**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.

For more information, email: katie.barnard@uhbristol.nhs.uk

**Books**

Books can be searched for using SWIMS our online catalogue at [www.swims.nhs.uk](http://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: library@uhbristol.nhs.uk
1: Tables of Contents from July’s Burns journals

2: Current Awareness database articles

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**Upcoming Lunchtime Drop-in Sessions**

The **Library and Information Service** provides free specialist information skills training for all UHBristol staff and students. To book a place, email: library@uhbristol.nhs.uk

If you’re unable to attend we also provide **one-to-one** or **small group** sessions. Contact library@uhbristol.nhs.uk or katie.barnard@uhbristol.nhs.uk to arrange a session.

**July (1pm)**

- Tue 5th: Critical Appraisal
- Wed 13th: Statistics
- Thurs 21st: Information resources
- Fri 29th: Literature Searching

**August (12pm)**

- Tue 2nd: Critical Appraisal
- Wed 10th: Statistics
- Thurs 18th: Information resources
- Fri 26th: Literature Searching
Tables of Contents from Burns journals

If you require full articles please email: library@uhbristol.nhs.uk

Burns 2015 (Elsevier)
June 2016, Volume 42, Issue 4

Journal of Burn Care & Research (LWW)
July/August 2016, Volume 37, Issue 4

Injury Prevention (BMJ)
June 2016, Volume 22, Issue 3

Plastic and Reconstructive Surgery (LWW)
July 2016, Volume 138, Issue 1

Journal of Plastic, Reconstructive & Aesthetic Surgery (Elsevier)
July 2016, Volume 69, Issue 7

Archives of Disease in Childhood (BMJ)
July 2016, Volume 101, Issue 7

Pediatrics (HighWire)
July 2016, Volume 138, Issue 1

Injury (Elsevier)
July 2016, Volume 47, Issue 7

Trauma (Sage)
July 2016, Volume 18, Issue 3
Title: Knowledge, attitude, and belief regarding burn first aid among caregivers attending pediatric emergency medicine departments.

Citation: Burns : journal of the International Society for Burn Injuries, Jun 2016, vol. 42, no. 4, p. 938-943, 1879-1409 (June 2016)

Author(s): Alomar, Mohammed, Rouqi, Faisal Al, Eldali, Abdelmoneim

Abstract: Emergency departments witness many cases of burns that can be prevented with various first-aid measures. Immediate and effective burn first aid reduces morbidity and determines the outcome. Thus, it is imperative that measures of primary burn prevention and first-aid knowledge be improved. This descriptive study determines the current level of knowledge, attitude, and belief regarding burn first aid among caregivers. Caregivers attending four pediatric emergency departments answered a structured questionnaire for demographic information, knowledge, and the burn first aid they provide including two case scenarios. Applying cold water for 15-20min, smothering burning clothes, and covering the pot of oil on fire with a wet cloth were considered appropriate responses. The main outcome measure was the proportion of caregivers who were aware of burn first aid and did not use inappropriate remedies. Additional questions regarding the best means of educating the public on burn first aid were included. Individual chi-squared tests and univariate logistic regressions were performed to correlate knowledge with demographic features, history of burns, and first-aid training. The 408 interviewed caregivers (55% women) reflected a wide range of age, occupation, and educational level. Sixty percent (60%) of respondents had a large family, with 52% reporting a history of burns. Overall, 41% treated burns with cool or cold water, although 97% had inappropriate or no knowledge of the duration. Further, 32% treated burns with nonscientific remedies alone or in combination, including honey, egg white, toothpaste, white flour, tomato paste, yogurt, tea, sliced potato, butter, or ice. Only 15% had first-aid training. While 65% of caregivers covered a pot of oil on fire with a wet cloth, only 24% reported smothering burning clothes. Participants preferred learning more of first aid for burns via social media (41%), hospital visits (30%), and television (TV) (16%). No significant correlation was found between age, family size, language, history of burns, or training and knowledge; however, female gender and higher educational level were associated with increased awareness, although this was not statistically significant (p=0.05 and p=0.17, respectively). The logistic regression accounting for all significant variables showed that the history of burns had the greatest effect on knowledge of first aid (p<0.03). Knowledge of burn first aid among caregivers is limited, with many resorting to non-scientific remedies. Use of social media, hospital visits, and TV for first-aid education might improve caregivers’ awareness. A nationwide educational program emphasizing first-aid application of only cold water and reduced use of inappropriate home remedies for burns is recommended. Copyright © 2016 Elsevier Ltd and ISBI. All rights reserved.

