



CHAP Weekly Update

April 23, 2021

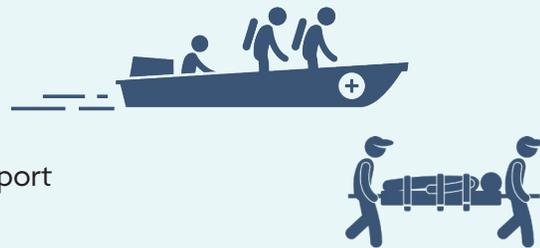
Basic Burn Assessment and Care

Burn injuries make up approximately 3 percent of all trauma injuries in Alaska. ANMC admits approximately 40 patients with burn injuries per year. Many more patients with burn injuries are evaluated and treated in villages, clinics and ERs.

Rural Burn Care

There are many challenges of rural burn care. These include:

- Delayed presentation
- Remote access
 - ◊ Multiple transfers
 - ◊ Long distance / time for transport
- Limited resources



Describing Burn Care

When describing burn wounds to other providers, it is important to use a common language. You should include the following information about the wound:

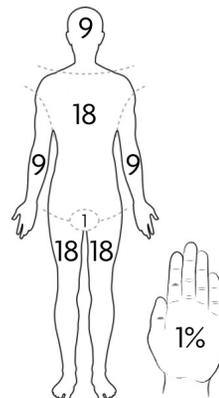
Size + Depth + Location + Mechanism

Telemedicine (sending pictures of the burn wounds) can be very helpful, if it is available.

Take a look at each descriptor here and in the right column.

Size

The size of a burn is measured in percent TBSA (Total Body Surface Area), using the "Rule of Nines." (See diagram.) For smaller burns, use the patient's palm to represent 1% TBSA. (See graphic)



Continued on next column

Depth

First degree (superficial)

- Erythema
- No blisters

Second degree (partial thickness)

- Blisters
- Superficial partial thickness = pink/moist
- Deep partial thickness = moist/pale

Third degree (full thickness)

- Full thickness = dry/leathery, variety of colors
- Often without sensation or much pain



Location

It is important to mention if the burn involves any special areas:

- Face
- Hands/Feet (include whether it is the patient's dominant hand and if it involves the palm or the back of the hand)
- Groin
- Major joints

Thank you to Elisha Brownson, MD the trauma director at Alaska Native Medical Center.

For questions and information regarding burns, contact: egbrownson@anthc.org



ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Let us know what you think! aka-CHAPCOVID-19weeklyupdates@anthc.org

Send questions for presenters and each other, and suggest topics for discussion.



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Burn Mechanism

The last thing to include when describing burn wounds is the burn mechanism:

- **Contact** (Example: Touching a hot stove)
- **Scald/Steam** (Example: Pouring boiling water from a pan into a sink and being burned by the hot steam)
- **Flame/Flash** (Example: Smoking a cigarette while using oxygen and the oxygen caught fire, burning the face)
- **Electrical** (Example: Touching a “live” wire and the electricity went into the hand, through the body and out a foot)
- **Grease** (Example: Cooking bacon and the grease splashed on to hand/arm)
- **Chemical burns** (Example: Using a chemical and it comes in contact with skin)
- **Friction:** (Example: rope being pulled through a hand)

Wound Care

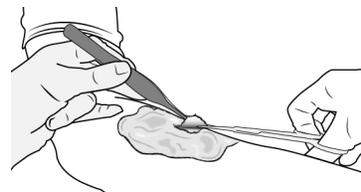
Wound Care Prior to Transfer

For a Big Burn – There is often no need to do any definitive care; just wrap the burned area in a dry sheet. Specifically, do not cover with creams/ointments, and do not use soaked dressings because they can lead to hypothermia.

For Small Burns – Treatment depends on resources. You may want to start initial wound care.

Wound Care in the Village

Burn Wound Debridement (removal of unhealthy tissue from a wound) can be performed by any healthcare provider.



It is important to be able to evaluate the wound (how big, how deep). It also provides therapeutic care for the burn wound.

Blister Care - To Pop or Not to Pop?

In general, for blisters...

- **If located over joints, if movement is impaired or if > 2 cm:** Debride
- **If flat:** Can leave alone
- **If small:** Can decompress with sterile needle

Expect blisters to get worse over the first 24 hours, so recheck in 1 to 2 days. Check out this [Burn Care video](#) for more information.

Wound Care Details

Wound Debridement

- Start with firm wipe with washcloth
- Lift loose skin edges with forceps
- Trim back any loose skin with suture scissors

Primary Dressing

- Therapeutic antimicrobial cream or ointment
- Change only once a day

Secondary Dressing

- Dry dressings to keep primary dressings secure and clean
- May change as needed

Ointments/Creams

- Lather ointments/creams on to dressing, not wound (PAINFUL!)
- Example: Bacitracin on xeroform, or silver sulfadiazine on gauze

Dressings

- Keep minimal; avoid bulky dressings that impair ROM exercises
- No need to put extra layer of gauze
- Wrap fingers individually, in a glove-like fashion (not mitten)
- May use tubigrip or elastic netting for extremity dressings





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Burn Depth and Wound Care

Things to Remember:

First degree (superficial)

- Use a fragrance-free moisturizer
- Do not use alcohol-based, store-bought aloe vera lotions. They often cause drying (pure aloe vera is ok)
- Do not use home remedies
- First degree burns do not require surgical follow-up



Second degree (partial thickness)

- Use Bacitracin 4 to 5 times a day, greasy gauze (so it doesn't stick)
- Can use silver sulfadiazine (great antimicrobial, but inhibits skin healing)

Third degree

- Use silver sulfadiazine / nonstick gauze (or regular gauze)
- Requires early surgical consult

Pain Management

- Pain and anxiety must be addressed
- Available medicines will vary
- Non-medicine options:
 - ◊ Elevate extremity (decreases swelling)
 - ◊ Cover the injured areas (exposure to air increases pain)
 - ◊ Minimize mechanical handling and cleaning
 - ◊ Emotional support



Check for last Tetanus vaccine (within 5 years)

Antibiotics (PO/IV) are rarely needed. Topicals are sufficient.

Resources:

[Burn Education Videos](#)

[Burn Center Referral Criteria](#)

Daily Wound Care

No need for more frequent dressing changes (painful!)

- Wash with gentle soap and water
- Remove dressings (often best to do this in bath/shower/water)
- Remove buildup of creams/ointments
- Shave area, if needed



SAVE THE DATE

April 27, 2021

COVID-19 update with the State. Updates about the Johnson & Johnson "pause" and FDA approval of Pfizer for 12-16 year olds.

COVID-19 in Alaska

COVID-19 Cases

- Alaska cases as of April 23, 2021: **66,370**
 - Alaska COVID-19 deaths: **318**
 - Alaska average daily cases: **22.8** per 100,000 people
- Very large number of new cases**



Alaska Vaccine Numbers

- Alaskans fully vaccinated: **41.9 %**
- Alaskans vaccinated with 1+ doses: **48.9%**



More information at [Coronavirus.dhss.alaska.gov](https://www.dhss.alaska.gov/coronavirus)

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