Management of Mass Burns Casualty in a Government Hospital - A Nurses' Angle

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Mass burns casualty is defined as an accident in which more than Four persons are involved in a single fire accident. Generally the mass burns victims are brought to the Government hospitals because of medico-legal problems. Since the nurse from the sheet anchor in the management of burns, it is essential that a protocol be evolved by the nurse without which there would be chaos. This organization has to be done at short notice.

The Protocol involves

a. Receiving and sorting
b. Accommodating them in the ward.
c. Initial Resuscitation
d. Communication
e. Materials and management
f. Public information board

Besides this, the nurse has to play an important role in informing.

1. The administrator
2. Police personnel and
3. The relatives about the disaster.

All this involves tremendous amount of responsibility.

Communication about the disaster is usually expected by way of telephone from the Police cell/fire unit or from the casualty. From casualty, the burns unit is informed by intercom or by messenger.

Receiving the patient and accommodating them has to be organised very quickly. For this the wards are emptied by shifting the patient to the less crowded wards. If sufficient beds are not available patients may have to be accommodated on the floor on a mat or macintosh. At this stage the sorting of the patients has to be done.

The triage of casualty which classifies patients into 3 categories.

1. Patient above 70% Burns Surface Area (BSA) are considered as serious patient. These patients only need comfort and care.
2. Patient from 20% to 70% BSA needs priority treatment.
3. Less than 20% BSA can afford to wait.

In this segregation, nurse plays the very important role in helping the Medical Officer. Since all burns patients are in severe agony. Every patient has to be sedated well. After sorting the resuscitation is started.

Every Patient needs

1. Intravenous fluids,
2. Oxygen Therapy
3. Medication sedation and antibiotics.
4. Dressing materials.

This brings us to the management of materials needed. Due to many administrative reasons lot of materials are not allowed to be stored in the wards. The nurse have to inform the medical stores for releasing the materials. Thus you can see that besides the nursing of burns the nurse has to play a major role as an administrator also. Besides, she has to inform the public also about the condition of the victims,

Let me recall an experience we had in managing mass casualty on November 5th, 1993. It was a day immediately after Deepavali, hence the whole hospital was under staffed. Inspite of the holiday mood an efficient organisation in managing the casualty could be done.

At 10'O clock in the morning a patient with 90% BSA, aged 11, was brought to the burns ward. Even before patient entered, the patients relatives accompanying

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the patient told us that a very large number of patients are expected soon.

The story of the diasaster was really tragic. Two small children aged 9 and 11 were left behind in the house. Obviously the children played with the matches and lighted crackers neat the gas cylinder, the tube of which burst. On hearing the cry of the children, neighbours rushed in to help. They broke the bolted door. The flames of the fire leaped out with great intensity and the neighbours who rushed to help had their clothes on fire. But as, usually happens in a calamity every one lost their presence of mind and started runnning, which further increased the flames. 11 people sustained burns of about 90 per cent BSA. The twelveth person was a 60 years old lady. her maid who was a victim came running near this lady and fell down. Due to this impact the old lady sustained first degree burns on her lower limb and was the only survivor.

On hearing this, we decided to get the male ward ready to receive the patients. This ward has 12 beds. Luckily only 6 were occupied. The intensive care ward was full. After consulting the M.O. incharge. We shifted all male patients immediately. The Sub-acute male ward was made ready within 15 minutes. By this time remaining 10 patients were brought in, all patients could be received on the cot.

Two nurses from neighbouring ward joined to help, seeing on the influx of burns victims. With the help of 3 nurses, a doctor and hospital workers in the ward we were able to start the I.V. fluids for all patients, O_2 therapy and the necessary sedation within 15 minutes of the arrival of these burns victims.

After this, the communication was received from the Police and fire dept. The nursing superintendent and other administrators were informed subsequently and more nursing help was received.

It may be concluded, that the emergency action stated below will facilitate management of mass burns casualty, and should be exercise regularly by the staff of the Unit, i.e

a. Swift action in receiving the starting resuscitation.
b. Sorting of less serious patient for vigorous treatment.
c. To get helping hands
d. To practise mock emergency.
e. Public education about putting off of fire must be done vigorously.

We would like to summarise and place our experience on record.

1. We cannot rely upon the telephone, as the best method of communication. People accompanying the victims seem to communicate the disaster quicker.
2. Transportation of the victims is invariably arranged by the local people who all rise up to the occasion and provide whatever mode of transport they can get. They do not wait for the police or fire bridge to provide transport.
3. The nurse plays the pivotal role, since she has to organise, resuscitate, and at the same time act as a public relation officer.
4. It is essential to be clear about the protocol, for the trouble free management of mass casualty.
5. The percentage of burns increases when the victim gets frightened, and starts running here and there.
6. I would like to plead to the Burns Association that they advertize more and educate the public about the ways of putting off the fire.

CALENDAR OF EVENTS

The American Association of Critical Care Nurses (AACN), announces 'Global Connections: A World Congress and Exhibition on Critical Care Nursing, from October 5-7, 1994. By sharing global perspectives and knowledge, critical care professionals will be able to draw upon a wide range of expertise to raise the standards of care world wide. Patients will directly benefit from the international standards of practice discussed during this congress. For details contact: AACN, 101, Columbia, Aliso Viejo, CA 92656-1461 AACN. FAX 714-362-2020.

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The Fourth Annual Conference of the Quality of Nursing Work Life Research Unit, will be held in March 22-24, 1995, in Toronto, Canada. The programme Committee invites researchers and practioners involved in clinical patient care, administration, education and policy development to submit abstracts of papers related to aquality of nursing worklife. Eight copies of single page abstract to be submitted by September, 1994 to Dr. Andrea Baumann, RN Ph.D., Scientific Program Chair, 1995 Conference, Quality of Nursing Worklife Research Unit, School of Nursing, Health Science Centre, 2 J Reception Area, McMaster University 1200 Main Street Hamilton, Ontario, Canada, L8N 3Z5, FAX: 905-570-0667.