



CODEN [USA]: IAJPBB

ISSN : 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**

SJIF Impact Factor: 7.187

<http://doi.org/10.5281/zenodo.4419754>Available online at: <http://www.iajps.com>

Research Article

**STUDY OF VARIOUS BURN TYPES INCIDENCE IN PATIENTS
OF TERTIARY CARE HOSPITAL'S BURN UNIT IN LAHORE**¹Ayesha Rashid, ²Iram Javed, ³Muhammad Waleed Ghani^{1,2,3}The University Of Lahore, Lahore.**Article Received:** November 2020 **Accepted:** December 2020 **Published:** January 2021**Abstract:****Objective:** *To identify the causes of burn injuries in the typical population.***Setting and Design:** *The trial was conducted for three months between September 2020 and November 2020 in the Burn Care Units of Lahore Tertiary Care Hospitals.***Subject and Method:** *The Study Study was based on a cross-sectional survey. A study included 146 burn patients presented at burn care units of Lahore Tertiary Care Hospitals. Systematic random sampling technique was adopted. For data analysis, SPSS version 20 was used.***Conclusion:** *Burns are one of the world's most frequent household injuries. These can be prevented by simple precautionary measures and can be managed successfully with minimal complications and better cosmetic results if managed properly and promptly.***Keywords:** *incidence, scalds, burns***Corresponding author:****Ayesha Rashid,***The University Of Lahore, Lahore.*

QR code



Please cite this article in press Ayesha Rashid et al, Study Of Various Burn Types Incidence In Patients Of Tertiary Care Hospital's Burn Unit In Lahore., Indo Am. J. P. Sci, 2021; 08(1).

INTRODUCTION:

Burns are a significant portion of accidental injuries every day. They can range from a mild burning sensation to extensive injuries to full thickness. Burns are classified as first, second, third and fourth degrees, based on the degree of involvement of the skin layers.

First Degree—Epidermal/Superficial burns without blistering cause minimal damage to the skin, as they involve only the most outermost layers of skin.

Second Degree — Superficial, partial, more serious thickness involves skin blistering and skin damage beyond the top layer.

Third degree: The most profound partial thickness, which can invade all skin layers, could be painful or painless.

Fourth Degree—full burning thickness. Burning causes include dry/moist heat, flames, flashes, friction, electric current contact, chemical agents, blasts of cookers and cylinders and various other burns. Depending on the time and intensity of exposure, causative agents may cause any degree of damage. This fundamental knowledge of burns can help

diagnose the burn injury early and manage the associated complications, morbidities, and mortality immediately and adequately.

OBJECTIVE:

To identify the causes of burn injuries in the typical population.

METHODOLOGY:**Study design:**

Cross-Sectional Study/Study of questionnaire-based

Study Instrument:

Questionnaire

Duration:

Three months

Sample technique:

The technique of Randomized sampling

Sample size:

146

Statistical analysis:

Data was analyzed with version 20 of SPSS.

RESULTS:

This Study included 146 burn patients from any age group and gender with injuries caused by different causative agents.

Burn Type	Frequency	Percent
Scald burn	80	54.79
Flash burn	11	7.53
Flame	27	18.49
Frictional burn	3	2.05
Electrical	10	6.84
Chemical	2	1.37
Others	12	8.22
Cylindrical blasts	1	0.684
Total	146	100



The StudyStudy showed that the highest incidence of scald burns caused by moist heat and hot fluids was 54.79 per cent. After that, flame burns accounted for 18.45 per cent of all cases. Flash burns in 7.53 per cent of patients have been reported. The causative factors were electrical and chemical agents in 6.84% and 1.2% respectively. Cylinders blasts have been observed in only 0.684% of cases, while various causes have been reported in 8.22% of cases. Further investigation into the causes of scalded burn injuries revealed that the most common causes were boiled water, followed by steam, hot oil, tea and others. The cause was unknown in more than half of the cases.

CONCLUSION:

With the results showing that the highest incidence of burning is the scalding injuries, which account for more than half, i.e. 54 per cent, the biggest culprits are moist heat and hot fluid spills. Some additional caution during the handling of boiling fluids may lead to a significant drop in the incidence of scald burns due to their accident. Early, immediate and appropriate management is another crucial factor for burns. A timely procedure in burns cases may lead to early recovery and improved cosmetic results with minimal or no scarred effects.

RECOMMENDATIONS:

After the timeless prevention advice, we should improve our handling techniques while working with heat fluids, flames, electricity, chemicals and gas cylinders. Working with hot objects should take place in a separate area, away from children and children. Fireplaces with a safety gate or screen should be installed. Matches, lights and other inflammable things should be kept out of children's reach. Irons, stoves and other devices should be unplugged while not in use. The installation of adequately insulated electrical wires and appliances away from humid environments can reduce electrical burns significantly. Care should be taken with chemicals such as acids,

alkalis, and other explosive or inflammable chemicals. As much as possible, the use of cylinders and cookers should be avoided or minimized. If you have burnt yourself, you should try to seek medical assistance immediately. Simple home remedies can be helpful, however. The site of the Burnt should be washed and cleaned thoroughly under running water. Use of aloe vera extract or honey are some remedies used worldwide, preventing loss of water and further damage. If necessary, antibiotic creams and pain drugs may be used. Also, it is always advisable to seek medical attention as soon as possible, to estimate the degree of damage promptly and to minimize the likelihood of complications.

REFERENCES:

1. Ansari-Lari M, Askarian M. Epidemiology of burns presenting to an emergency department in Shiraz, South Iran. *Burns*. 2003 Sep 1;29(6):579-81.
2. Lari AR, Alaghebandan R, Nikui R. Epidemiological study of 3341 burns patients during three years in Tehran, Iran. *Burns*. 2000 Feb 1;26(1):49-53.
3. Hettiaratchy S, Dziewulski P. Pathophysiology and types of burns. *Bmj*. 2004 Jun 10;328(7453):1427-9.
4. Sharma PN, Bang RL, Al-Fadhli AN, Sharma P, Bang S, Ghoneim IE. Paediatric burns in Kuwait: incidence, causes and mortality. *Burns*. 2006 Feb 1;32(1):104-11.
5. Karaoz B. First-aid home treatment of burns among children and some implications at Milas, Turkey. *Journal of emergency nursing*. 2010 Mar 1;36(2):111-4.
6. Laditan AA. Accidental scalds and burns in infancy and childhood. *Journal of tropical pediatrics*. 1987 Aug 1;33(4):199-202.
7. Devgan L, Bhat S, Aylward S, Spence RJ. Modalities for the assessment of burn wound depth. *Journal of burns and wounds*. 2006;5.