Title: Fatal non-occlusive mesenteric ischemia and the use of propranolol in paediatric burns.

Citation: Burns : journal of the International Society for Burn Injuries, Jun 2016, vol. 42, no. 4, p. e70., 1879-1409 (June 2016)

Author(s): Martinez, R, Rogers, A, Numanoglu, A, Rode, H
Abstract: Abdominal complications without abdominal injury are infrequently seen in children with major burns. They are divided into those that occur early during the emergency phase of treatment and those that occur late in the course of treatment. One of the most serious late onset complications is non-occlusive mesenteric ischaemia associated with the use of vasoactive drugs. We report on 2 children who late in the course of their burn injury developed ischaemic necrosis of their entire intestine. Both were on propranolol, the administration of which was continued with even during the periods of septic shock which preceded their demise. We are of the opinion that endogenous catecholamine release during hypotensive and septic episodes in conjunction with β-adrenergic blockage from propranolol could lead to severe splanchnic vasoconstriction from unopposed α-adrenergic activity and hence critical circulation impairment to the bowel in the 2 children. Copyright © 2016. Published by Elsevier Ltd.

Title: Imparting commercial antimicrobial dressings with low-adherence to burn wounds.

Citation: Burns : journal of the International Society for Burn Injuries, Jun 2016, vol. 42, no. 4, p. 877-883, 1879-1409 (June 2016)

Author(s): Asghari, Sogol, Logsetty, Sarvesh, Liu, Song

Abstract: The objective of our study was to decrease the wound adherence of commercial silver based wound dressings by depositing a non-adherent layer. Our hypothesis was that this non-adherent layer will lower the dressing’s adherence to burn wounds without compromising the antimicrobial activity or increasing the cytotoxicity. A polyacrylamide (PAM) hydrogel layer was grafted on two commercial silver antimicrobial dressings (silver nanocrystal dressing (NC) and silver plated dressing (SP)) using a proprietary technique. The grafted PAM served as the non-adherent layer. Dressing adherence was measured with a previously published in vitro gelatin model using an Instron mechanical force testing instrument. The dressings were challenged with two clinically retrieved bacterial strains (Methicillin-resistant Staphylococcus aureus (MRSA) and multidrug resistant (MDR) Pseudomonas aeruginosa) with both a disk diffusion test, and a suspension antibacterial test. The cytotoxicity of samples to human neonatal fibroblast cells was evaluated with 3-(4,5-dimethyl-2-thiazolyl)-2,5-diphenyltetrazolium bromide (MTT) assay. Both untreated dressings showed high peeling energy: 2070±453J/m(2) (NC) and 669±68J/m(2) (SP), that decreased to 158±119J/m(2) (NC) and 155±138J/m(2) (SP) with the PAM deposition. Addition of the PAM caused no significant difference in zone of inhibition (ZOI) (disk diffusion test) or antibacterial kinetics (suspension test) against both bacteria (p>0.05, n=6) in either dressing. Survival of fibroblasts was improved by the PAM grafting from 48±5% to 60±3% viable cells in the case of NC and from 55±8% to 61±4% viable cells in SP (p<0.05, n=12). It was concluded that PAM as a non-adherent layer significantly decreases the adherence of these two commercial antimicrobial dressings in an in vitro gelatin model while preserving their antimicrobial efficacy, and reducing their cytotoxicity. Copyright © 2016 Elsevier Ltd and ISBI. All rights reserved.

Title: Evaluation of the "Early" Use of Albumin in Children with Extensive Burns: A Randomized Controlled Trial.

Citation: Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies, Jun 2016, vol. 17, no. 6, p. e280., 1529-7535 (June 2016)
Author(s): Müller Dittrich, Maria Helena, Brunow de Carvalho, Werther, Lopes Lavado, Edson

