**Outreach**

Your Outreach Librarian can help facilitate evidence-based practise for all Burns members of staff, as well as assisting with academic study and research. We can help with **literature searching, obtaining journal articles and books**, and setting up individual **current awareness alerts**.

**Literature Searching**

We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence.

**Critical Appraisal Training**

We also offer **one-to-one or small group training** in literature searching, accessing electronic journals, and critical appraisal/Statistics. These are essential courses that teach how to interpret clinical papers.

**Books**

Books can be searched for using SWIMS our online catalogue at www.swims.nhs.uk. Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: thomas.osborne@uhbristol.nhs.uk
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6: Current Awareness database articles
Tables of Contents from Burns journals

If you require full articles please email me @ Thomas.Osborne@UHBristol.nhs.uk

Burns Volume 41, Issue 1, p1-202 February 2015

Editorial Board
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The burn wound exudate—An under-utilized resource
Management of cyanide toxicity in patients with burns
Personality as a predictor of depression symptoms in burn patients: A follow-up study
In view of standardization: Comparison and analysis of initial management of severely burned patients in Germany, Austria and Switzerland
Airborne bacterial dispersal during and after dressing and bed changes on burns patients
Comparison of mortality prediction models in burns ICU patients in Pinderfields Hospital over 3 years
End-of-life decisions in Burn Intensive Care Units – An International Survey
Clothing-related burns in New South Wales, Australia: Impact of legislation on a continuing problem
High-frequency percussive ventilation and initial biomarker levels of lung injury in patients with minor burns after smoke inhalation injury
Cultured autologous keratinocytes in the treatment of large and deep burns: A retrospective study over 15 years
3D photography is as accurate as digital planimetry tracing in determining burn wound area
A nomogram for calculation of the Revised Baux Score
Accuracy of burn size estimation in patients transferred to adult Burn Units in Sydney, Australia: An audit of 698 patients
Intraoperative target-controlled infusion anesthesia application using remifentanil hydrochloride with etomidate in patients with severe burn as monitored using Narcotrend
Rehabilitation and social adjustment of people with burns in society
Inpatient peer support for adult burn survivors—A valuable resource: A phenomenological analysis of the Australian experience
Characterization of burns using hyperspectral imaging technique – A preliminary study
Assessing effect of three herbal medicines in second and third degree burns in rats and comparison with silver sulfadiazine ointment
Glyaderm® dermal substitute: Clinical application and long-term results in 55 patients
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Frailty Score on Admission Predicts Outcomes in Elderly Burn Injury
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An Expanded Delivery Model for Outpatient Burn Rehabilitation
Regional and National Review of Factors Associated With Burn Wound Cellulitis
Hierarchical Decomposition of Burn Body Diagram Based on Cutaneous Functional Units and Its Utility
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Wound Healing After Thermal Injury Is Improved by Fat and Adipose-Derived Stem Cell Isografts
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Is Palmar Surface Area a Reliable Tool to Estimate Burn Surface Areas in Obese Patients?
Clinical Safety and Efficacy of Probiotic Administration Following Burn Injury
Are Burn Patients Really at Risk for Thrombotic Events?
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Recovery Trajectories After Burn Injury in Young Adults: Does Burn Size Matter?
A 15-Year Review of Pediatric Toxic Epidermal Necrolysis
Relationship Between Zolpidem Concentrations and Sleep Parameters in Pediatric Burn Patients
A Noninvasive Computational Method for Fluid Resuscitation Monitoring in Pediatric Burns: A Preliminary Report
Management of Pediatric Skin-Graft Donor Sites: A Randomized Controlled Trial of Three Wound Care Products
Pediatric Toxic Epidermal Necrolysis: Using SCORTEN and Predictive Models to Predict Morbidity When a Focus on Mortality Is Not Enough
The Effect of Transfers Between Health Care Facilities on Costs and Length of Stay for Pediatric Burn Patients
The Treatment of Posttraumatic Stress Disorder and Related Psychosocial Consequences of Burn Injury: A Pilot Study
Comorbidity-Polypharmacy Score Predicts In-Hospital Complications and the Need for Discharge to Extended Care Facility in Older Burn Patients
The Evaluation of Physical Exam Findings in Patients Assessed for Suspected Burn Inhalation Injury
Factors Impacting the Likelihood of Death in Patients with Small TBSA Burns
Healthcare Costs of Burn Patients From Homes Without Fire Sprinklers
Line of Duty Firefighter Fatalities: An Evolving Trend Over Time
Targeting Burn Prevention in Ukraine: Evaluation of Base Knowledge in Burn Prevention and First Aid Treatment
The Fire at Cocoanut Grove
Burn Care in the 1800s
Evidence-Based Prevent Catheter-Associated Urinary Tract Infections Guidelines and Burn-Injured Patients: A Pilot Study
Acute Pavement Burns: A Unique Subset of Burn Injuries: A Five-Year Review of Resource Use and Cost Impact
The Rapidly Increasing Trend of Cannabis Use in Burn Injury
A Multicenter Study of Preventable Contact Burns From Glass Fronted Gas Fireplaces

New NICE Guidance
NICE issues final guidance on ‘spray-on skin’ technology for healing burn wounds, and garments to prevent pressure ulcers

...year with acute wounds caused by burns. In England in 2011/12 there...213 hospital admissions for burns and corrosions (chemical burns), of which 9043 were emergency...is the standard management for burn wounds which are full thickness...

