

Burn section notes.

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*B. Initial Therapy*

*Manage the burn area with sterile technique as the major complication of a burn is an infection.*

*Prevention of an infection is a major goal of therapy.*

*Cleanse gently to remove any foreign matter.*

*Apply a sterile cold or ice saline compress to the burn area for up to 20 minutes. Avoid direct contact of ice to the skin.*

Comment: The above is an absolute no no. Never use or recommend ice as a treatment for burns. It can both extend and worsen the acute burn injury, and it may worsen the patient's hypothermia as large burns cannot thermoregulate normally.

Comment on RTW: These are good general guidelines, however, no two burns are the same. There are many factors and co-morbidities that affect return to ADLs and return to full duty.

Comment on burn size calculation. Lund and Browder is the standard, and makes resuscitation decisions more accurate at the onset of burn care about 20% Another accurate method is the "Rule of Palm." The patient's palm, which is defined as the entire palmar surface of the hand the digits, = 1% TBSA,

Comment of the section cooling with ice and water. Ice should never be mentioned as treatment for burns. See above. First aid for burns is different depending on the outcome. If the physician is transferring the patient to a burn center, the best treatment is to cover the burn with a clean dry sheet, and transfer the patient. Burns don't need a short term dressing prior to burn unit transfer, and it just delays care at the burn center as they have to remove the dressing and ointment to evaluate the burn.

Comment on Hospital LOS: Again, MANY factors are in play here. It is hard to generalize "average" LOS for various burns. Co-morbidities and other factors can sometimes significantly delay discharge.

In your opinion, will use of the ODG treatment guidelines for Burns 1) improve medical treatment for injured workers, and 2) do the guidelines adequately cover the body parts or conditions?

1) Yes. I think that it will. However, as a Burn PA, what is important to me is that PTPs consider burn center referral early as opposed to late with burned workers. It is hard for a PTP to have any level of burn expertise as they just don't see enough cases.

2) Yes. Burn is a complex subject, and I think that you have covered the basics well.