Abstract: To compare early versus delayed albumin resuscitation in children with burns in terms of clinical outcome and response. Randomized controlled trial. Burn center at a tertiary care teaching hospital. Forty-six children aged 1-12 years with burns greater than 15-45% total body surface area admitted within 12 hours of burn injury. Fluid resuscitation was based on the Parkland formula (3 mL/kg/% total body surface area), adjusted according to urine output. Patients received 5% albumin solution between 8 and 12 hours post burn in the intervention group (n = 23) and 24 hours post burn in the control group (n = 23). Both groups were assessed for reduction in crystalloid fluid infusion during resuscitation, development of fluid creep, and length of hospital stay. There was no difference between groups regarding age, weight, sex, % total body surface area, cause of burn, or severity scores. The median crystalloid fluid volume required during the first 3 days post burn was lower in the intervention than in the control group (2.04 vs 3.05 mL/kg/% total body surface area; p = 0.025 on day 1; 1.2 vs 1.71 mL/kg/% total body surface area; p = 0.002 on day 2; and 0.82 vs 1.3 mL/kg/% total body surface area; p = 0.002 on day 3). The median urine output showed no difference between intervention and control groups (2.1 vs 2.0 mL/kg/hr; p = 0.152 on day 1; 2.58 vs 2.54 mL/kg/hr; p = 0.482 on day 2; and 2.9 vs 3.0 mL/kg/hr; p = 0.093 on day 3). Fluid creep was observed in 13 controls (56.5%) and in one patient (4.3%) in the intervention group. The median length of hospital stay was 18 days (range, 15-21 d) for controls and 14 days (range, 10-17 d) in the intervention group (p = 0.004). Early albumin infusion in children with burns greater than 15-45% total body surface area reduced the need for crystalloid fluid infusion during resuscitation. Significantly fewer cases of fluid creep and shorter hospital stay were also observed in this group of patients.

Title: Attitudes on first aid for paediatric burns: Pilot survey of a developed city state.

Citation: Burns : journal of the International Society for Burn Injuries, Jun 2016, vol. 42, no. 4, p. 926-937, 1879-1409 (June 2016)

Author(s): Kua Phek Hui, Jade, Allen, John Carson, Mok, Wan Loong James

Abstract: Burn-related injuries are prevalent worldwide. Caregiver first aid can mitigate the devastating effects of paediatric burn injuries. Our aim was to assess knowledge of paediatric burns first aid among caregivers and determine whether knowledge levels can be raised following a short educational intervention. Over a 13-week period we surveyed 274 caregivers at the children’s emergency department of KK Women’s and Children’s Hospital. The questionnaire assessed caregiver demographics and knowledge of burn first aid pre-intervention. There was an educational interlude during which the moderator educated the caregiver using a simple pictorial guide. The survey resumed thereafter and the post-intervention questions were completed. Of the 274 surveys conducted, 272 complete responses were obtained. We found a substantial and statistically significant increase in knowledge of caregivers immediately following the intervention. Two statistically significant predictors of adequate post-interventional scores were the caregivers’ highest educational level and their total score in the pre-interventional assessment. Caregivers who scored well in the post-intervention questionnaire relied on school (p=0.013) and the Internet (p=0.130) as sources of information on burns first aid. Caregivers without prior personal experience with burns tended to fare better in the post-interventional survey. Our study shows it is possible to correct knowledge gaps in the immediate period through a simple pictorial guide. Our study also identified a structure for a focused national educational campaign. Copyright © 2016 Elsevier Ltd and ISBI. All rights reserved.
Title: Morbidity and mortality in severely burned children with Clostridium difficile-associated diarrhea.

Citation: Surgery, Jun 2016, vol. 159, no. 6, p. 1631-1637, 1532-7361 (June 2016)


Abstract: Clostridium difficile is a key culprit underlying nosocomial infectious diarrhea. We investigated the effect of C difficile-associated diarrhea (CDAD) on morbidity and mortality in severely burned children and CDAD risk factors. After review of 2,840 records, 288 pediatric burn patients were identified as having stool output of >10 mL•kg(-1)•min(-1) for ≥2 successive days and had stool samples immunoassayed for toxins A and B. A case control analysis was performed by matching cases to controls via logistic regression and propensity scores so that age, admission time, and time of occurrence could be controlled; the endpoints were mortality and hospitalization time. Eighteen patients tested positive for C difficile toxins (median age, 4 years; mean total body surface area burned, 59%). In the CDAD group, unadjusted in-hospital mortality was 28% (odds ratio, 5.4; 95% CI, 1.7-16.7; P = .01). Hospitalization averaged 48 days in the CDAD group and 38 days in the non-CDAD group (P = .24). Duration of stay per percent total body surface area burned was greater in the CDAD group (0.82 ± 0.4 vs 0.60 ± 0.4; P = .03), as were prolonged bouts of diarrhea complicated by acidosis (13 ± 16 vs 4 ± 5 days; P < .005). Of the 18 possible risk factors evaluated, inhalation injury diagnosed at admission occurred more often in CDAD patients than matched controls (59% vs 31%; P = .04). CDAD during hospitalization is associated with greater mortality after burns. Inhalation injury increases the likelihood of C difficile infection. Whether C difficile infection is an indication of greater illness among certain burned patients is unknown. Copyright © 2016 Elsevier Inc. All rights reserved.