Published November 2014

No other guidance this month

Latest relevant Systematic Reviews from the Cochrane Library

If you require full articles, or a more enhanced search of any of the below topics please email me @ Thomas.Osborne@UHBristol.nhs.uk

Immunonutrition as an adjuvant therapy for burns
Hannah B Tan, Stefan Danilla, Alexandra Murray, Ramón Serra, Regina El Dib, Tom OW Henderson and Jason Wasiak
Online Publication Date: December 2014

Negative pressure wound therapy for partial-thickness burns
Jo C Dumville, Christopher Munson and Janice Christie
Online Publication Date: December 2014

Intravenous lidocaine for the treatment of background or procedural burn pain
Jason Wasiak, Patrick D Mahar, Siobhan K McGuinness, Anneliese Spinks, Stefan Danilla, Heather Cleland and Hannah B Tan
Online Publication Date: October 2014

New activity in Uptodate/DynaMed
topical negative pressure wound therapy for partial-thickness burns has insufficient evidence to evaluate efficacy and adverse effects (Cochrane Database Syst Rev 2014 Dec 15) view updateShow more updates

Nd:YAG laser alone or in combination with corticosteroid injection may be more effective for reducing keloid than steroid injections alone (J Drugs Dermatol 2013 Nov) view updateShow more updates

Quick Exercise

Select the research design

<table>
<thead>
<tr>
<th>Randomised Controlled Trial</th>
<th>Systematic Review</th>
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<td>Case Series</td>
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</table>

New mothers who don’t breast-feed are asked their views on breast-feeding

Children with a fever are given either paracetamol or ibuprofen to determine which is better at reducing the fever

50 young women with viral hepatitis and 50 young women without viral hepatitis were queried about recent ear-piercing to determine if ear piercing is a risk factor for viral hepatitis.

All the evidence on the effectiveness of clinical librarian services in supporting patient care is located, appraised and synthesised

An incidence of deficiency-related rickets in a set of twins aged 10 months is reported in an article

A large-scale population based questionnaire study examining the prevalence of stroke risk factors. Participants were surveyed once.

550 people who smoke cannabis are monitored over 15 years to determine whether they are at a higher risk of developing schizophrenia than people who do not smoke cannabis

An article describes the symptoms and clinical profile of 5 children who presented to an Emergency Department who were suspected to have abdominal epilepsy
Current Awareness Database Articles

If you require full articles, or a more enhanced search of any of the below topics please email me @ Thomas.Osborne@UHBristol.nhs.uk

Title: Psychological and psychosocial functioning of children with burn scarring using cosmetic camouflage: A multi-centre prospective randomised controlled trial.

Citation: Burns (03054179), 01 February 2014, vol./is. 40/1(135-149), 03054179

Author(s): Maskell, Jessica, Newcombe, Peter, Martin, Graham, Kimble, Roy

Abstract: BACKGROUND: Burns leave patients with long-term physical scarring. Children with scarring are required to face challenges of reintegration into their community, including acceptance of an altered appearance and acceptance by others. This can be difficult given society's preoccupation with physical appearance. Limited research exists investigating validity of cosmetic camouflage as a psychosocial intervention for children with scarring. This study investigated whether using cosmetic camouflage (Microskin[TM]) had a positive impact on health-related quality of life, self-concept and psychopathology for children and adolescents (8-17 years) with burn scarring.

Title: Delivery of operative pediatric surgical care by physicians and non-physician clinicians in Malawi

Citation: International Journal of Surgery, 2014, vol./is. 12/5(509-515), 1743-9191;1743-9159 (2014)

Author(s): Tyson A.F., Msiska N., Kiser M., Samuel J.C., Mclean S., Varela C., Charles A.G.

Abstract: Background: Specialized pediatric surgeons are unavailable in much of sub-Saharan Africa. Delegating some surgical tasks to non-physician clinical officers can mitigate the dependence of a health system on highly skilled clinicians for specific services.

Title: An epidemiological analysis of paediatric burns in urban and rural areas in south central China.

Citation: Burns (03054179), 01 February 2014, vol./is. 40/1(150-156), 03054179

Author(s): Zhou, Bo, Zhou, Xiao, Ouyang, Li-Zhi, Huang, Xiao-Yuan, Zhang, Pi-Hong, Zhang, Ming-Hua, Ren, Li-Cheng, Liang, Peng-Fei

Abstract: OBJECTIVE: This study aims to analyse the epidemiology of paediatric burns in south central China, illustrate the differences between rural and urban areas, and discern prevention measures to reduce paediatric burns.

Title: Invasive Candida infections in the nursery: State of the art

Citation: Signa Vitae, 2014, vol./is. 9/2(5-8), 1334-5605;1845-206X (2014)

Author(s): Manzoni P., Castagnola E., Jacqz-Aigrain E., Mostert M., Stronati M., Farina D.

Abstract: Neonatal sepsis caused by fungi (mainly Candida spp.) causes a huge burden of morbidity and mortality, poor late outcomes, as well as increased hospital costs. Invasive Candida Infections (ICI) include bloodstream, urine, cerebrospinal, peritoneal infections, infections starting from burns and wounds, or from any other usually sterile site. Premature neonates are particularly prone to this kind of disease, due to their decreased innate and adaptive immunities, translating into a specific, decreased resistance to candidiasis. This specific,
increased risk for ICI is greatest when gestational age and birth weight are lowest. As the burden of ICI has been increasing over the last years, research efforts have been focused towards identifying key risk factors, effective preventative strategies, and efficacious and well-tolerated antifungal drugs for the neonatal population. This article summarizes the most remarkable issues in these areas, and features an overview of the current diagnostic, preventative and treatment strategies.

