

Course Title

Nursing Care Plan – A Deep Partial-Thickness Burn Injury with 4% TBSA

Name, Middle Name, Last Name

Student ID:

Professor Name:

University Name:

Date:

Nursing Care Plan

<p>Identification of problem</p>	<ul style="list-style-type: none"> ❖ Risk of anxiety related to sudden injury, pain, uncertainty of outcome and treatment ❖ Risk of severe pain because of the nerve and tissue injury ❖ Risk of Deficient Diversional Activity due to physical limitations, prolonged hospitalisations and monotony of confinement ❖ Risk of reduced range of motion (ROM) and impaired physical mobility due to painful burn ❖ Risk of impaired gas exchange related to the inhalation of smoke, poisoning due to carbon monoxide, and obstruction of upper airway ❖ Risk of hypothermia because of open wounds and the loss of skin microcirculation ❖ Risk of ineffective clearance of the airway related to the effects of inhaling smoke and oedema ❖ Risk of deficit in the fluid volume related to evaporative losses from the burn wound and increased permeability of capillaries <p style="text-align: center;">(Herndon, 2007)</p>
<p>Expected outcome</p>	<ul style="list-style-type: none"> ❖ The burn wounds should appear pink and clean, free of any purulent drainage ❖ The wound remains free from any signs of infection ❖ Restoration of optimal electrolyte and fluid balance as well as perfusion of vital organs ❖ Maintenance of proper airway clearance and patient airway as well as adequate oxygenation of the tissue

	<ul style="list-style-type: none"> ❖ Restoration of the circulating volume/hemodynamic stability, and ❖ Providing information about the condition, prognosis and treatment <p style="text-align: center;">(Herndon, 2007)</p>
Aetiology	<p>Physiology: A human skin has three main layers, epidermis (50-100µm), dermis (1-2mm) and hypodermis (1-2mm). The most superficial layer of the epidermis is the <i>stratum corneum</i> which acts as a barrier for percutaneous absorption. The primary function of <i>stratum corneum</i> is to provide protection against microorganisms and abrasive action, loss of water, and acts as a permeability barrier to the environment (World Health Organization, 2009; Bikle, 2011).</p> <p>Pathophysiology of burn wounds is significantly characterised by the acute inflammatory response which increased the permeability of the capillaries resulting in significant loss of fluid, electrolytes and proteins as reflected across the injured area of the skin. Can also lead towards hypovolemic shock if resuscitation is not conducted immediately and rapid colonisation of gut flora starts to occur. A deep partial-thickness burn significantly destroys the dermal layer and only a few epidermal cells are remaining. The wound appears dry and white, whereas, compromising the blood flow. It also results in decreasing the tissue of perfusion (<i>zone of stasis</i>) and also causes an irreversible loss of tissue due to the coagulation of the constituent proteins (<i>zone of coagulation</i>) (DeSanti, 2005; Bikle, 2011).</p>
Nursing interventions	<p>The focus of the treatment can be on utilising the topical antibiotics during the process of debridement or removing eschar. However,</p>

	<p>grafting and excision are preferred for a deep partial-thickness wound with 4% TBSA because of they are healed through primary interventions, dense scars will be visible (Monstrey et al., 2008). Another intervention is to use the renowned antimicrobial – an agent containing silver – either in the form of a silver-impregnated membrane or a cream and should be used as a dressing on the injured surface (Holder et al., 2003). The ROM exercises should also be performed timely as it is also reported that the patient has become less active after the loss of her husband (Carpenito-Moyet, 2008). Sterling et al., (2010) have also recommended the use of silver sulfadiazine dressing and skin grafting (surgical excision) if the wound is not healed after 3 weeks.</p>
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References

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