Title: Toxic Epidermal Necrolysis-Like Cutaneous Lupus in Pediatric Patients: A Case Series and Review.

Citation: Pediatrics, Jun 2016, vol. 137, no. 6, 1098-4275 (June 2016)

Author(s): Yu, JiaDe, Brandling-Bennett, Heather, Co, Dominic O, Nocton, James J, Stevens, Anne M, Chiu, Yvonne E

Abstract: Bullous eruptions in patients with underlying systemic lupus erythematosus (LE) can mimic toxic-epidermal necrolysis (TEN), a rapidly progressive mucocutaneous reaction usually associated with medication use. Differentiating between classic drug-induced TEN and TEN-like cutaneous LE is important but difficult. We report a series of 3 patients with pediatric systemic LE who were admitted with severe worsening of skin disease resembling TEN. However, the initial photo-distribution of the eruption, subacute progression, limited mucosal involvement, mild systemic symptoms, supportive biopsy and laboratory results, and lack of culprit drugs was more suggestive of a TEN-like cutaneous LE. These patients recovered with various systemic immunosuppressive medications including methylprednisolone, intravenous immunoglobulin, and plasmapheresis. Our cases are rare and demonstrate key clinical and histologic features of TEN-like cutaneous LE in young patients and the importance of differentiating this entity from drug-induced TEN. Copyright © 2016 by the American Academy of Pediatrics.

Full Text:
**Title:** Ocular Manifestations of Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis in Children.

**Citation:** American journal of ophthalmology, Jun 2016, vol. 166, p. 68-75, 1879-1891 (June 2016)

**Author(s):** Catt, Caroline J, Hamilton, Gavin M, Fish, Joel, Mireskandari, Kamiar, Ali, Asim

**Abstract:** To describe the acute and chronic ocular manifestations of Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and SJS/TEN Overlap syndrome (Overlap syndrome) in children. Retrospective case series. Medical records of children admitted to the Hospital for Sick Children between 2001 and 2011 with SJS, TEN, and Overlap syndrome were reviewed. Demographic information, all abnormal ophthalmic findings (and median time to first diagnosis), visual acuities, and ophthalmic treatments prescribed were collected for each eye for every patient. Thirty-six children were identified for inclusion in the study. Twenty-nine (81%) had acute ocular involvement, including all patients with TEN (n = 7). Conjunctivitis was the most common (78%) clinical sign. This, together with conjunctival membranes and subconjunctival hemorrhage, were the earliest signs, presenting by a median of 1 day. The percentage of patients and median time to occurrence of complications were as follows: for lid margin ulceration and corneal epithelial defects, 25%, 3 days; conjunctival ulceration, 39%, 3.5 days; symblepharon, 28%, 4 weeks; corneal opacification, 11%, 4 months; limbal stem cell failure, 8%, 7 months; and corneal vascularisation, 8%, 10 months after admission. Over 90% of children maintain a visual acuity of 20/40 or better in each eye at a mean follow-up of 1.4 years. Ocular involvement in SJS, TEN, and Overlap syndrome is common and the ocular manifestations may develop many months after the initial presentation, mandating the need for long-term follow-up of these children. Despite the high frequency of sight-threatening disease, most children maintain good vision in the long term. Copyright © 2016 Elsevier Inc. All rights reserved.

**Title:** Comparison of Pediatric Burn Wound Colonization and the Surrounding Environment

**Citation:** Issues in Comprehensive Pediatric Nursing, Jun 2016, vol. 39, no. 2, p. 154-160, 0146-0862 (June 1, 2016)

**Author(s):** Fore, Sara E., Munchel, Emily C., Goldstein, Seth, Mills, Joanne, Vanderwagen, Sarah, Stewart, Dylan, Colombani, Paul

**Abstract:** There are wide ranging practices in barrier isolation standards for pediatric burn patients. The benefits of barrier isolation for burn patients have not been clearly shown through scientific study. Research has shown that patients with a total body surface area (TBSA) burn larger than 30% are more likely to require special precautions, however to date there has been no study that delineates the effect of isolation and precaution techniques on wound infection in pediatric patients with burns less than 20% TBSA. The aim of this research was to determine if small burn wounds (less than 20% TBSA) are colonized with bacterial growth and if that same bacteria is contaminating the patient’s surrounding environment, therefore requiring barrier isolation. The goals of this study were: to determine the colonization rates in burn wounds in our hospital setting, to decrease patient and family anxiety related to barrier isolation, and to decrease unnecessary use of hospital resources, e.g., isolation attire and time. Results from this research study led to a change in hospital policy. References
Title: Paediatric suicidal burns: A growing concern.