Title: Delayed diagnosis of erythropoietic protoporphyria: A 36 year old hispanic female with suninduced angioedema

Citation: Annals of Allergy, Asthma and Immunology, November 2014, vol./is. 113/5 SUPPL. 1(A118), 1081-1206 (November 2014)

Abstract: Rationale: Angioedema is a self-limited, localized swelling of the skin or mucosal tissues resulting from the extravasation of fluid into the interstitium. Although angioedema is a common condition in allergy practices, solar induced angioedema has a narrower differential diagnosis, including phototoxic drug reactions, solar urticaria, contact dermatitis, autoimmune inflammatory disorders and in rare cases metabolic disorders, such as cutaneous porphyrias. We present a case of erythropoietic protoporphyria (EPP) presenting as sun-induced angioedema in a 36 y/o Hispanic female.

Title: Should computerised tomography replace endoscopy in the evaluation of symptomatic ingestion of corrosive substances?

Citation: Clinical Toxicology, November 2014, vol./is. 52/9(911-925), 1556-3650;1556-9519 (01 Nov 2014)

Author(s): Bonnici K.S., Wood D.M., Dargan P.I.

Abstract: Introduction. Corrosive ingestions are common, although most ingestions do not result in clinically significant effects. Limited guidance is available on the role of endoscopy and/or computerised tomography (CT) in the investigation of individuals with corrosive ingestion, and the present data regarding predictors of poor outcome are confusing. Furthermore, whilst there are many case series describing the use of endoscopy in corrosive ingestions, no clear ideal time frame has been established as to when it should be undertaken. More recently, CT has been used to grade injuries, but there are few studies on its role in managing corrosive injuries, and those studies that have been reported are conflicting in their results.

Title: Neutrophil gelatinase-associated lipocalin: Ready for routine clinical use? An international perspective

Citation: Blood Purification, November 2014, vol./is. 37/4(271-285), 0253-5068;1421-9735 (13 Nov 2014)

Author(s): Ronco C., Legrand M., Goldstein S.L., Hur M., Tran N., Howell E.C., Cantaluppi V., Cruz D.N., Damman K., Bagshaw S.M., Somma S.D., Lewington A.

Abstract: Acute kidney injury (AKI) remains a challenge in terms of diagnosis and classification, its morbidity and mortality remaining high in the face of improving clinical protocols. Current clinical criteria use serum creatinine (sCr) and urine output to classify patients. Ongoing research has identified novel biomarkers that may improve the speed and accuracy of patient evaluation and prognostication, yet the route from basic science to clinical practice remains poorly paved. International evidence supporting the use of plasma neutrophil gelatinase-associated lipocalin (NGAL) as a valuable biomarker of AKI and chronic kidney disease (CKD) for a number of clinical scenarios was presented at the 31st International Vicenza Course on Critical Care Nephrology, and these data are detailed in this review. NGAL was shown to be highly useful alongside sCr, urinary output, and other biomarkers in assessing kidney injury; in patient stratification and continuous renal replacement therapy (CRRT) selection in paediatric AKI; in assessing kidney injury in conjunction with sCr in sepsis; in guiding resuscitation protocols in conjunction with brain natriuretic peptide in burn patients; as an early biomarker of delayed graft function and calcineurin inhibitor nephrotoxicity in kidney transplantation from extended criteria donors; as a biomarker of cardiovascular disease and heart failure, and in guiding CRRT selection in the intensive care unit and emergency department. While some applications require further clarification by way of larger randomised controlled trials, NGAL nevertheless demonstrates promise as an independent biological marker with the potential to improve earlier diagnosis and better assessment of risk.
groups in AKI and CKD. This is a critical element in formulating quick and accurate decisions for individual patients, both in acute scenarios and in long-term care, in order to improve patient prognostics and outcomes.

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**Citation:** Journal of Emergency Medicine, November 2014, vol./is. 47/5(619), 0736-4679 (01 Nov 2014)

**Author(s):** Morse A.

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**Title:** Thrombocytopenia a marker of poor outcome in acute exacerbation of copd

**Citation:** Respirology, November 2014, vol./is. 19/(109), 1323-7799 (November 2014)

**Author(s):** Rahimirad S., Rahimirad M.H., Soltani S.

**Abstract:** Background and Objectives: Recent studies show thrombocytopenia (TP) is associated with poor outcome in patients with pneumonia, burn, H1N1 influenza, both paediatric and adult ICU patients. Since chronic obstructive pulmonary disease (COPD) is recently considered to be a systemic inflammatory disease. To best to our knowledge there is no study of impact of TP on outcome in COPD. The aim of this study is to determine impact of cheap and easy available platelets count on outcome in patients with acute exacerbation of COPD (AECOPD).

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**Title:** Evidence-based evaluation and selection of essential medicine for township health centre in China: 9. acute gastritis and chronic gastritis

**Citation:** Chinese Journal of Evidence-Based Medicine, 2012, vol./is. 12/8(930-938), 1672-2531 (2012)

**Author(s):** Li C., Li Y., Li H., Wang Y., Yang X., Wang L., Shen J., Li X., Yang Z.

**Abstract:** Objective To evaluate and select essential medicine for acute and chronic gastritis using evidence-based approaches based on the burden of disease for township health centers located in eastern, central and western regions of China.

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**Title:** Toxic shock syndrome surveillance in UK children

**Citation:** Archives of Disease in Childhood: Education and Practice Edition, December 2013, vol./is. 99/12(1078-1082), 1743-0585;1743-0593 (01 Dec 2014)

**Author(s):** Adalat S., Dawson T., Hackett S.J., Clark J.E.

**Abstract:** Background Toxic shock syndrome (TSS) is an acute toxin-mediated illness caused by toxin-producing strains of Staphylococcus aureus and Streptococcus pyogenes. There is no recent data regarding incidence, management and mortality of TSS in UK children.

