

Outpatient burn treatment

Every larger medical facility that has bed capacity also has an outpatient section. This is where the patient's first contact with medical professionals takes place, where health condition is classified, primary treatment is applied in the event of an injury and further therapy is proposed. The first contact with the patient foreshadows the entire further treatment and in very painful and emotionally tense burn injuries this applies to an increased extent. Therefore it is necessary that the first contact with the patient is ensured by experienced and well-versed workers in the given issue.

Treatment

In young children we can observe exaggerative reactions after thermal injury which makes it difficult to provide first aid and primary treatment. It is necessary to engage in a calm and step-by-step approach and communicate with him/her permanently if possible. The presence and cooperation of the parents is important during treatment. Treatment should not be too painful and manipulation with the painful area should be kept to a minimum. When applying means to cover the affected area, use those that soothe the local tissue condition, do not irritate and in the case of acute injuries further cool the burned area.

It is not possible to define exactly which patients should be hospitalized and which should be treated on an outpatient basis. It is necessary to consider a whole range of circumstances from the point of view of the patient, the medical facility and the family background.

In the event of a more extensive injury, relief from pain and fear must be immediately provided to each patient at the ambulance. We administer *parenteral*/sedatives, narcotics, analgesics in amounts determined according to age and weight, as well as cold compresses (water or sterile physiological solution with an optimal temperature of 8-10 °C). Ice is not used because it increases local vasoconstriction, ischemia and deepens superficial burns.

At the same time it is necessary to ensure cleaning of the surrounding area and gentle processing of burned areas at the ambulance. Washing with detergent solution and rinsing with pine water or physiological solution must be careful and gentle. First, the area must be washed, shaved (at least 5 cm from the edge of the wound, preferably 10 cm) and the surrounding skin must be disinfected. Betadine soap is used for disinfection because it does not irritate the burned area in an aqueous solution. We can alternatively use Betadine 10% solution which can be diluted with water as needed. The affected area is after this properly rinsed.

There are different opinions on removing blisters - it depends on the nature and location of the burn. Blisters smaller than 5 cm in diameter are emptied under aseptic conditions after disinfection by perforating the cover with a sterile needle or scissors and draining the contents or gently squeezing them out. The blister cover without precipitated fibrin is applied back to the base as a biological cover until the 5th day maximally. If it contains clotted fibrin, cover should be opened at the edge with scissors and the fibrin carefully removed with tweezers. As long as the clean epithelial cover has sufficient mechanical strength, it should be spread back onto the surface. This should mainly apply to burns localized on the palms and soles of the feet. If the blister cover is broken, it is better to remove it with fibrin so that it does not become a breeding ground for infection.

The dressing consists of an oily gauze, a compress with boric water or another suitable antiseptic (Betadine, chlorhexidine, nitrofurantoin solution, rivanol, etc.) and a dry material in a sufficient layer to ensure suction of the morning transudate. At the same time the bandage must not leak because a wet bandage facilitates the entry of infection from the environment as the air. Any soaked bandage must be replaced in a timely and professional manner.

Great emphasis is placed on the treatment of burned hands and face, especially for patients who go home after treatment and will continue to be treated on an outpatient basis.

Links

Related articles

- Surgical treatment of burns
- Burns

Sources

- KÖNIGOVÁ, Radana – BLÁHA, Josef. *Komplexní léčba popáleninového traumatu*. 1. edition. Karolinum, 2010. ISBN 978-80-246-1670-4.