Citation: Burns : journal of the International Society for Burn Injuries, Jun 2016, vol. 42, no. 4, p. 825-829, 1879-1409 (June 2016)

Author(s): Segu, Smitha, Tata, Rachana

Abstract: An alarming rise in rates of paediatric population committing self-immolation acts is a growing social and medical problem. In recent times there seems to be a rising concern in paediatric population. A study was conducted at a government tertiary care burn centre over 5 years in paediatric age group of <18 years who had committed self-immolation. Demographic data, aetiology, burn severity, associated illnesses, treatment and outcomes of the patients were collected with preventive strategies. Of total 89 patients, 12 patients were below 12 years (children) and 77 between 12-18 years (adolescent) with female preponderance. Majority belonged to lower middle and upper lower class families. Most had deep partial thickness burns. Psychiatric and personality disorder were found in 24.03% and 31.46% patients respectively. Kerosene was the main agent chosen to inflict injury. The average length of hospital stay was 19.8 days. The crude mortality rate observed was 38.2%. With cultural and socio-economic changes children and adolescents are exposed to increased levels of stress and peer pressure leaving them vulnerable. A multidisciplinary care involving medical, psychological and social support is required. Identifying children at risk and proper counselling and support can form an important strategy at prevention rather than cure.

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Title: Recovery Curves for Pediatric Burn Survivors: Advances in Patient-Oriented Outcomes.

Citation: JAMA pediatrics, Jun 2016, vol. 170, no. 6, p. 534-542, 2168-6211 (June 1, 2016)

Author(s): Kazis, Lewis E, Lee, Austin F, Rose, Mary, Liang, Matthew H, Li, Nien-Chen, Ren, Xinhua S, Sheridan, Robert, Gilroy-Lewis, Janet, Stoddard, Fred, Hinson, Michelle, Warden, Glenn, Stubbs, Kim, Blakeney, Patricia, Meyer, Walter, McCauley, Robert, Herndon, David, Palmieri, Tina, Mooney, Kate, Wood, David, Pidcock, Frank, Reilly, Debra, Cullen, Marc, Calvert, Catherine, Ryan, Colleen M, Schneider, Jeffrey C, Soley-Bori, Marina, Tompkins, Ronald G

Abstract: Patient-reported outcomes serving as benchmarks for recovery of pediatric burn survivors are lacking, and new approaches using longitudinal cohorts for monitoring their expected recovery based on statistical models are needed for patient management during the early years following the burn. To describe multidimensional patient-reported outcomes among pediatric burn survivors younger than 5 years to establish benchmarks using recovery curve methods. Prospective cohort study of pediatric burn survivors younger than 5 years at 12 burn centers. Age-matched nonburned reference groups were studied to define expected results in normal growth and development. The Burn Outcomes Questionnaire for children aged 0 to 5 years (BOQ0-5) was administered to parents of children who had burns and were younger than 5 years. Mixed models were used to generate 48-month recovery curves for each of the 10 BOQ0-5 domains. The study was conducted between January 1999 and December 2008. The 10 BOQ0-5 domains including play, language, fine motor skills, gross motor skills, emotional behavior, family functioning, pain/itching, appearance, satisfaction with care, and worry/concern up to 48 months after burn injury. A total of 336 pediatric burn survivors younger than 5 years (mean [SD] age, 2.0 [1.2] years; 58.4% male; 60.2% white, 18.6% black, and 12.0% Hispanic) and 285 age-matched nonburned controls (mean [SD] age, 2.4 [1.3]
years; 51.1% male; 67.1% white, 8.9% black, and 15.0% Hispanic) completed the study. Predicted scores improved exponentially over time for 5 of the BOQ0-5 domains (predicted scores at 1 month vs 24 months: play, 48.6 vs 52.1 [P = .03]; language, 49.2 vs 54.4 [P < .001]; gross motor skills, 48.7 vs 53.0 [P = .002]; pain/itching, 15.8 vs 33.5 [P < .001]; and worry/concern, 31.6 vs 44.9 [P < .001]). Pediatric burn survivors had higher scores in language, emotional behavior, and family functioning domains compared with healthy children in later months. This study demonstrates significant deficits in multiple functional domains across pediatric burn survivors compared with controls. Recovery curves can be used to recognize deviation from the expected course and tailor care to patient needs.