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**Title:** Live sibling skin allografts for severe burns in a paediatric patient: A viable option in developing countries

**Citation:** Journal of Pediatric Surgery Case Reports, November 2014, vol./is. 2/11(498-500), 2213-5766 (November 2014)

**Author(s):** Leodoro B., Chang A., Cama J.K.
Abstract: Severe burns in the paediatric population are associated with high mortality and morbidity in any developing countries. Children with more than 40% total body surface area burns in Fiji will succumb from complications and as a direct result of inadequate treatment and lack of resources. The surgical treatment of any severely burnt patient is not only laborious but very costly to the Fiji health system and depletes existing resources with few options for skin coverage. This is the first case report of live sibling skin allograft for severe paediatric burns and one of only few patients to have survived more than 50% burns in Fiji. We describe the technique and the role of using live sibling skin allograft as an option to improve survival in patients with severe burns in a developing country.

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Title: Effect of transcendental meditation on employee stress, depression, and burnout: a randomized controlled study
Citation: The Permanente journal, December 2014, vol./is. 18/1(19-23), 1552-5775 (2014 Winter)

Author(s): Elder C., Nidich S., Moriarty F., Nidich R.

Abstract: Workplace stress and burnout are pervasive problems, affecting employee performance and personal health. To evaluate the effects of the Transcendental Meditation program on psychological distress and burnout among staff at a residential therapeutic school for students with severe behavioral problems. A total of 40 secondary schoolteachers and support staff at the Bennington School in Vermont, a therapeutic school for children with behavioral problems, were randomly assigned to either practice of the Transcendental Meditation program or a wait-list control group. The Transcendental Meditation course was provided by certified instructors. Outcome measures were assessed at baseline and four months, and included perceived stress, depression, and burnout. A multivariate analysis of covariance was used to determine overall effects. Analysis of the 4-month intervention data indicated a significant improvement in the main outcomes of the study resulting from practice of the Transcendental Meditation program compared with controls (Wilks [3,28] = 0.695; p = 0.019). Results of univariate F tests indicated a significant reduction of all main outcome measures: perceived stress (F[1,32] = 13.42; p < 0.001; depression (F[1,32] = 6.92; p = 0.013); and overall teacher burnout (F[1,32] = 6.18; p = 0.018). Effect sizes ranged from 0.40 to 0.94. The Transcendental Meditation program was effective in reducing psychological distress in teachers and support staff working in a therapeutic school for students with behavioral problems. These findings have important implications for employees’ job performance as well as their mental and physical health.

Title: Toxic shock syndrome surveillance in UK children

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Title: Burns as a consequence of child maltreatment

Citation: Paediatrics and Child Health (United Kingdom), December 2014, vol./is. 24/12(557-561), 1751-7222;1878-206X (01 Dec 2014)

Author(s): Maguire S., Okolie C., Kemp A.M.
**Abstract:** Over 25,000 children a year attend emergency departments in the UK with burns. Scalds predominate, with infants aged one year being 10 times more likely to sustain a burn than any other age group. Identifying which burns result from abuse or neglect is challenging, but inflicted injuries are more likely to have certain characteristics and differences in the causative agent, mechanism and pattern of burns have been observed in children with non-accidental burn injuries. Children have been subjected to every type of burn as a consequence of abuse including scalds, contact, caustic, flame and radiation burns, thus careful scrutiny of all burns cases for possible maltreatment is warranted. Whilst neglectful burns outnumber inflicted burns by 9:1, these are most challenging to discern. A detailed history is vital to determine whether the burn pattern is consistent with the child's developmental stage, and the agent and mechanism offered, in addition to evaluating supervision, and previous or co-existent injuries. Social features such as domestic violence in the home or being previously known to social services are also key indicators. If abuse is suspected, full investigations including skeletal survey in those aged less than 2 years is required, consideration of cranial neuro-imaging in younger infants and possible scene assessment.

**Title:** Toxic shock syndrome surveillance in UK children

**Citation:** Archives of Disease in Childhood, December 2014, vol./is. 99/12(1078-1082), 0003-9888;1468-2044 (01 Dec 2014)

**Author(s):** Adalat S., Dawson T., Hackett S.J., Clark J.E.

**Abstract:** Background Toxic shock syndrome (TSS) is an acute toxin-mediated illness caused by toxin-producing strains of Staphylococcus aureus and Streptococcus pyogenes. There is no recent data regarding incidence, management and mortality of TSS in UK children. Methods Consultants from paediatric and burns units in the UK and Ireland, reported cases of TSS seen between November 2008 and December 2009, via the British Paediatric Surveillance Unit. Respondents were sent questionnaires requesting detailed information about TSS cases. Established criteria were used to divide cases into staphylococcal or streptococcal TSS. Results Forty-nine cases were identified overall; 29 cases of streptococcal TSS (18 confirmed and 11 probable) and 20 cases of staphylococcal TSS (15 confirmed and 5 probable). The incidence of TSS children in the UK and the Republic of Ireland was calculated to be 0.38 per 100 000 children. Children with staphylococcal TSS were older than those with streptococcal TSS (9.5 vs 3.8 years; p<0.003). Paediatric intensive care facilities were used for 78% of cases (invasive ventilatory support 69%; inotropic support 67%; haemofiltration 12%). Agents with antitoxin effects were underused; clindamycin 67%, intravenous immunoglobulin (IVIG) 20%, fresh frozen plasma 40%. There were eight deaths, all in the streptococcal group (28% of streptococcal cases)-none were given IVIG. Conclusions Streptococcal TSS was as frequent as staphylococcal TSS, contrasting with previous literature. Children with streptococcal TSS had a higher mortality than those with staphylococcal TSS (28% vs 0%; p<0.05). Recommended immunomodulatory agents (IVIG and clindamycin) were underused. This study highlights the need for a guideline to improve management of TSS in children.

