

BURN - Burns

BURN-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with burns.

STANDARDS:

1. Explain that burned tissue is very susceptible to infections.
2. Review the symptoms of a generalized infection, e.g., high fever, swelling or oozing, spreading redness, red streaking, increased tenderness/pain, changes in mental status, decreased urine output.
3. Review the effects of uncontrolled burn or wound infections (e.g., cellulitis) or generalized infection, e.g., loss of limb, need for fasciotomy and skin grafting, multi-organ failure, death.
4. Explain that scarring and/or tissue discoloration is common after healing of a burn.
5. Emphasize the importance of early treatment to prevent complications.
6. Explain that third degree or large body surface area burns are particularly prone to infection, dehydration, and other metabolic derangement that can be lethal.

BURN-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are positive or detrimental interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

BURN-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology and staging of burns.

STANDARDS:

1. Explain that burns may be the result of various causes such as fire and heat or steam; chemical or electrical burns and sunburns.
2. Explain the first step is to determine the degree and the extent of damage to body tissues:
 - a. First-degree burns are those in which only the outer layer of skin (epidermis) is burned. The skin is usually red, with swelling and pain sometimes present. The outer layer of skin hasn't been burned through. Treat a first degree burn as a minor burn unless it involves substantial portions of the hands, feet, face, or other large areas of the body.
 - b. Second-degree burns are when the first layer of skin has been burned through and the second layer of skin (dermis) also is burned. Blisters develop and the skin takes on an intensely reddened, splotchy appearance. Second-degree burns produce severe pain and swelling.
 - c. Third-degree burns are the most serious and are painless and involve all layers of the skin. Fat, muscle, and even bone may be affected. Areas may be charred black or appear dry and white. Difficulty in inhaling and exhaling, carbon monoxide poisoning, or other toxic effects may occur if smoke inhalation accompanies the burn.
3. Chemical burns are injuries to the body as a result of chemicals (e.g., cleaning materials, gasoline).
4. Explain that electrical burns are caused by the skin or body coming in contact with electricity and while an electrical burn may appear minor, the damage can extend deep into the tissues beneath the skin. If a strong electrical current passes through the body, internal damage such as heart rhythm disturbance or cardiac arrest can occur. Explain that electrical burns should be evaluated by a healthcare provider.
5. Explain that sunburn is the result of overexposure to the sun's ultraviolet (UV) radiation. Repeated exposure to UV radiation both tans and damages your skin. The signs and symptoms of sunburn usually appear within a few hours of exposure, bringing pain, redness, swelling and occasional blistering. Because sun burn often affects a large area of your skin, sunburn can cause headache, fever, fatigue, and dehydration. **Refer to SUN.**

BURN-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of burns.

STANDARDS:

1. Discuss the importance of follow-up care.

2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

BURN-L LITERATURE

OUTCOME: The patient/family will receive literature appropriate to the type and degree of the burn.

STANDARDS:

1. Provide literature on first-, second-, third-degree burns, chemical or electrical burns or sunburn.
2. Discuss the content of the literature.

BURN-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

BURN-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:

- a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
 3. Discuss the benefits of nutrition and exercise to health and well-being.
 4. Assist the patient/family in developing an appropriate nutrition care plan.

BURN-N NUTRITION

OUTCOME: The patient/family will understand the role of adequate nutrition for the healing of burns.

STANDARDS:

1. Review the nutritional needs of optimal health.
2. Discuss the importance of adequate nutrition and hydration in the repair of tissue. Emphasize the importance of full participation in the nutrition plan.
3. Discuss the current nutritional habits. Assist the patient in identifying unhealthy nutritional habits.
4. Refer to a registered dietitian as appropriate.

BURN-P PREVENTION

OUTCOME: The patient/family will understand the factors associated with an increased risk of burns and how to lower the risk of burns.