Title: Early management in children with burns: Cooling, wound care and pain management.

Citation: Burns : journal of the International Society for Burn Injuries, Jun 2016, vol. 42, no. 4, p. 777-782, 1879-1409 (June 2016)

Author(s): Baartmans, M G A, de Jong, A E E, van Baar, M E, Beerthuizen, G I J M, van Loey, N E E, Tibboel, D, Nieuwenhuis, M K

Abstract: Early management in burns, i.e. prior to admission in a burn center, is essential for an optimal process and outcome of burn care. Several publications have reported suboptimal early management, including low levels of pain medication after trauma, especially in children. The aim of this study was to evaluate the current practice in the Netherlands and factors related to early management in pediatric burns, i.e. cooling, wound covering and pain management. To study possible change and improvement over time, two study periods were compared. This study involved two periods; January 2002-March 2004 (period 1) and January 2007-August 2008 (period 2). All children (0-15 years of age) with acute burns admitted within 24h after burn to one of the three Dutch Burn centers with a formal referral were eligible. Data were obtained from patient records, both retrospectively and prospectively. A total of 323 and 299 children were included in periods 1 and 2, respectively. The vast majority of children in both study periods had been cooled before admission (>90%). Over time, wound covering increased significantly (from 64% to 89%) as well as pain treatment (from 68% to 79%). Predominantly paracetamol and morphine were used. Referral from ambulance services (OR=41.4, 95%CI=16.6-103.0) or general practitioners (OR=59.7, 95%CI=25.1-141.8) were strong independent predictors for not receiving pre-burn center pain medication. On the other hand, flame burns (OR=0.2, 95%CI=0.1-0.5) and more extensive burns (TBSA 5-10%: OR=0.4, 95%CI=0.2 to 0.8; TBSA≥10%: OR=0.2, 95%CI=0.1-0.4) were independent predictors of receiving pain medication. Referring physicians of children with burns were overall well informed: they cool the wound after burns and cover it before transport to prevent hypothermia and reduce the pain. Additional studies should be conducted to clarify the duration and temperature for cooling to be effective. Furthermore, there is room and a need for improvement regarding early pain management. Copyright © 2016 Elsevier Ltd and ISBI. All rights reserved.

Title: Silver containing hydrofiber dressing promotes wound healing in paediatric patients with partial thickness burns.

Citation: Pediatric surgery international, Jun 2016, vol. 32, no. 6, p. 577-581, 1437-9813 (June 2016)

Author(s): Lau, C T, Wong, K K Y, Tam, P
Abstract: Burn injury is one of the most common reasons for admission in paediatric population. There is currently no international consensus on the best wound dressing material. Aquacel Ag, a new silver containing hydrofiber dressing material has been reported to produce good clinical results. Yet, only a limited number of studies exist in the paediatric population. This study aims to review our experience of burn management over the past 5 years and to evaluate the effectiveness of Aquacel Ag in the management of partial thickness burns. A retrospective review of all patients admitted for burn injury between January 2010 and December 2014 was conducted. Patients’ demographics, mechanism of injury, body surface areas involved, treatment applied, and clinical outcomes were analyzed. Patients with superficial injury, full thickness burns that required surgical debridement, burn area less than 2 % or more than 25 % of total body surface area, or incomplete clinical data were excluded from the comparative study. A total of 119 patients were identified. 114 (96 %) was due to domestic injury, of which 108 (91 %) was food-related. The most commonly affected areas were limbs (n = 89, 74.8 %), followed by trunk (n = 62, 74.8). 84 patients fulfilled the inclusion criteria and were recruited into the study. 31 patients received Aquacel Ag dressing and 53 patients received standard paraffin gauze dressing. The two groups showed no statistical difference in age, sex, percentage of total body surface area involved, and infection rate. Outcomes of patients treated with Aquacel Ag were compared with patients treated with standard dressing. The mean hospital stay was significantly shorter for the Aquacel Ag group (14.26 vs 23.45, p = 0.045). Aquacel Ag group required much less frequent dressing change (5.67 vs 20.59, p = 0.002). 5 patients in standard dressing group developed hypertrophic scar and required prolonged pressure garment, whereas only one hypertrophic scar was observed in the Aquacel Ag group. Aquacel Ag appears to promote early burn wound healing with less hypertrophic scar formation.
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