HEAT, COLD, ELECTRICAL, CHEMICAL INJURIES

I. Čundrle

Department of Anesthesiology and Intensive Care

FNUSA

BURN INJURIES

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- - •
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 - •

PATHOPHYSIOLOGY

• 45°C

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- vasoactive mediators are released from damaged tissue loss of plasma into the intersticium hypovolemic shock hypoperfusion organ damage
- Kidney
- GIT
- Lung
- Metabolism

CAUSES

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- •

THERMAL BURNS

- Contact
- Scald
- Flame
 - + possible inhalation trauma
 - + possible intoxication

ELECTRICAL BURNS

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- •
- •
- - Electrical damage
 - Electrical arch, lightning

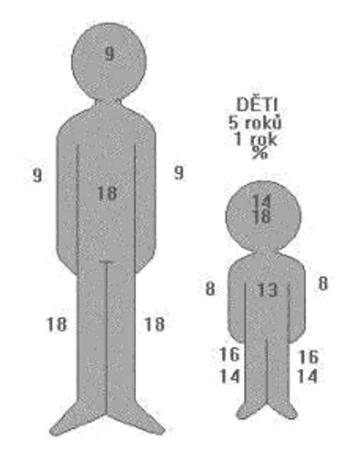
CHEMICAL BURNS

• Acids

Alkali

Other substances

DAMAGE EXTENT – RULE OF 9



DEPTH OF BURN INJURIES

• First degree

• Second degree

- Ila
- Ilb

DEPTH OF BURN

• Third degree

• Forth degree

SEVERE BURN

- Kids up to 2 years 5 % body surface area
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- •
- Kids third degree always
- Adults 20 % body surface area

• + always

SPECIALIZED BURN CLINICS

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- •
- •

FIRTS AID

- Remove the source of burn
- vital signs and secure vital functions
- Cooling of the wound

- Anti-shock precautions
- Transport

HEATSTROKE

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hot and wet environment

FIRST AID

- •
- Lower the body temperature
- Cold fluids
- •

SUNSTROKE

• Direct effect of sunlight on head

• First to second degree burns

FIRST AID

- •

HYPOTHERMIA

• Symptoms

- - Moderate hypothermia
 - Severe hypothermia

FROSTBITES

- 1. degree
- 2. degree
- 3. degree

FIRTS AID

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- •
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CHEMICAL BURNS

• Cause not known

• Acids

Alkali

INGESTION

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- •
- •

ELECTRICAL BURNS

• Low voltage1000 V

• High voltage > 1000 V

• Lightning

THANK YOU FOR YOUR ATTENTION

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