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Taking care of burn wounds

How to look after burn wounds. How to care for burn wounds.

By Ay. Burn injuries. In: Kliegman RM, St. Geme JW, Blum NJ, Shah SS, Tashir RC, Wilson Km, EDS. Nelson Pediatrics Textbook. 21. Filad   Lfia, PA: Elsevier; 2020: CHAP 92.MAZZEO AS. Care procedures. In: Roberts Jr. Custalow CB, Thomsen TW, EDS. The clinical procedures of Roberts and Hodges in emergency medicine and acute care. 7 ED. Filad   Lfia, PA: Elsevier; 2019: Chap 38.Singer AJ, Lee CC. Temmic burns. In: RM walls, Hockberger RS, Gausche-Hill M, EDS. Rosen Emergency Medicine: Concepts and Clinical Protec. 9 ED. Filad   Lfia, PA: Elsevier; 2018: Chap 56. Burns are damage to tissues caused by heat, chemical products, electricity, radiation or sun. Almost half a million Americans seek medical care for accidental burns each year. First degree burns, and most high-grade burns, heal with home treatments. Third-degree burns can be life-threatening and require specialized medical assistance. Burning a burn occurs when heat, chemicals, sunlight, electricity or skin tissue radiation damage. Most burns accidentally happen. There are different degrees of burns. Its doctor determines the gravity (degree) of a burn based on the depth of the burn and the amount of affected skin. Burns can be painful. Not treated, the burn can lead to infection. How common are burns? Close to half a million people go to the emergency department every year with burns. Children are at high risk of accidental burns. Every day, more than 300 children receive emergency treatment for burns. Who can get a burn? Accidental burns can happen to anyone, although children, adolescents and the elderly are at greater risk. These age groups are more prone to cooking burns, such as pouring an enclosure pan of water from the water. Children and teenagers are also more likely to fiddle with lighters, fulsories and artiface fires or solar burns. What are the types of burns? Sa  de professionals sort burns by severity degrees. Your provider will evaluate the extension of skin damage. Burn Degrees include: first-degree burns are lightweight (like most solar burns). The upper layer of the skin (epidermis) burns red and painful, but is typically blistered. Second-degree burns affect skina s top and bottom layers (dermis). You can feel pain, redness, swelling and bubble formation. Third-degree burns affects all three skin layers: epidermis, dermis and fat. The burning also destroy the capillary follies and bruised glansy. Because nerve endings damages third-degree burns, you probably won   pain t sensation in the area of burning instead adjacent to it. Burned skin can be black, white or red with a leather appearance. Many things can cause a burn. Temician sources, including incurred, hot liquid, steam and contact with hot surfaces, are the most common causes of burns. Other causes include exposure to: chemical products, such as cement, acids or drainage cleaning products. Radiation. Electricity. Sun (ultraviolet or UV). What are the signs of burns? Symptoms of burns vary depending on the gravity or degree of the burn. Symptoms are often worse during the first hours or days after the burn. Burn symptoms include: bubbles. Pain. Swelling. White or burnt skin (black). Skin desamination. Your doctor will examine the burn to determine the degree or gravity. This process involves estimating the percentage of the body affected by the burn and its depth. Your provider can classify the burn as: Minor: first and second-degree burns that cover less than 10% of the body are minor and rarely require hospitalization. Moderate: Second-degree burns that the cover of about 10% of the body are classified as moderate. Burns in hands, feet, face or genitals may vary from moderate to severe. Serious: Third-degree burns that coverage of more than 1% of the body are considered serious. Treatment of burns varies depending on cause and severity. You need to keep all burns clean and apply suitable dressings / sauce, depending on the severity of the wounds. treat a Pain is fundamental: inappropriate control can interfere with the treatment of wounds. Continue to check for signs of other long-term issues such as scars and skin hardening on the joints and muscles, which makes them difficult to move infection and. Treatments by burn type include: first grade burns: run cold water on the burn. Don      t apply ice. For burns, apply Aloe Vera gel. For temporic burns, apply an antibiotic cream and cover lightly with gauze. You can also take over-the-counter medication for pain. Second degree burns: treatment of second and first degree burns is similar. Your doctor may prescribe a stronger antibiotic cream that contains silver, such as silver sulfadiazine, to kill the bacteria. Lifting the burned area can reduce pain and swelling. Third-degree burns: third-degree burns can be fatal and often require skin grafts. Skin grafts Replace damaged fabrics with the healthy skin of another from the unscathed part of body the person. The area where the skin grafting is withdrawn generally heals by its own account. If the person does not have enough skin available for a graft at the time of the injury, a temporary graft source can come from a deceased donor or a source produced by man (artificial), but these will eventually have to be replaced by the personan skin. Treatment also includes extra liquid (usually administered intravenously, with an IV) to maintain constant blood pressure and prevent shocks and dehydration. What are the complications of burns? Third-degree burns that are deep and affect a large part of the skin are very serious and can be fatal. Until even first and second grade burns can be infected and cause discoloration and scars. First degree burns do not cause scars. Potential complications of third-degree burns include: burns have many accidental causes. You can take these steps to reduce the risk of burns: using sunscreen. Set hot water heater your home below 120 degrees Fahrenheit. Always test the water in a shower or bath before entering or bathing a child. Chemical products, lighters and fulsories are locked. Use the stove    s back burners as much as possible when cooking, disconnect cables from pans and frying pans, where they will not be