BURN INJURY MANAGEMENT

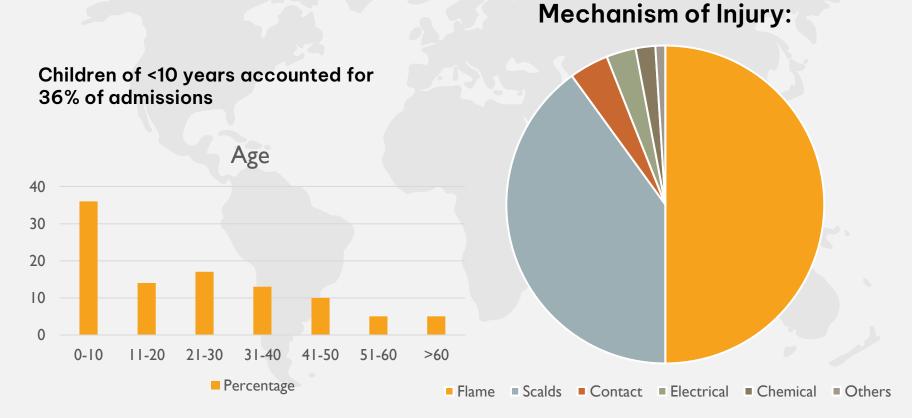
dr. Sulandri Gusasi, Sp.BP-RE (K)

BURN INJURY

A burn is defined as damage to the skin and underlying tissues caused by heat, chemicals, radiation, or electricity.

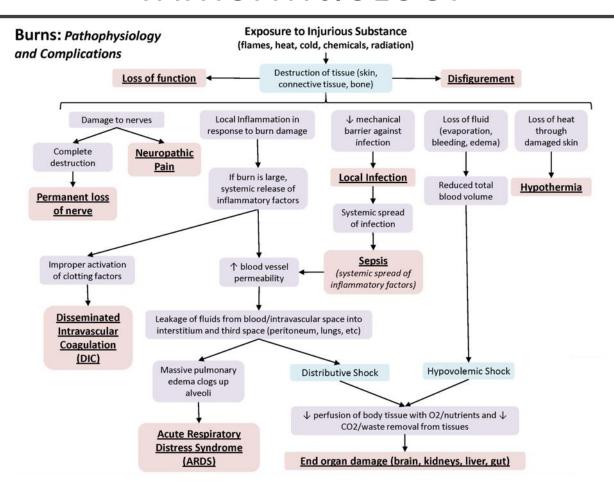


EPIDEMIOLOGY

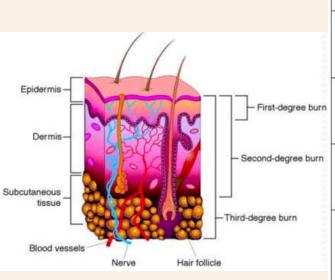


Khan AA, Rawlins J. The Bradford Burn Study: the epidemiology of burns presenting to an inner city emergency department. Emerg Med J. 2007 Aug;24(8):564-6

PATHOPHYSIOLOGY

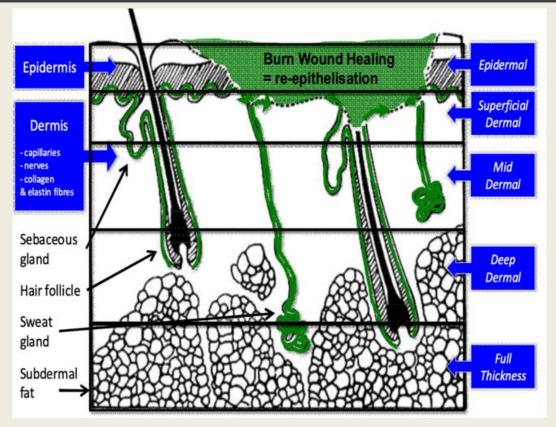


BURN DEPTH (AMERICAN BURN ASSOCIATION)



Degree/Depth	Mechanisms of Injury	Layer of Skin Involved	Appearance	Pain	Scar	Healing Time	Examples
Superficial (1 st)	Sun exposure, hot liquids (with low viscosity and short exposure)	Epidermis only	Pink-red, moist, no blisters	Mod-severe	None	3-7 days	
Superficial partial (2a)	Hot liquids, chemical burns (with weak acids/alkali), flash	Superficial (papillary) epidermis	Blister, red moist, intact epidermal appendages, blanches to pressure	Severe	Minimal	1-3 weeks (? Long term pigment changes)	
Deep partial (2b)	Flame, electrical, hot liquid (high viscosity)	Deeper layer (reticular) dermis	Dry, white, non-blanching, loss of all epidermal appendages	Minimal	High risk scarring and contractures	3-6 weeks, with scars	and the second
Deep (3 rd)	Flame, electrical, chemical, blast, self- immolation	Full thickness of skin and into the subcutaneous fat or deeper	Leathery, dry, white or red with thrombosed vessels	None in the zone of coagulation but painful at surrounding tissues	Severe risk scarring and contractures	Deal not heal by primary intention, requires skin graft	

BURN DEPTH (AUSTRALIAN & NEW ZEALAND BURN ASSOCIATION)



Emergency management for severe burn (EMSB) 18th edition, 2016, Australian & New Zealand Burn Association (ANZBA)

JACKSON BURN MODEL

Zone of Coagulation:

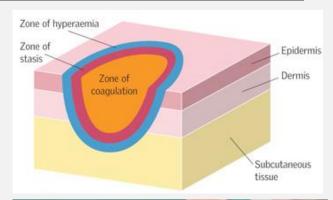
- the point of maximum damage
- Irreversible tissue loss due to coagulation of constituent proteins.

