

ACTION PLAN FOR WOUNDS

MISSISSIPPI BURN, HAND & RECONSTRUCTION CENTER

ASSESS

Step 1: **COAT** the wound

Complexity

- Size of Wound
- Affected area:
 - Amount of tissue
 - Number of organs

Origin

- How did injury happen?
- Initial symptoms
- Injury description

Age

- Estimated time since injury or initial appearance

Thickness

- Superficial
- Partial Thickness
- Full Thickness

Primary Survey – Your ABCDEs

Secondary Survey – Patient details

CARE

Step 2: Initiate treatment of the patient

Injury site preparation and treatment

- First, cool the wound
- Clean the wound of soot, debris, etc.
- Avoid use of silver sulfadiazine
- Cover wound with Xeroform or polysporin/ nonstick dressing prior to transfer

First Steps

- Remove all clothing & jewelry
- Maintain patient's temperature
- Keep patient covered
- Warm room
- Warm IV fluids
- Do not wrap with a dry dressing
- Do not use ice or cold water soaks
- Compartment syndrome
- Young or elderly patients have thinner skin and can receive a more severe injury

TRANSFER

Step 3: Send the patient for specialized care

Our Expertise:

- Diabetic foot ulcers
- Arterial ulcers
- Pressure ulcers
- Vasculitic ulcers (leg)
- Nonhealing surgical wounds
- Chronic wounds
- Venous stasis ulcers (ulcers and skin damage due to malfunctioning veins)
- Traumatic wounds



Scan this QR Code to refer a patient

WHEN IN DOUBT, REMEMBER: WE ARE A PHONE CALL AWAY!



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