

**ROLE OF JIPMER BURN PROFORMA IN MANAGEMENT OF BURNS****Vinayak C<sup>1</sup>, Chittoria RK<sup>2</sup>, Konda SR<sup>3</sup>****ABSTRACT**

**Background:** Burns is one of the most common types of injury irrespective of age group, gender, socio-economic status. Treatment of each patient has to be individualized. Initial treatment of acute injury has direct bearing over the mortality or morbidity of the patient

**Methods:** This is a descriptive study in which seven residents involved in the treatment of burns patients were handed over burns proforma to aid in decision making and their responses were analyzed.

**Results:** Application of burns proforma improves management of burns patients.

**Conclusion:** Proforma based management of burns patients helps in effective management of the patient and should be an integral part of the management system.

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**INTRODUCTION**

Burns is the fourth most common type of injury worldwide, following road traffic

accidents, falls and interpersonal violence.

Flames, scalds and electrical burns are the top three causes of severe burns in most studies.

These occur in regions that generally lack the infrastructure to reduce the incidence and severity of burns. Burns is globally recognized as a challenge for burn care specialists since the impairment caused in different organ systems will result in a deeper and more severe burn injury.<sup>[1]</sup> The successful treatment of burn injury involves the time of presentation, with or without inhalational injury, early recognition of the severity of burn injury, accurate assessment of the area of burn injury, the degree of burn injury, adequacy of fluid resuscitation and recognition of signs of organ failure and direct treatment accordingly. Assessing these vital parameters is essential for tailored management of the patient and constant monitoring of such patients is crucial.<sup>[2]</sup>

**Methods**

In this descriptive study, conducted at Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), seven residents involved in burns care were recruited and burn proforma modified based on World Health Organization (WHO) and international society of burn injury guidelines were handed over to each patient admitted and participants were required to fill the proforma (Figure 1). At the end of one month (May 2018) the study

effectiveness of burns proforma was analyzed (Figure 2)

**Figure 1: Burns Proforma**

Burns proforma evaluation

- 1) How useful is burns proforma in practice?
 

No use	Needs improvement	very useful
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- 2) Does burns proforma has an impact on management?
 

No	Sometimes	very much
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- 3) Change in outcome result with implementation of burns proforma?
 

Yes	No	May be
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- 4) Drawbacks of burns proforma, if any? .....
- 5) Would you like to include burns proforma in routine practice?
 

No	May be	definitely
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- 6) Any changes in burns proforma required? .....

**Figure 2: Evaluation form**

**Results**

Seven of seven residents felt that it's very useful in the management of a patient with significant changes in outcome and would like

that it should be implemented in the patient management system. However, one resident felt that it would be more helpful if daily patient vital monitoring parameters can be added to make it more informative. The only drawback mentioned by two residents was that it is time-consuming.

### **Discussion**

Burns is the most serious injury inflicted on mankind. This appears to be the price of civilization which man is paying today. India is amongst the few countries of the world where the incidence of burns is showing a rising trend even though it is on a decline in the western world. Management of burns is difficult and time-consuming.<sup>[3]</sup> Half a century ago commonest cause of death following a burn greater than 20% was the surgical shock, with a better understanding of post burn surgical shock it is possible to treat this rationally and effectively. For this, early identification of high-risk case, prompt intervention at the right time can prevent long term morbidity and mortality.<sup>[4]</sup> History taking is indispensable in any branch of medicine, true even in case of burn injury. Burns injury is an emergency condition, needs to be attained without delay and with a zeal to treat. Vital information regarding burn injury is lost

and to address this issue, burns proforma comes in handy.<sup>[5,6]</sup>

Advantages of burns proforma are it helps in triage of burns patient, rapid assessment of the patient and nature of injury can be done. Area involved and severity of injury can be assessed and documented easily. It's like a ready reckoner for the treating doctor to know about the patient. Complications like respiratory distress, burn shock can be anticipated readily. Documentation forms an important aspect of medico legal case. It is helpful to conduct research studies. Its drawback is in the form that it addresses status of patient at admission only and it is time consuming when the patient is sick.<sup>[7]</sup>

### **Conclusion**

Burns proforma helps in diagnosis, guides management, anticipate complications, and improves patient management.

### **Conflict of Interest Statement-**

There is no conflict of interest.

### **REFERENCES:**

1. Artz CP, Moncrief JA. The burn problem. The treatment of burns. Philadelphia: WB Saunders Co. 1969:1-22.
2. Bull JP, Fisher AJ. A study of mortality in a burns unit: a revised estimate. Annals of surgery. 1954: 139(3):269.

3. American Burn Association. National burn repository 2005 Report: Dataset version 2.0. Chicago: Author. Retrieved June 16, 2007.
4. Jayaraman V, Ramakrishnan KM, Davies MR. Burns in Madras, India: an analysis of 1368 patients in 1 year. *Burns*. 1993;19(4):339-44.
5. American Burn Association Consensus Conference on Burn Sepsis and Infection Group, Greenhalgh DG, Saffle JR, Holmes IV JH, Gamelli RL, Palmieri TL, Horton JW, Tompkins RG, Traber DL, Mozingo DW, Deitch EA. American Burn Association consensus conference to define sepsis and infection in burns. *Journal of burn care & research*. 2007; 28(6):776-90.
6. Davies JW. The problems of burns in India. *Burns: journal of the International Society for Burn Injuries*. 1990;16(Suppl. 1):S1-24.
7. Feck G, Baptiste MS, Tate Jr CL. Burn injuries: epidemiology and prevention. *Accident Analysis & Prevention*. 1979; 11(2):129-36.