STANDARDS:

1. Explain that all homes should have smoke detectors, carbon monoxide detectors, fire suppression systems, and ABC fire extinguishers in several locations throughout the home. Explain the user and proper maintenance of these devices.
2. Encourage routine practices of fire escape plan, chimney cleaning, and fireworks safety. Explain the importance of having fire escape ladders in multi-story homes.
3. Discuss the following safety issues as appropriate:
 - a. To prevent fire burns:
 - i. Install smoke detectors
 - ii. Don't smoke in bed
 - iii. Practice home fire drills and "stop, drop, and roll"
 - iv. Don't let children play with matches, lighters, flames, or fireworks

- v. Explain that fireworks are extremely dangerous
 - vi. Ensure heat lamps and other sources of heat have timers or appropriate safety devices
 - vii. Never leave burning candles unattended
 - viii. Assure that electrical wiring, outlets, and electrical devices are safe
 - ix. Avoid the use of kerosene or gasoline when burning debris piles
 - b. To prevent chemical burns:
 - i. Child-proof cabinets and store chemicals out of the reach of children
 - ii. Use caution in storing cleaning materials
 - iii. Wear gloves and other protective clothing when using chemicals
 - c. To prevent heat/steam burns:
 - i. Set your water heater no higher than 120°F.
 - ii. Test the water temperature before entering or putting children into bathtubs/showers.
 - iii. Use cool water humidifiers not steam vaporizers.
 - iv. Before putting a child into a car seat, touch the seat to check how hot it is. It is a good idea to keep a towel covering the car seat in summer months.
 - v. When cooking, turn the handles of pots toward the side or rear of the stove, don't wear loose clothing that can come in contact with the stove. You should always use the back burners first.
 - vi. Use extreme caution when lifting lids from pots because steam may suddenly be released.
 - vii. Use caution when removing items in a microwave as they may be very hot. Use only microwave approved dishware.
 - d. To prevent electrical burns:
 - i. Put covers on any electrical outlets not currently in use.
 - ii. Don't use items with frayed or damaged electrical cords.
 - iii. Don't overload outlets.
 - iv. Keep electrical devices away from water and use ground fault circuit interrupter outlets near water sources.
 - v. Don't modify electrical cords or plugs.
 - vi. Use power surge protectors.
4. Review the safe use of electricity and natural gas. Avoid the use of kerosene or gasoline when burning debris piles.

BURN-TX TREATMENT

OUTCOME: The patient/family will understand the risks and benefits of treatment as well as the possible consequences of not participating with the treatment plan.

STANDARDS:

1. Explain that treatment of burns varies according to the degree, size, and location of the burn. Discuss this individual's specific burn treatment plan.
2. Explain and urge caution:
 - a. Don't use butter on a burn because butter may contain salt which can worsen the burn.
 - b. Don't use ice, because putting ice on a burn can cause frostbite, further damaging your skin.
 - c. Don't break blisters because fluid-filled blisters protect against infection. If blisters break, wash the area with mild soap and water, then apply an antibiotic ointment and a gauze bandage. Clean and change dressings as directed by a healthcare provider. Antibiotic ointments don't make the burn heal faster but they can help prevent infection.
 - d. Don't remove any burnt clothing that is "stuck" to the skin as a result of the burn. The victim should be taken immediately to an emergency room. Until arriving at the emergency room, cover the area of the burn with a cool, moist sterile bandage/gauze or clean cloth.
3. **Refer to PM.**

BURN -WC WOUND CARE

OUTCOME: The patient/family will understand the necessity and procedure for proper wound care and infection control measures.

STANDARDS:

1. Explain the reasons to care appropriately for the burn, e.g., decreased infection rate, improved healing.
2. Explain the correct procedure for caring for this patient's burn.
3. Explain signs or symptoms that would prompt immediate follow-up, e.g., increasing redness, purulent discharge, fever, increasing pain, or swelling.
4. Detail the supplies necessary for care of this burn (if any) and how/where they might be obtained and proper methods for disposal of used supplies.
5. As appropriate, have the patient/family demonstrate burn care techniques.
6. Emphasize the importance of follow-up.