

Successful Steps to Managing Burn Wounds

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Burn injuries can be extremely painful and carry a risk of infection. The following considerations often help improve outcomes for your burn patient.

Premedicate your patient for pain before providing burn care. Depending on the extent of the pain, your patient may need IV analgesia.

Have your patient gently shower before burn care. Showering helps cleanse the wound to remove any debris, dirt, and devitalized skin. It is preferable to bathing because of the potential for cross-contamination and risk of infection for patients who share bathing facilities; some experts believe showering is inappropriate with regard to infection.

If possible, have another healthcare provider assist you. An extra set of hands allows you to organize your wound care to ensure a much easier and efficient process for the patient. An additional healthcare provider can hand you supplies or assist with giving pain medication.

Have all necessary care supplies at the bedside.

Wound care dressings should keep the wound moist and clean and offer patient comfort. The type of dressing depends on the extent and location of the wound and whether the wound is dry or moist. Relevant wound care dressings include topical antimicrobials, topical silver cream, and nonadherent dressings. If the wound is infected, a silver dressing is advised.

If your patient is undergoing physical therapy, discuss the wound care with the physical therapist. If the wound is near a joint, there may be a specific way to wrap the wound to facilitate movement. Digits should be wrapped individually.

Become familiar with your facility's policies and procedures on burn care.

Managing burn injuries is challenging for the patient and the healthcare provider. Having a well-organized plan to manage patients' wound care can lessen their anxiety and pain and positively affect wound healing. ■

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Commentary from Ferris Mfg. Corp.

Burn pain can be one of the most severe forms of pain and is further exacerbated by wound care procedures and dressing changes. Traditional methods of dressing burns have been found to increase persistent burn pain as well as increase the pain associated with dressing changes because wound trauma often occurs during dressing removal.

In a representative case study,¹ a 40-year-old man fell asleep while he had a pan containing hot oil on the burner and awoke with his home on fire. He sustained burns to his face and arms. For the first 5 days post injury, he was treated with a topical silver cream covered with petroleum gauze. This dressing procedure was painful and the patient had difficulty moving his arm. Multifunctional PolyMem® Silver dressings were initiated because the components in the dressings work synergistically to help reduce edema and pain while continuously cleansing, moisturizing, and filling the wound, absorbing wound exudate, and enhancing autolytic debridement. Continuous wound cleansing helped prevent infection and lessened the need for manual cleansing, thus reducing this patient's procedural pain. The glycerol in the dressings helped maintain the moisture in the wound bed and helped prevent the dressings from adhering to the wound, resulting in easy removal and reduced pain. This patient preferred the PolyMem Silver dressings to his prior burn care because of the dramatic pain relief provided and the simple, painless dressing change procedure. The dressing dramatically decreased the patient's persistent pain and helped heal his painful wounds.

References

1. Edwards J, Mason SA. The Use of Polymeric Membrane Silver Dressings in Burns – A Case Series. Poster presented at the 19th Conference of the European Wound Management Association, Helsinki, Finland. May 20–22, 2009.



Five days post injury: the patient was in extreme pain and had difficulty moving his left arm.



Twenty days post injury: the left arm healed after 15 days of management with PolyMem Silver. The patient experienced excellent pain relief and no arm movement restrictions.

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