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**Citation:** The Permanente Journal, December 2014, vol./is. 18/1(19-23), 1552-5775 (2014 Winter)

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program was effective in reducing psychological distress in teachers and support staff working in a therapeutic school for students with behavioral problems. These findings have important implications for employees' job performance as well as their mental and physical health.

**Title:** Polycyclic aromatic hydrocarbons, brachial artery distensibility and blood pressure among children residing near an oil refinery

**Citation:** Environmental Research, January 2015, vol./is. 136/(133-140), 0013-9351;1096-0953 (January 01, 2015)

**Author(s):** Trasande L., Urbina E.M., Khoder M., Alghamdi M., Shabaj I., Alam M.S., Harrison R.M., Shamy M.

**Abstract:** Background: Polycyclic aromatic hydrocarbons (PAH) are produced by the burning and processing of fuel oils, and have been associated with oxidant stress, insulin resistance and hypertension in adults. Few studies have examined whether adolescents are susceptible to cardiovascular effects of PAHs. Objective: To study associations of PAH exposure with blood pressure (BP) and brachial artery distensibility (BAD), an early marker of arterial wall stiffness, in young boys attending three schools in Jeddah, Saudi Arabia in varying proximity to an oil refinery.

**Title:** Palmar crease release and secondary full-thickness skin grafts for contractures in primary full-thickness skin grafts during growth spurts in pediatric palmar hand burns

**Citation:** Journal of Burn Care and Research, 2014, vol./is. 35/5(e312-e316), 1559-047X;1559-0488 (2014)

**Author(s):** Oh S.-J., Kim S.G., Cho J.K., Sung C.M.

**Abstract:** Pediatric palmar hand burns are a difficult problem because of the serious hand deformity, with functional impairment resulting from rapid growth. In cases of severe pediatric palmar hand burns, a secondary full-thickness skin graft after a primary full-thickness skin graft offers a reliable way of obtaining the required functional and aesthetic outcomes. This study retrospectively evaluated 28 children who required palmar crease releases and secondary full-thickness skin grafts during the past 12 years. The case records were reviewed for sex and age distributions, injury mechanism, and time interval between the primary and secondary full-thickness skin grafts. Surgical procedures included secondary full-thickness skin grafts and incisional releases of grafted skin on the involved creases. There were 19 men and 9 women. The mean age at the time of the burn injury was 10.1 months (range, 5-19 months). The mean age at the time of the secondary full-thickness skin graft was 8.3 years (range, 3-17 years). The most common mechanism of burn injury was steam (n = 24). The median time interval from the primary to the secondary full-thickness skin graft was 67 months (range, 8-156 months). The number of released creases was 81. The number of palmar web contractures in 23 patients was 52. A secondary full-thickness skin graft was more frequently necessary in patients with a primary full-thickness skin graft in the proximal digital crease and palmar web areas. All patients achieved adequate digital length and palmar web contour after surgery. Our patients should be observed until the rapid pubertal growth period.

**Title:** From Baghdad to Boston: International transfer of burned children in time of war

**Citation:** Journal of Burn Care and Research, 2014, vol./is. 35/5(369-373), 1559-047X;1559-0488 (2014)

**Author(s):** Schmidt P.M., Sheridan R.L., Moore C.L., Scuba S.C., King B.T., Morrissey P.M., Cancio L.C.

**Abstract:** A large portion of the casualties admitted to military hospitals on the battlefield in Iraq consists of children, of whom 13% had burns. The U.S. Army Combat Support Hospital (CSH) in Baghdad, faced with an influx of such patients, successfully transferred selected burned children by commercial airlines to the Shriners Hospital for Children in Boston, Massachusetts (SHC-B). The authors aimed to document this process, from both an ethical and a procedural standpoint. Care was conducted in six phases: 1) admission to the CSH; 2) selection for transfer; 3) burn care at the CSH; 4) travel to the United States; 5) burn care at the SHC-B; 6) return to Iraq. Transfer and SHC-B care were funded by charitable organizations. A review of patient records was performed. Eight acutely burned pediatric patients participated in this program. All were successfully transferred, treated at SHC-B, and returned to Iraq. They ranged in age from 1.7 to 17 years and in burn size from 6 to 53% of the TBSA. At SHC-B, the hospital length of stay was 14 to 132 days; up to 23 visits to the
operating room were performed for acute and reconstructive burn surgery. The cost of war includes the care of injured civilians, and includes burned children. For selected patients, transfer out of the combat zone is one method of fulfilling this obligation.

Title: Outcomes of outpatient management of pediatric burns

Citation: Journal of Burn Care and Research, 2014, vol./is. 35/5(388-394), 1559-047X;1559-0488 (2014)

Author(s): Brown M., Coffee T., Adenuga P., Yowler C.J.

Abstract: The literature surrounding pediatric burns has focused on inpatient management. The goal of this study is to characterize the population of burned children treated as outpatients and assess outcomes validating this method of burn care. A retrospective review of 953 patients treated the burn clinic and burn unit of a tertiary care center. Patient age, burn etiology, burn characteristics, burn mechanism, and referral pattern were recorded. The type of wound care and incidence of outcomes including subsequent hospital admission, infection, scarring, and surgery served as the primary outcome data. Eight hundred and thirty children were treated as outpatients with a mean time of 1.8 days for the evaluation of burn injury in our clinic. Scalds accounted for 53% of the burn mechanism, with burns to the hand/wrist being the most frequent area involved. The mean percentage of TBSA was 1.4% for the outpatient cohort and 8% for the inpatient cohort. Burns in the outpatient cohort healed with a mean time of 13.4 days. In the outpatient cohort, nine (1%) patients had subsequent admissions and three (0.4%) patients had concern for infection. Eight patients from the outpatient cohort were treated with excision and grafting. The vast majority of pediatric burns are small, although they may often involve more critical areas such as the face and hand. Outpatient wound care is an effective treatment strategy which results in low rates of complications and should become the standard of care for children with appropriate burn size and home support.