Zone of Stasis:

- Characterised by decreased tissue perfusion
- Potential to rescue the tissue in this zone
- Problems such as prolonged hypotension, infection or oedema can convert this area into one of complete tissue loss

Zone of Hyperaemia:

 The tissue here will invariably recover unless there is severe sepsis or prolonged hypoperfusion.





Zone of Coagulation

Zone of Stasis

Zone of Hyperemis

GRADE 2AB BURN INJURY

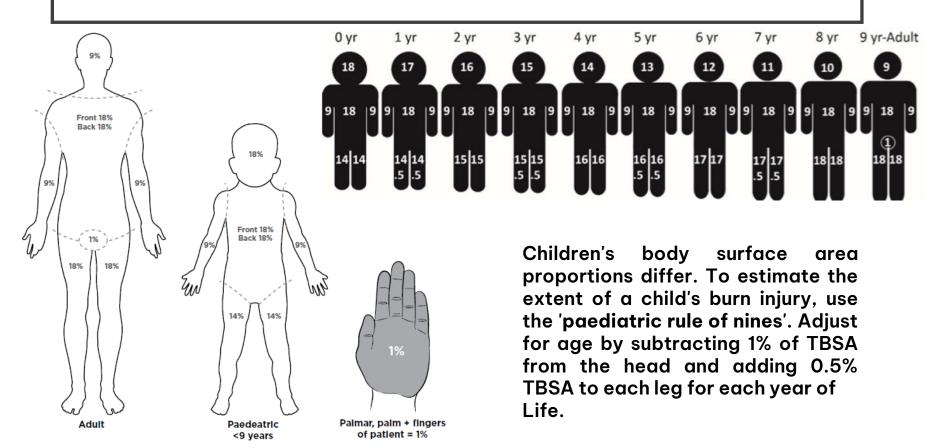




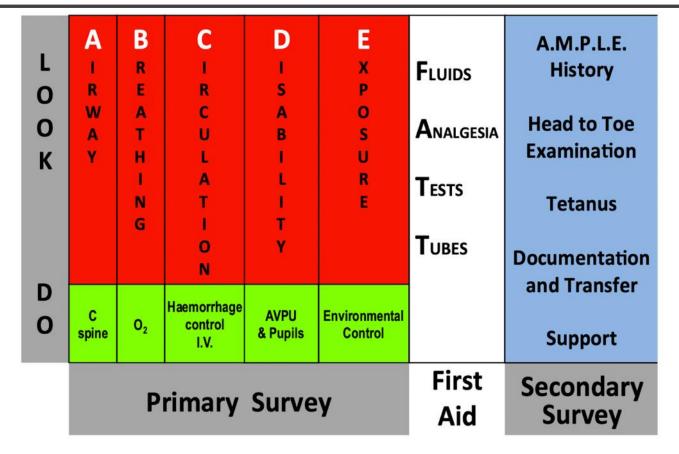
GRADE 3 ELECTRICAL INJURY



ESTIMATION OF THE AREA OF THE BURN



EARLY MANAGEMENT



FLUID RESUSCITATION

TABLE 9-I BURN RESUSCITATION FLUID RATES AND TARGET URINE OUTPUT BY BURN TYPE AND AGE

CATEGORY OF BURN	AGE AND WEIGHT	ADJUSTED FLUID RATES	URINE OUTPUT
Flame or Scald	Adults and older children (≥14 years old)	2 ml LR x kg x % TBSA	0.5 ml/kg/hr 30–50 ml/hr
	Children (<14 years old)	3 ml LR x kg x % TBSA	I ml/kg/hr
	Infants and young children (≤30kg)	3 ml LR x kg x % TBSA Plus a sugar-containing solution at maintenance rate	I ml/kg/hr
Electrical Injury	All ages	4 ml LR x kg x % TBSA until urine clears	I-I.5 ml/kg/hr until urine clears

American College of Surgeons (2018) Advanced Trauma Life Support. 10th ed. Chicago: American College of Surgeons.

WHEN TO REFER

Remember: **SPAM**

SIZE	PERSON	A REA	MECHANISM
>10% TSBA Past Medical History		Facial / Hand/ Feet/ Perineum/ Large Joints	Electric/ Chemical
>5% TSBA in Children	Pregnancy	Circumferential	With Major Trauma
>5% TSBA in Full Thickness injury	Extreme Age	Inhalation Injury	Abuse/ Suicide

CASE EXAMPLES

Flame Grade IIA-IIB









Flame Grade IIA-IIB – Post Debridement







Scalds Burn Grade IIA-IIB



Pre Debridement



Post Debridement day I



Post Debridement day 8

Contact Burn Grade IIA-IIB



Pre debridement



Wound dressing



Post debridement day 7

Post debridement day I

Scalds Injury Grade IIA-IIB



Pre debridement

Post debridement day I

Post debridement day 7

Post debridement day 14 Post debridement day 21

Electrical Burn Grade III



Pre debridement



Post debridement day I + Escharotomy



Post debridement day 7



Post debridement day 14 + Skin Graft



Post debridement day 21

THANK YOU