SECOND DEGREE FLASH BURN-CLINICAL CASE STUDY DEMONSTRATING POSITIVE PATIENT OUTCOMES

USING A HYDROGEL SHEET* DRESSING

Ruth Anderson, RN, Skin Care Coordinator Char Wilkening, RN, Skin Care Coordinator Boone County Hospital, Boone, IA, USA

This abstract is a case study of a female who sustained second degree flash burns over twenty-five percent of her body following a propane explosion in a recreational vehicle. This accident resulted in scorching, blistering and peeling of both anterior feet, legs, right forearm and right and left hand. The patient presented in severe pain. She was admitted to the hospital for pain control, daily whirlpool and dressing changes using silver sulfadiazine and gauze, with observation for any signs or symptoms of infection. Additional potential problems were nutrition and scarring with potential contracture. Serum protein albumin dropped. The gauze dressings were uncomfortable and required frequent changes due to strike through.

A revised treatment plan (12 days later) was requested to reduce pain and control infection while allowing the patient to maintain activities of daily living (ADL's) and adequate nutritional intake. An environment which would hold serum protein on the wound bed was important. A hydrogel sheet* replaced gauze in the treatment plan.

This patient was dismissed in ten days with pain reduced to allow ADL's and adequate nutritional intake, with no sign or symptoms of infection. These extensive flashburns were healed in 74 days with no scarring or contracture.

Conclusion: the benefits of using a hydrogel sheet* in place of gauze were:

Pain Reduction Controlled Infection No Scarring Absorption of Serious Drainage

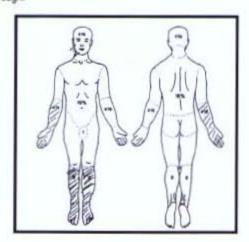
Presented at the Clinical Symposium on Wound Management Reno, NV 1996

Clinicians: Ruth Anderson, RN Charlene Wilkening, RN Boone County Hospital, Boone, IA.

CLINICAL CASE STUD' OUTCOMES UTILIZI

PROBLEM:

On 6/7/95, a forty-one year old female sustained second degree flash burns over twenty-five percent of her body following a propane explosion in a recreational vehicle. This accident resulted in scorching, blistering and peeling of both anterior feet, legs, right forearm and right and left hands. The patient presented in severe pain. She was admitted to the hospital for pain control, daily whirlpool and dressing changes using silver sulfadiazine and gauze, with observation for any signs or symptoms of infection. Additional potential problems were nutrition and scarring with potential contractures. Serum protein albumin dropped. The gauze dressings were uncomfortable and required frequent changes due to strike through.



RATIONALE:

On 6/19/1995 (12 days later) a revised treatment plan was requested to reduce pain and control infection while allowing the patient to maintain activities of daily living (ADL's) and adequate nutritional intake. An environment which would hold serum protein on the wound bed was important.

METHODOLOGY:

A hydrogel sheet* replaced gauze in the treatment plan.

RESULTS:

This mother of four was dismissed in ten days with pain reduced to allow ADL's and adequate nutritional intake, with no signs or symptoms of infection. These extensive flashburns, covering twenty-five percent of the body, were healed in 74 days with no scarring or contractures.

CONCLUSION:

Benefits of using a hydrogel sheet* in place of gauze were:

- Pain Reduction
- Controlled Infection
- No scarring
- Absorption of serious drainage

REFERENCES:

Demoor, M.A., Deffendahl, C., Whitaker, K., Motta, G. Clinical Evaluation of an Absorbent Hydrogel Dressing. Solo and Combination Wound Management Approaches. Presented at Clinical Symposium on Pressure Ulcer & Wound Management. October 1994, TN.

Mertz, P.M., Davis, S.C., Eaglstein, W.H., Oliveria, M.F. Evaluation of the Multiplication of Pseudomonas Aeruginosa in Second-Degree Burn Wounds on Swine Treated with a Hydrogel Sheet.

Jester, J., Weaver, V., The Healing Touch - Presentation and Treatment of Heel Ulcers using a Hydrogel Dressing. Presented at Clinical Symposium on Wound Management. Minneapolis, MN, September, 1995.

Vandeputte, J. Clinical Findings Beyond Occlusion When Using a Glycerine Hydrogel. Clinical Symposium on Wound Management. Minneapolis, MN, September, 1995.

Panel for the Prediction and Prevention of Pressure Ulcers in Adults. Pressure Ulcers in Adults: Prediction and Prevention, Clinical Practice Guideline, No. 3 AHCPR Publication No. 92-0047. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Service, May 1992.

Legs & Feet



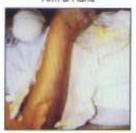
Leas



Feet



Arm & Hand



6/18/95 24 hours 2nd & 3rd degree burns pink areas, debridement occurring.

DEMONSTRATING POSITIVE PATIENT IG A HYDROGEL SHEET* DRESSING

Feet





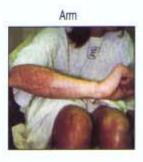


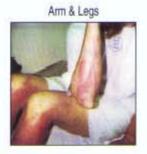
6/20/95 - 3 days epithelialization progressing, debridement nearly complete.

Legs & Feet









7/21/95 - 34 days.

Feet









8/31/95 - 84 days smooth supple healing. Complete skin cover. No visible scar.

*Elasto-Gel - Southwest Technologies