Title: Where are lengths of stay longer and total charges higher for pediatric burn patients?

Citation: Journal of Burn Care and Research, 2014, vol./is. 35/5(382-387), 1559-047X;1559-0488 (2014)

Author(s): Myers J., Lehna C.

Abstract: Treatment of pediatric burn patients is costly and may require long length of stay in the hospital (LOS). Establishing where these LOS and charges are highest is warranted. The current study investigated whether pediatric burn patients had higher total charges and longer LOS when seen at teaching hospitals, when compared with nonteaching hospitals. The study reviewed inpatient admissions for pediatric burn patients in 2003, 2006, and 2009 by using the Kids’ Inpatient Database, which is part of the Healthcare Cost and Utilization Project. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes 940-947 were used to define burn injury, LOS, total charges, and type of hospital. The authors tested for differences between the LOS and total charges between children seen at three types of hospitals (pediatric, nonpediatric/teaching, nonpediatric/nonteaching) while adjusting for traditional risk factors (eg age, total burn surface area) by using generalized linear mixed-effects modeling. A total of N=28,777 children had burn injuries (n=16,115, 56.0% seen at pediatric hospitals; n=9353, 32.5% seen at nonpediatric/teaching hospitals; and n=3309, 11.5% seen at nonpediatric/nonteaching hospitals). Pediatric burn patients seen at pediatric hospitals, unadjusted, have significantly longer LOS (5.54 days vs 4.25 days and 4.00 days, P<.001) and more total charges in 2009 dollars ($31,319 vs $24,413 and $21,499, P<.001). In addition, patients seen at pediatric hospitals had significantly more total burn surface area (P<.001), more comorbidities (P=.021), and were younger (P<.001). After adjusting for total burn surface area, number of comorbidities, and age, no differences existed between teaching and nonteaching hospitals for LOS (P=.481) or total charges (P=.758). Although pediatric burn patients may have increased LOS and total charges when seen at teaching hospitals, when taking an unadjusted perspective, this may be an artifact that teaching hospitals see pediatric burn patients who are younger, have more comorbidities, and have more total burn surface area. As such, after adjustment, type of hospital may have no influence on LOS and total charges.

Title: Ablative fractional photothermolysis for the treatment of hypertrophic burn scars in adult and pediatric patients: A single surgeon’s experience

Citation: Journal of Burn Care and Research, 2014, vol./is. 35/5(455-463), 1559-047X;1559-0488 (2014)
Author(s): Khandelwal A., Yelvington M., Tang X., Brown S.

Abstract: Many patients develop hypertrophic scarring after a burn injury. Numerous treatment modalities have been described and are currently in practice. Photothermolysis or laser therapy has been recently described as an adjunct for management of hypertrophic burn scars. This study is a retrospective chart review of adult and pediatric patients undergoing fractional photothermolysis at a verified burn center examining treatment parameters as well as pre- and post-Vancouver Scar Scale scores. Forty-four patients underwent fractional photothermolysis during the study period of 8 months. Mean pretreatment score was 7.6, and mean posttreatment score was 5.4. The mean decrease in score was 2.2, which was found to be statistically significant. There were no complications. Fractional photothermolysis is a safe and efficacious adjunct therapy for hypertrophic burn scars. Prospective trials would be beneficial to determine optimal therapeutic strategies.

Title: Effect of virtual reality on adolescent pain during burn wound care

Citation: Journal of Burn Care and Research, 2014, vol./is. 35/5(395-408), 1559-047X;1559-0488 (2014)


Abstract: The objective of this study was to compare the effect of virtual reality to passive distraction and standard care on burn treatment pain in adolescents. This single-blinded, randomized controlled study enrolled 30 adolescents who were 10 to 17 years of age from the burn clinic of a large children's hospital. After providing informed consent/assent, these participants were randomly assigned to one of three groups during wound care: standard care, passive distraction watching a movie, or virtual reality (VR) using a tripod-arm device rather than an immersive helmet. Before wound care, participants completed the Spielberger's State-Trait Anxiety Inventory for Children and Pre-Procedure Questionnaire while blinded to group assignment. A total of 28 participants completed the study and rated treatment pain after wound care by using the Adolescent Pediatric Pain Tool and completed a Post-Procedural Questionnaire. The VR group reported less pain during wound care than either the passive distraction or standard care group as determined by multivariable linear regression adjusted for age, sex, preprocedure pain, state anxiety, opiate use, and treatment length. The VR group was the only group to have an estimated decrease in pain perception from baseline preprocedure pain to procedural pain reported. Adolescents pretreated with opiate analgesics and female adolescents reported more pain during wound care. This between-subjects clinical study provides further support for VR, even without requiring wearing of an immersive helmet, in lessening burn wound care pain in adolescents. Passive distraction by watching a movie may be less effective in reducing treatment pain. Additional between-subjects randomized controlled trials with larger samples of children and during other healthcare treatments may further support VR's effectiveness in pediatric procedural pain management.

Title: Unexplained facial scar: child abuse or ehlers-danlos syndrome?.

Citation: North American Journal of Medical Sciences, November 2014, vol./is. 6/11(595-8), 2250-1541;1947-2714 (2014 Nov)

Author(s): Abtahi-Naeini B, Shapouri J, Masjedi M, Saffaei A, Pourazizi M

Abstract: CONTEXT: Child abuse is a serious problem, and its physical manifestations can be mimicked by certain diseases and conditions. These conditions can include genetic, congenital and other disorders that may result in poor weight gain, bone fractures or skin lesions that look like bruises or burns.

