

Vigilance in Nursing is Major Contributing Facts for Good Outcomes in Acute Burn Care

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Acute care services is most important part in advancing health care development. Medical professionals are very much enthusiastic to overcome the gap of acute care and for upgradation of medical services emergency care should be in widely practiced.

Burn is the most disastrous event in casualty and mass casualty. Acute burn care is the Most challenging clinical events for health care professionals, as round the clock nursing and vigilance is the key point in medical management. ensuring utmost critical care contributes a lot to the outcome of burn patients.

Inhalational/smoke burn is most fatal one in terms of acute laryngeal edema, acute lung injury, ARDS. This all are survival priority in time dealing matters and sometimes difficult to manage even in dedicated higher centre.

Skin and soft tissues burn has space to contribute by medical professionals, as ensuring time fashioned critical care services can maximize the survivability and reduce the morbidity and mortality. More than 40-50% burn are the major priorities of critical care.

Ideal Burn care management starts from zero hours of occurrence. ECF - ICF fluid, ions disequilibrium are starts just after burn which is very rare about the onset of physiological imbalance in any sort of injury/ diseases. Starling law of forces are the key factors for maintaining Ph, acid base balance and homeostasis which is disrupt just after burn within seconds. Parkland formula is very much useful for burn care. In recent burn care guidelines crystalloids and colloids (FFP, Albumin, plasma expander, Blood and blood products) are needed even in 1st 24 hrs of burn injury. Crystalloid induced dilutional coagulopathy are concerning factors in definitive care and recent guidelines practicing 2ml fluid instead of 4ml for initial regime of fluid. 1st 24 hrs focused care are the pivotal factors for recovery of burn patients. After 48-72 hrs of good urinary balance (0.5 ml/kg/ hr) and early prediction of sequential (Mechanical ventilation, pain care, sepsis control, lung care, partial parenteral nutrition, stomach and gut care) morbidity during the recovery process are important factors for good outcome.

Sometimes burn patients delays time to reach the proper care unit and got some mixed treatment and fluid care. This patients should manage by proper history taking of receiving fluids, consumption of time after incidence, percentage of burn, body wt, co morbidity, age of patient and respective physicians clinical eyes.

Good burn care by bottom way of top (patient care attendant, Nurse, paramedics, physiotherapy, attending duty doctor, administrator, consultant and patients legal guardian) is the ultimate hope for survival of whatever the percentage of burn. 20% burn can kill a patient by sepsis and more than 80% burn can survive with team care.