

# Chapter 13

## BURN TRAUMAS AND PATIENT MANAGEMENT

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### Overview

Even if the first step for treatment of burns is based on the same and priorities as for other forms of trauma; The main priority is must be stop any continuing burn injury caused by corrosive chemicals or smoldering clothes by using neutral solutions to flush away all garments from the injured area. The concomitant injuries should be assessed. The management of this injuries depend on the extention, depth and location of the burned area(Greaves&Johnson ,2002).

### Epidemiology

- The rate of burns all in the world is around 1% on average.
- Approximately 1 million burn injury cases are occurred yearly in the United States.
- The most rate is occurred in the home (43%).
- 75% - 80% percent of mortal fires occurs source from houses
- Burns are showed two different increased risk period; The first period for risk is occurring younger than 4 years old and the second increased risk period is after 65 age year old.
- Burns occur more frequently in vulnerable populations. This population including those with abuse drug administratios, heavy alcohol use, epilepsy, the poor and people living substandart built.
- The death common cause of in scene of a fire is asphyxiation, but on the other side the most common recorded cause of death in burn patients after admission is multipl organ failure. (Bines, Messer&Poulakidas, 2011; Jarrel & Carabasi, 2008).

### Etiology

- The most important reason for burning etiology is to act careless or boldly.
- 75% of burn cases are source from preventable reasons.
- The most common burn type in children is from boiled fluid, while the most common burn in adults is caused by flame. (Bines , Messer& Poulakidas , 2011)
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