Title: Phototoxic plant burns: Report of a case and review of topical wound treatment in children

Citation: Pediatric Dermatology, November 2014, vol./is. 31/6(e156-e159), 0736-8046;1525-1470 (01 Nov 2014)

Author(s): Pfurtscheller K., Trop M.
Abstract: Acute photodermatitis provoked by skin contact with giant hogweed (Heracleum mantegazzianum) and exposure to ultraviolet radiation is a rare cause of phytophotodermatitis in children. We report the case of a 10-year-old girl with extensive photodermatitis after contact with giant hogweed and prolonged exposure to sunlight. The lesions involved 10% of the body surface area, mainly the lower extremities. After initial application of topical steroids to the skin erythema, the topical approach was changed due to extensive bullae. Debridement and temporary wound closure with an adequate dressing was undertaken. This is the first case report of application of Suprathel (PolyMedics Innovations, Denkendorf, Germany) on a phytophototoxic burn-like wound with a favorable outcome.

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Abstract: Context: Child abuse is a serious problem, and its physical manifestations can be mimicked by certain diseases and conditions. These conditions can include genetic, congenital and other disorders that may result in poor weight gain, bone fractures or skin lesions that look like bruises or burns. Case Report: This paper reports the case of a seven-year-old girl with Ehlers-Danlos Syndrome (EDS), which was misdiagnosed as child abuse. This child was referred to us for treatment of an unexplained facial scar that was alleged to be the result of child abuse. Conclusion: When unusual skin presentations are observed, dermatologists should consider the possibility of child abuse to protect the child. Furthermore, they should be aware of the cutaneous abnormalities that mimic injuries associated with abuse to avoid the unnecessary reporting of child abuse.

Title: Should computerised tomography replace endoscopy in the evaluation of symptomatic ingestion of corrosive substances?

Citation: Clinical Toxicology: The Official Journal of the American Academy of Clinical Toxicology & European Association of Poisons Centres & Clinical Toxicologists, November 2014, vol./is. 52/9(911-25), 1556-3650;1556-9519 (2014 Nov)

Author(s): Bonnici KS, Wood DM, Dargan PI

Abstract: INTRODUCTION: Corrosive ingestions are common, although most ingestions do not result in clinically significant effects. Limited guidance is available on the role of endoscopy and/or computerised tomography (CT) in the investigation of individuals with corrosive ingestion, and the present data regarding predictors of poor outcome are confusing. Furthermore, whilst there are many case series describing the use of endoscopy in corrosive ingestions, no clear ideal time frame has been established as to when it should be undertaken. More recently, CT has been used to grade injuries, but there are few studies on its role in managing corrosive injuries, and those studies that have been reported are conflicting in their results.

Title: Burns as a consequence of child maltreatment

Citation: Paediatrics and Child Health (United Kingdom), December 2014, vol./is. 24/12(557-561), 1751-7222;1878-206X (01 Dec 2014)

Author(s): Maguire S., Okolie C., Kemp A.M.

Abstract: Over 25,000 children a year attend emergency departments in the UK with burns. Scalds predominate, with infants aged one year being 10 times more likely to sustain a burn than any other age group. Identifying which burns result from abuse or neglect is challenging, but inflicted injuries are more likely to have certain characteristics and differences in the causative agent, mechanism and pattern of burns have been observed in children with non-accidental burn injuries. Children have been subjected to every type of burn as a consequence of abuse including scalds, contact, caustic, flame and radiation burns, thus careful scrutiny of all burns cases for possible maltreatment is warranted. Whilst neglectful burns outnumber inflicted burns by 9:1, these are most challenging to discern. A detailed history is vital to determine whether the burn pattern is consistent with the child's developmental stage, and the agent and mechanism offered, in addition to evaluating...
supervision, and previous or co-existent injuries. Social features such as domestic violence in the home or being previously known to social services are also key indicators. If abuse is suspected, full investigations including skeletal survey in those aged less than 2 years is required, consideration of cranial neuro-imaging in younger infants and possible scene assessment.

**Title:** Toxic shock syndrome surveillance in UK children

**Citation:** Archives of Disease in Childhood, December 2014, vol./is. 99/12(1078-1082), 0003-9888;1468-2044 (01 Dec 2014)

**Author(s):** Adalat S., Dawson T., Hackett S.J., Clark J.E.

**Abstract:** Background Toxic shock syndrome (TSS) is an acute toxin-mediated illness caused by toxin-producing strains of Staphylococcus aureus and Streptococcus pyogenes. There is no recent data regarding incidence, management and mortality of TSS in UK children.

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**Title:** Polycyclic aromatic hydrocarbons, brachial artery distensibility and blood pressure among children residing near an oil refinery

**Citation:** Environmental Research, January 2015, vol./is. 136/(133-140), 0013-9351;1096-0953 (January 01, 2015)

**Author(s):** Trasande L., Urbina E.M., Khoder M., Alghamdi M., Shabaj I., Alam M.S., Harrison R.M., Shamy

**Abstract:** Background: Polycyclic aromatic hydrocarbons (PAH) are produced by the burning and processing of fuel oils, and have been associated with oxidant stress, insulin resistance and hypertension in adults. Few studies have examined whether adolescents are susceptible to cardiovascular effects of PAHs. Objective: To study associations of PAH exposure with blood pressure (BP) and brachial artery distensibility (BAD), an early marker of arterial wall stiffness, in young boys attending three schools in Jeddah, Saudi Arabia in varying proximity to an oil refinery.

