BETTERSAFE
WELCOA'S ONLINE BULLETIN FOR YOUR FAMILY'S SAFETY

IDENTIFYING & PREVENTING BURNS

Plain and simple, burns hurt. Most of us have likely experienced a burn, whether it be from the sun or an accident with heat or fire. A burn, by definition, is tissue damage caused by heat, chemicals, electricity, sunlight, or nuclear radiation. The most common burns are those caused by hot liquid or steam, building fires, and flammable liquids and gases.

Burns are defined by how deep they are and how large an area they cover. Types of burns include:

- First-degree burns damage the outer layer (epidermis) of the skin. These burns usually heal on their own within a week. A common example is a sunburn.
- Second-degree burns damage not only the outer layer but also the layer beneath it (dermis). These burns might need a skin graft—natural or artificial skin to cover and protect the body while it heals—and they may leave a scar.
- Third-degree burns damage or completely destroy both layers of skin including hair follicles and sweat glands and damage underlying tissues. These burns always require skin grafts.
- Fourth degree burns extend into fat, fifth degree burns into muscle, and sixth degree burns to bone.

TREATING MINOR BURNS

Minor burns can often be treated at home. First, clean the area with cool water and dry. Then cover with sterile gauze or a non-adhesive bandage. Avoid breaking blisters because this can cause infection. Call your doctor if the burn has not healed after several weeks or shows signs of infection. These include increased pain, swelling, and redness.

TREATING SERIOUS BURNS

It's important to seek medical care quickly for deep or large burns. Serious burns require professional medical care. Some can even be life-threatening. You should never attempt to treat a third-degree burn on your own. Failing to seek immediate medical attention can result in a long list of complications, such as infections, blood loss, dehydration, sepsis, tetanus, muscle contractions, damage to your nervous system, and going into shock.

In many cases, health care providers cover the burned area using sterile bandages with topical antibiotics (skin creams or ointments) or long-acting, silver-containing dressings to prevent infection.

For third-degree burns and some second-degree ones, patients need extra fluids to maintain blood pressure and prevent shock. Surgeons may treat large burns by removing burned tissue and covering the burn wound with a skin graft. Depending on the severity, location, and nature of a burn, doctors may treat the injury with a combination of natural skin grafts, artificial skin products, and laboratory-grown epidermis.

In addition, there are circumstances that require immediate medical attention, regardless of the type of burn. These include:

- The burn is on your face, hands, feet, or on a joint
- The burn was caused by an electric shock or a chemical
- There's pus oozing from the burn
- The pain gets worse with time
- The burn is larger than three inches
- Change in the thickness of the burn
- Foul odor
- Fever