Traumatic Friction Burns "Road Rash"

Superficial



- Exam: brisk blanching
- Daily soap & water cleanse
- Antimicrobial oints, e.g. baci
- Non-stick dressings e.g. telfas
- OT/PT to assure full ROM
- <u>Place orders</u> / instructions
- Follow-up w primary team

Steps:

 Lund & Browder & TBSA, upload in cerner images
Photos of sites, upload to cerner
Order: daily nursing care
Order: scheduled topicals

- Order: pre-albumin, nutrition

- Burn consultation for advanced wounds not under surgical care (pls add to burn list on weekend)

- <u>At Discharge,</u> appt. with burn team at SRC on Tues & Thurs

Indeterminate



- Exam: poor blanching
- Daily soap & water cleanse
- Consider early OR to control contamination, remove necrosis
- Ointment option: collag/bactro 1:1, nickel thick (plan to wean)
- Absorptive drsings (e.g. Sofsorb)
- OT/PT to assure full ROM
- Burn team available advice/consult

Full thickness, Multi Site, Large, Infected

- Exam: non blanch, dead tissue, exposed tendons
- Swab cultures of the wound
- Consider early OR to control contamination
- Daily CHG cleanse
- Topical: 1/4 Dakin's or sulfa/nystatin wring-outs q8 or 12
- Non-stick absorptive dressings (Sofsorbs)
- Broad-spectrum antibiotics for infections/cellulitis
- Nutrition consult, consider supplemental feeds
- Consider ICU care if needed to do proper wound care
- OT/PT to assure full ROM
- Consult burn team with operative planning