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**Title:** Epidemiology and evaluation of 1073 burn patients in the southeast of Iran

**Citation:** Shiraz E Medical Journal, January 2011, vol./is. 12/1(11-21), 1735-1391 (January 2011)

**Author(s):** Shirkhoda M., Kaviani Far K., Narouie B., Shikhzadeh A., Ghasemi Rad M., Hanfi Bojd H.

**Abstract:** Background: Burn injury is one of the major causes of morbidity and mortality worldwide. In addition to the financial burden it inflicts on the health care system, it can lead to psychological, social and physical distress both to the patient and family members. The aim of this study was to determine the epidemiological parameters in hospitalized burn patient.

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**Title:** Effect of virtual reality on adolescent pain during burn wound care

**Citation:** Journal of Burn Care and Research, 2014, vol./is. 35/5(395-408), 1559-047X;1559-0488 (2014)

**Author(s):** Jeffs D., Dorman D., Brown S., Files A., Graves T., Kirk E., Meredith-Neve S., Sanders J., White B., Swearingen C.J.

**Abstract:** The objective of this study was to compare the effect of virtual reality to passive distraction and standard care on burn treatment pain in adolescents. This single-blinded, randomized controlled study enrolled 30 adolescents who were 10 to 17 years of age from the burn clinic of a large children's hospital. After providing informed consent/assent, these participants were randomly assigned to one of three groups during wound care: standard care, passive distraction watching a movie, or virtual reality (VR) using a tripod-arm device rather than an immersive helmet. Before wound care, participants completed the Spielberger's State-Trait Anxiety Inventory for Children and Pre-Procedure Questionnaire while blinded to group assignment. A total of 28 participants completed the study and rated treatment pain after wound care by using the Adolescent Pediatric Pain Tool and completed a Post-Procedure Questionnaire. The VR group reported less pain during wound care.
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Title: Routine perineal shaving on admission in labour.

Citation: Cochrane Database of Systematic Reviews, 2014, vol./is. 11/(CD001236), 1361-6137;1469-493X (2014)

Author(s): Basevi V, Lavender T

Abstract: BackgroundPubic or perineal shaving is a procedure performed before birth in order to lessen the risk of infection if there is a spontaneous perineal tear or if an episiotomy is performed.ObjectivesTo assess the effects of routine perineal shaving before birth on maternal and neonatal outcomes, according to the best available evidence.Search methodsWe searched the Cochrane Pregnancy and Childbirth Group's Trials Register (12 June 2014).Selection criteriaAll controlled trials (including quasi-randomised) that compare perineal shaving versus no perineal shaving.Data collection and analysisTwo review authors independently assessed all potential studies for inclusion, assessed risk of bias and extracted the data using a predefined form. Data were checked for accuracy.Main resultsThree randomised controlled trials (1039 women) published between 1922 and 2005 fulfilled the prespecified criteria. In the earliest trial, 389 women were alternately allocated to receive either skin preparation and perineal shaving or clipping of vulval hair only. In thesecond trial, which included 150 participants, perineal shaving was compared with the cutting of long hairs for procedures only. In the third and most recent trial, 500 women were randomly allocated to shaving of perineal area or cutting of perineal hair. The primary outcome for all three trials was maternal febrile morbidity; no differences were found (risk ratio (RR) 1.14, 95% confidence interval (CI) 0.73 to 1.76). No differences were found in terms of perineal wound infection (RR 1.47, 95% CI 0.80 to 2.70) and perineal wound dehiscence (RR 0.33, 95% CI 0.01 to 8.00) in the most recent trial involving 500 women, which was the only trial to assess these outcomes. In the smallest trial, fewer women who had not been shaved had Gram-negative bacterial colonisation compared with women who had been shaved (RR 0.83, 95% CI 0.70 to 0.98). There were no instances of neonatal infection in either group in the one trial that reported this outcome. There were no differences in maternal satisfaction between groups in the larger trial reporting this outcome (mean difference (MD) 0.00, 95% CI -0.13 to 0.13). No trial reported on perineal trauma. One trial reported on side-effects and these included irritation, redness, burning and itching. The overall quality of evidence ranged from very low (for the outcomes postpartum maternal febrile morbidity and neonatal infection) to low (for the outcome maternal satisfaction and wound infection). Authors’ conclusions There is insufficient evidence to recommend perineal shaving for women on admission in labour.

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Title: Evaluation of differences in health-related quality of life during the treatment of post-burn scars in pre-school and school children

Citation: Annals of Agricultural and Environmental Medicine, 2014, vol./is. 21/4(861-865), 1232-1966;1898-2263 (2014)

Author(s): Chrapusta A., Pachalska M.

Abstract: Objective. The aim of the research was an assessment of the differences in the self-evaluation of health-related quality of life during the treatment of post-burn scars on the upper limbs of pre-school and school children

Title: Outcomes of outpatient management of pediatric burns
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Phototoxic plant burns: Report of a case and review of topical wound treatment in children

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application of topical steroids to the skin erythema, the topical approach was changed due to extensive bullae. Debridement and temporary wound closure with an adequate dressing was undertaken. This is the first case report of application of Suprathel (PolyMedics Innovations, Denkendorf, Germany) on a phytophototoxic burn-like wound with a favorable outcome.

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**Author(s):** Abtahi-Naeini B., Shapouri J., Masjedi M., Saffaei A., Pourazizi M.

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**Title:** Disability-adjusted life-year burden of abusive head trauma at ages 0-4

**Citation:** Pediatrics, December 2014, vol./is. 134/6(e1545-e1550), 0031-4005;1098-4275 (01 Dec 2014)

**Author(s):** Miller T.R., Steinbeigle R., Wicks A., Lawrence B.A., Barr M., Barr R.G.

**Abstract:** OBJECTIVE: We estimated the disability-adjusted life-year (DALY) burden of abusive head trauma (AHT) at ages 0 to 4 years in the United States.
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