						
fat						

full thickness burns





full thickness burns





Burn depth is not uniform



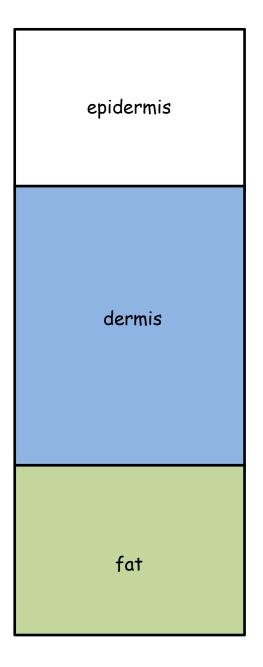


Estimating burn depth is often really, really hard



Mechanism is a great initial predictor of burn depth

















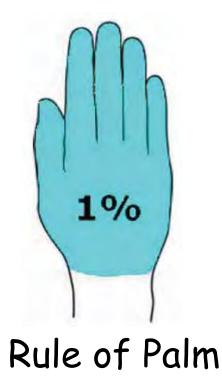
15

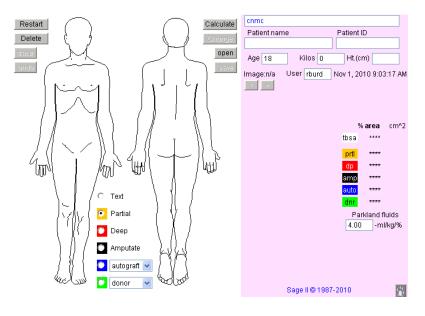
Children's National





How Big is the Burn?





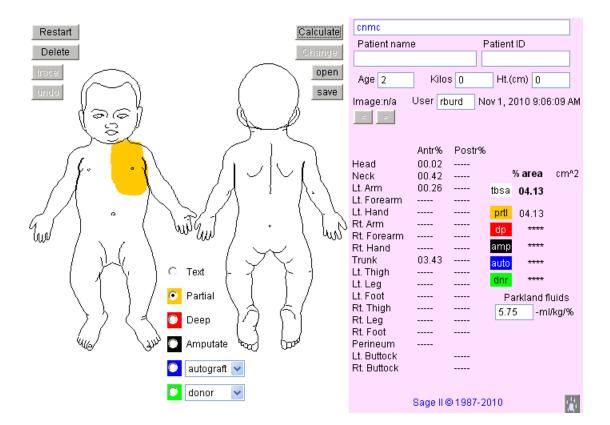
Sage Diagram







www.sagediagram.com





Omit areas of superficial burn when calculating burn size

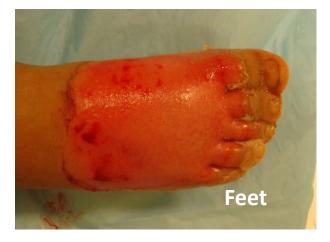


_	% TBSA burned				MODERATE I
	≤1%	2-9%	10-14%	≥15%	
Airway Compromise	Major			Surgery consult Debridement by surgery Discharge Home	
Hands Feet Face	Moderate II				Follow up in burn clinic
Genitals Joint Bor- ders					<u>MODERATE II</u> Surgery consult
Suspicion of Non- Accidental Trauma					Debridement by surgery Admit to 5E (SCU) Moderate burn orders
Full Thickness					<u>MAJOR</u> Call Trauma Stat
Partial Thickness		Moderate I			Parkland Formula Foley Catheter Dry sterile Dressings
Superficial	Mild: Follow-up with PMD (No surgery consult needed)				Admit to PICU Major burn orders



Special Areas













Inflicted Burns









Children with burns that come to your office rarely need immediate hospital care



Burns You Might See









Electrical Burns







Treadmill Burns





Office-based Burn Treatment

- 1. Assess burn depth
- 2. Assess burn size
- 3. Control pain
- 4. Clean burn wound
- 5. Dress burn wound



Office-based Burn Pain Management

Premedicate "One-wipe" Keep blisters Keep covered OTC medications



Keep or Remove Blisters?



<u>Keep blisters</u>

Less pain Blister provide biological coverage Less effort Fewer supplies needed

<u>Remove blisters</u>

Better assessment of depth Better assessment of extent Cleaner wound



Small (<2% TBSA) in healthy children rarely become infected



Superficial Burn Treatment







Cleaning Burn Wounds







Topical Antimicrobials

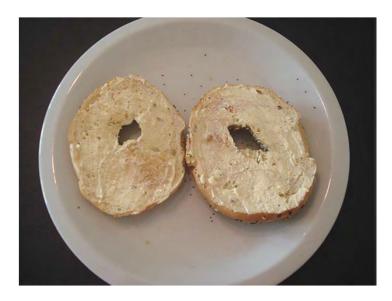






LIKE THIS

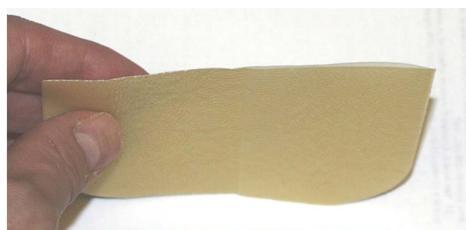
NOT LIKE THIS







Other Dressing Options









Combine dressing changes with bath time



When to Refer

Parental anxiety Full thickness burns* Large burns (>~2-5%) Special areas* Healing time >1-2 weeks Suspected abuse

*only if large



How to Refer

Burn Clinic

202-476-2150



Summary

Check depth Check size Think of abuse Special areas* Refer if needed

*only if large

