

CHANGED FINDINGS IN PRIMARY BURN CARE

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INTRODUCTION

A burn is an injury caused by contact with thermal, chemical, electrical or radioactive agents, which can damage skin structures, appendages, muscles, tendons or bones. Therefore, the burn qualifies as a dermatological emergency that must be addressed in primary urgent and emergency care. In view of this, it is clear that it is extremely important that health professionals dealing with this case know what changes may arise during primary care. Objective: to carry out a literature search on altered findings in primary urgent and emergency care for patients who have suffered burns.

METHODOLOGY

This is a literature review, developed with articles published between 2016 and 2023 in the electronic databases: Scientific Electronic Library Online – Scielo and Google Scholar, using the descriptors: primary care, dermatological emergency, burn, urgency and emergency, and their respective synonyms, in Portuguese and English. Only published articles that addressed the topic and were available online were included. Articles outside the proposed period, which did not deal with the topic, which were not available online and repeated articles found in different databases were excluded.

RESULTS

In this study, it was concluded that there are typical findings in the primary care of burn victims. When evaluating the airway (A), respiratory difficulty or noise may be related to facial burns, carbon deposition and acute inflammation of the oropharynx, sputum with carbon residues and carboxyhemoglobin poisoning. When assessing breathing and ventilation (B), trauma to the chest wall may

have occurred, especially if there was an explosion in the accident. When evaluating circulation (C), if the burn affected more than 20% of the body, it is necessary to perform volume replacement. When testing for neurological impairment (D) it may be altered due to hypoxia. And finally, in exposure (E), the removal of burned clothing interrupts the burn process, however the burn victim is predisposed to hypothermia, therefore means for prophylaxis must be available.

CONCLUSIONS

The burn victim is a dermatological emergency that presents several altered findings throughout primary care, therefore it is necessary for health professionals to know what they are for better care.