collided and don      t let the autonomous stove. Don      t hold a child when you      re near hot objects like the stove. Define safeguards around a fireplace and never leave a child alone. Install and regularly test smoke detectors in your home. Stock your home with fire extinguishers and know how to use them. Cover electrical outlets. With proper treatment, most first and second burns cure more than two to three weeks. Depending on the gravity of the burn, you can have some scars, which may disappear over time. People recovering from third-degree burns need physical and occupational therapy to maintain joint mobility and improve the function. Some people develop pose-traumatic stress disorder (TPT) or depression after a burn episode. Thanks to the medical advances, many people who have burning burning up to a maximum of 90% of their bodies survive. You should call your doctor feel: burns in your hands, feet, face or genitia. Burns that D. t improves after two weeks. Bubbles formation. Strong pain. Fever, yellow or green secretion, or other signs of infection. Signs of PTSD or depression. What questions should I ask about my doctor? You may want to ask your doctor: What degree is the burn? What is the best treatment for this burn? What measues can I take to reduce the risk of infection? What measues can I To reduce the risk of scars? What measues can I take to lower the future risk of accidental burns? Should I look out for signs of complications? A Cleveland Clinic burns bills accidentally occur. Children and older adults are at greater risk. All profound burns require treatment to prevent infection and scars. Third-degree burns are the most severe type and can be fatal. However, first and second burns are more painful. If you or a One has a bubble burn, the immediate medical attention can help healing. Talk to your health provider over ways to reduce the risk of accidental burns of your family. At the last evaluation by Cleveland Clinic Medical Professional on 08/24/2020. References burn . . Accessed 8/24 / 2020.www.who.int (American Association of Pediatrics. Accessed 8/24/2020.burn Treatment and prevention tips for families. (Disease Control Centers and Prevention (CDC) .Cessado 8/24 / 2020.burns (Merck Manual. . Accessed 8/24/2020.burns (National Institute of General Cinenes. . 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There are three degrees of burns: fine or superficial burns (also calls of first grade burns) are red and painful. They swell a little. They get white when you press on them. The skin on the burn can peel in 1 or 2 days. What burns, partial superficial thickness calls and profound partial burns (also second-grade burns), have bubbles and are painfully thick burns. Third-party burns) cause damage to all layers of the skin. The burned skin looks white or charred. These burns can cause little or no pain if the nerves are damaged. Burns noisily, 3 to 6 days. Partial-Sterfical Burns - usually less than 3 weeks.deep partial thickness - generally more than 3 weeks. Thickness burns - Cure only on the edges, healing without skin grafts. A skin graft is a very thin layer of skin that is cut from a non-burned area and putting a badly burned area. Treatment depends on what kind of burn you have. It is not good to put butter, oil, ice or icy water in burns. This can cause more skin damage. I use the burn in cold water. Then treat it with a skin care product such as Aloe Vera cream or an antibiotic ointment. To protect the burned area, you can put a dried gauze bandage on the burn. Take acetaminofen (trade name: Tylenol) to help with pain. If a first or second grade burn covers a large area or it's on your face, hands, feet or genitals, you should see a doctor immediately. in cold water for 15 minutes. If the burned area is small, place wet cloths and cleaned in the burn for a few minutes every day. Then place an antibiotic cream or other creams or ointments prescribed by your doctor. Cover the burn with a nonstick sauce (for example, TELFA) and hold it in place with gauze or tape. Check the burn every day by signs of as greater pain, vermelid, swelling or pus. If you see any of these signs, you will go to your doctor immediately. To avoid infection, avoid breaking the bubbles. The dressing every day. First, wash your hands with soap and water. Then gently wash the burn and place the antibiotic ointment on it. If the burning area is small, one It can not be needed during the day. Make sure you are updated in Tano's shots. If you are not sure, check with your doctor's consultation. The itchy skin, while healing. Keep your nails cut and do not scratch the burnt skin. The burned area will be sensitive to sunlight by up to a year. If you have a bad burn, you should see your doctor or go to the hospital immediately. Do not take any clothes that you are attached to the burn. Do not jetty burning in water. Take other clothes and jewelry near the burning area. A person with a commercial burn (for example, from a power line) should go to the hospital immediately. Electric burns often cause serious injury within the body. This injury may not show on the skin. A chemical burn should be washed with large amounts of water. Take any clothes that have the chemical product on it. Do not put anything in the burn area. This can begin a chemical reaction that could worsen the burn. If you do not know what to do, call your local poison control center or see your doctor immediately. To view the full article, log in or buy access. This leaflet is provided to you by your family and family academy of family members. Other information related to health are available on AAFP online at. This information provides a general vision and may not apply to all. Talk to your doctor to find out if this information applies to you and get more information on this subject. Copyright   ,   , ~ 2000 by the American Academy of Machines. This contents are owned by AAFP. A person who views online can make a material impression and be able to use this impression only for your personal and non-commercial reference. This material may not be downloaded, copied, printed, stored, transmitted or reproduced in any means, is now known or later invented, except as authorized in writing by AAFP. 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