



BASIC INFORMATION

DESCRIPTION

Injury to the skin, and sometimes other organs, from contact with heat, radiation, electricity or chemicals. The risk of damage is greatest with infants and young children.

FREQUENT SIGNS AND SYMPTOMS

Burns are of 3 types:

- 1st-degree burns are limited to the upper skin layer. They produce redness, tenderness, pain, swelling and slight fever.
- 2nd-degree burns affect deeper skin layers. Symptoms are more severe and usually include blisters.
- 3rd-degree burns involve all skin layers. Skin is white (appears cooked), and there may be no pain in the initial stages.

CAUSES

- Rise in skin temperature from heat sources, such as fire, steam or electricity. Open flame and hot liquid are most common causes.
- Tissue injury caused by chemicals or radiation, including sunlight.
- Lightning strikes can cause internal burns with minimal external signs.

RISK INCREASES WITH

- Stress, carelessness, smoking in bed or excess alcohol consumption, all of which make accidents more likely.
- Occupations involving exposure to heat or radiation, such as firefighting, police work or defense-factory work.
- Faulty wiring.
- Hot water heaters set too high.

PREVENTIVE MEASURES

- Wear sun-screen lotions outdoors.
- Fireproof your home. Install smoke alarms, plan emergency exits and have regular fire drills.
- Wear protective gear and observe safety precautions around heat or radiation.
- Don't touch uncovered electric wires.
- Teach children safety rules for matches, fires, electrical outlets, cords and stoves.
- Discard extension cords with a pronged plug on one end and a bulb socket on the other. These are hazardous.
- If you have small children, put safety caps on unused outlets. Discard frayed cords.

EXPECTED OUTCOMES

- Most persons recover if the extent of burns (including 3rd-degree burns) is limited to 50% of the body surface.
- For less-severe burns, skin usually repairs itself in 1 to 3 weeks.

POSSIBLE COMPLICATIONS

- Infection at the burn site.
- Pneumonia.
- Shock due to loss of fluids and electrolytes (severe burns).
- Permanent scars.
- Vision impairment, if eyes are injured.
- Tetanus and other infections.



TREATMENT

GENERAL MEASURES

- Ensure tetanus immunizations are up-to-date, as burns are among the most common causes of infections.
- Therapy will be dependent on depth of burns and total body surface area affected.
- For less-severe burns:

Apply non-prescription lotion to cool 1st-degree burns.

Immerse small 2nd or 3rd-degree burn areas in cold water for 10 minutes to reduce pain and swelling.

Keep the burn area clean. Soak in a tub or use lukewarm compresses once a day. You may add 2 tablespoons of powdered detergent to the tub to help soak off crusting areas. Use plain water for compresses.

Prop burn area higher than the rest of the body, if possible.

You may use dressings on the burn.

- Hospitalization for all large 3rd-degree burns and some 2nd-degree burns. Special burn centers exist for the worst cases.

- Surgery to graft skin over 3rd-degree burns.
- Additional information available from the National Burn Victim Foundation, 32-34 Scotland Rd., Orange, NJ 07050, (201) 676-7700.

MEDICATIONS

- To treat minor burns, you may use non-prescription antibiotic ointments, topical anesthetics and aspirin.
- To treat severe burns, pain relievers, antibiotics and tetanus booster shots may be required.

ACTIVITY

Depends on location and extent of the burn. Getting a burn patient up and moving as soon as possible after treatment begins is an important part of the recovery.

DIET

No special diet for minor burns. More severe burns require intravenous feeding.



NOTIFY OUR OFFICE IF

- You or a family member has been burned. This can be an emergency.
- An infant has a burn, even if it seems minor.
- The following occur during treatment: No healing in 6 days; chills and fever; increased pain, redness, swelling or pus in the burn area.