Guidelines for Immediate Medical Care, Pre-hospital Burn Management, Transportation & Emergency Department care

By cooperation of Educational Administration of Social Security Organization

Dedicate to my son and my wife

To the men and women who opened their hearts and wards in order to give patients a loving place.

عنوان و نام پدید آور : Guidelines for Immediate Medical Care, Pre-hospital Burn Management, Transportation & Emergency care
مهدی قربانی
مشخصات نشر :تهران:صفیان،1386.
مشخصات ظاهری :
شابک:30000 ریال978-964-8193-23-7
وضعیت فهرست نویسی : فیپا
موضوع :
موضوع:
موضوع:
شناسه افزوده : قربانی،مهدی،1343-
رده بندی کنگره :
رده بندی دیویی :
شماره کتاب شناسی ملی :

انتشارات صوفیان

Guidelines for Immediate Medical Care, Pre-hospital Burn Management, Transportation & Emergency care

با همکاری اداره کل آموزش سازمان تامین اجتماعی
گروه تحقیق و توسعه‌ی بیمارستان ارشاد
تیراژ: 1000 نسخه
مولف: آقای دکتر مهدی قربانی.
بها : 30000 ریال
نوبت چاپ : اول
حروفچینی: فاطمه شریفی
صفحه بندی و طراحی جلد: والاقربانی
ویراستار:خانم دکتر مریم ابطحی
چاپ: آبرنگ
شابک: 978-964-8193-23-7

Content

If all that changes slowly is explained by life –

All that changes quickly is explained by fire!

G. Bachelard (1884–1962)

Introduction

Since the time that I tried to write an article about a guideline for immediate medical care and pre hospital management of burn, I tried to find an Iranian official protocol in ministry of health about it also, but it wasn't possible! It seems there are about 800 to 1000 hospital's beds specified for burn. The burn centers classified to four groups from 1 to 4.There are eight center in 4th category (Tehran , Isfehan ,Tabriz , Mashhad,Shiraz , Rasht,Ahwaz & Kermanshah).The main burn hospitals in Tehran are :Motahari,Chamran &Noor Afshar at the moment. The motahari hospital was built at 1973 by 150 beds and Chamran burn ward was built at 2006 by 10 beds of BICU and 40 General beds and it seems well equipped ward.

These documents try to providing an updated version to manage patients suffering a severe burn injury. Burn can be presented in any part of country but it may be complicated in workplaces in remote area especially in oil industry. The ability of health worker of these places to assess , manage and transfer of patients to well equipped hospital is central to good outcomes in appropriate timeframes.

This document provides the necessary information for burn patient in Iran. The information given is based on the international standards for the care and transfer of severe burn injuries.

Dr Mahdi Qorbani M.D.

2007-12-12

P.S. If you have any comment I will appreciate to be informed by my E mail: mahdiqorbani@yahoo.com

Guidelines for Immediate Medical Care

Introduction

- The aim of pre-hospital care is to reduce the mortality and morbidity in those seriously injured or taken dangerously ill out of hospital. This involves the rapid attendance of ambulance and medical personnel to perform advanced life and limb saving techniques, and to stabilize the patient's condition sufficiently to prevent deterioration, and maximize the chances of their receiving successful definitive hospital care
- Pre-hospital care should never be prolonged at the expense of evacuating the time-critical patient
- The aim of all treatment is to produce a neurologically intact survivor, with a reasonable quality of life
- Even for the experienced, it is advisable to use guidelines when dealing with life threatening problems, so that actions become automatic and rapid, rather than action interspersed with thought, which takes longer!
- These guidelines are based on recognized ALS (advanced life support), PHTLS, and PALS guidelines and should be used as the basis for all your actions. The pre-hospital situation may introduce many variables, and these guidelines should not be adhered to mindlessly, but used as a basis for action by the thinking person

Safety

- Protect yourself: wear appropriate protective identifying clothing

- Do not expose yourself unnecessarily to any hazards (present or potential):
  - Adverse weather
  - Overexertion
  - Infection, contamination
  - Falling masonry
  - Electrocution
- Protect the scene, if necessary

Scene assessment

- Look for, identify and then neutralize or remove any life threatening hazards if possible, so as to avoid any potential injury to the rescuers and any further injury to the sick or injured. If necessary, remove the casualty to a place of relative safety
- Ascertain:
  - What has happened, how and why did it happen?
  - What injuries or problems might you expect?
- Assess the number and severity of casualties, and the resources needed for their management/evacuation

Triage (if there is more than one casualty)

- Rapidly sort (triage) the patients according to their priority for treatment and transportation

Primary survey and resuscitation

- This is the simultaneous assessment, identification and management of any immediate life threatening problems, followed by an assessment of the potential for developing other serious life threatening problems or complications. Remember: they may be suffering from more than one type of problem at the same time
- In the time critical patient, the identification and management of life threatening conditions is the first priority, and Immediate Care may not progress beyond the primary survey
- Assessment/examination of any patient follows the simple protocol: *look, listen and feel*