

Treatment of Burns

By

Third Year Students

Gandhi Memorial Hospital, Rewa, M.P.

Burns have been classified in three degrees :

First degree burns—produce redness of the skin.

Second degree burns—produce blisters or vesicles.

Third degree burns—produce sloughing and destruction of the skin and deeper tissues.



Life-saving fluid

Small burns of the first and second degree are usually not serious and can be cared for by applications of an ointment such as Cetavlex. Burns of the third degree should never be treated

immediately with ointments or oils as any of these may interfere with future treatment. If they have been applied time and effort must be wasted in removing them before proper treatment is started. Sterile protective dressings or clean linen should be applied and the patient sent immediately to the hospital.

In the treatment of burns the prevention of shock, toxemia and sepsis are extremely important. Shock might be prevented by giving morphine to relieve pain. Plasma and saline are administered by intravenous route to replace the salts, water and proteins which are lost in the burned area and to restore adequate plasma volume and urine flow. External heat should be applied in the form of hot water bottles, blankets or a heated cradle. The foot of the bed may be elevated and oxygen administered by nasal catheter or B.L.B. mask.

If the patient has been admitted in extreme shock he may be immersed while yet clothed in a tub of warm solution such as normal saline or soda bicarbonate. This is an excellent method of preventing heat loss and it makes removal of the clothing and dead skin less painful. When the patient is removed from the bath he should be dried with sterile towels and placed in a heated bed between sterile sheets. Everyone in attendance on the patient should wear sterile gowns, and masks.

Toxemia may be prevented by administering controlled amounts of fluid by mouth or intravenous route.

Sepsis may be prevented by using strict surgical aseptic technics when changing the dressings. Penicillin or another
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