

Injuries that accompany burn injuries

Inhalation injuries

Aside from the serious nature of burn injuries, often inhalation injuries complicate the clinical course for burn victims. In fact, burn victims die as a result of inhalation injury. History of fire entrapment leads to a high index of suspicion for inhalation injury. During exposure to fire, the victim inhales toxic fumes that arise from the adjacent environmental agent that is burning. Smoke from combustible items in the environment often cause inhalation injuries to the upper airway and this has a more rapid onset of inflammation. However, inhalation of hot steam will more likely burn the lower airway and inflammation evolves at a slower pace. Both types of inhalation injury can cause wheezing, shortness of breath and chest pain. Upper airway inhalation injuries will often cause stridor. Clues that inhalation injury may have occurred may be found in the mechanism of injury or by listening to the lung sounds. For example, providers will suspect inhalation injury if the burn victim was in a confined space at the time of the trauma. Or if the patient is coughing up tinged sputum, or has facial burns with singed nasal hairs and soot around the nasal passages. Blood gas tests and chest x-rays reveal the pulmonary status of a burn victim.

Bone fractures

Fractured bones will be skillfully managed in conjunction with the burn wound management.

Head trauma

If a burn victim was exposed to an explosion, fall from a high level, car accident or significant impact from a concurring source this complicates the management of burn injuries. Naturally, the more co-occurring injuries that exist, the more complicated the case management becomes.