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ABSTRACT

Management of Burns in Gaza-Strip A Multi-center Clinical Audit.

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Abstract: A combined prospective and retrospective study was conducted in the ERs of Al-Shifa, Nasser Medical Complex and European Gaza hospitals. Two structured questionnaires were used to collect the management of burn according to the Palestinian management protocol. This study found that from the 147 cases that came to the ER, 37.6% underwent ABCDE approach and 87.8% (n=129/147) received sterile dressings.

Background: Burns is a global public health problem and appropriate intervention will decrease morbidity and mortality. This study aimed to evaluate the management of burns in the emergency room (ER), burns units and intensive care units (ICU) of the Gaza-Strip.





Objectives: To evaluate the management of burns in the ER, burns unit and ICU in terms of following ABCDE approach, using sterile dressings, giving fluid resuscitation, antibiotics, ranitidine and undergoing physiotherapy.

Methods: A prospective study evaluated the management of patients presenting with burns injuries to the ER between the period 22nd July to 20 August 2018, and retrospectively, management of patients was evaluated, who were admitted to the burns units and to ICU between 1st January 2017 and 30th July 2018 at Al-Shifa Hospital and Nasser Medical Complex. The Palestinian management protocol was used for evaluation. A total of 428 patients were identified to have burns injuries during the study period. Of these, 142 were excluded, 108 due to missing files and 34 files had poor documentation (no documentation of medication or assessments). Included were 147 patients admitted to ER, 122 on the burns unit and 17 on the ICU.

Results: In the ER, 57.1% (n=84/147) of patients were male, with a mean age of 15.4 ± 14.1 . Of the 147 cases, 17.7% (n=26/147) were major burns, which included more than 10% total body surface area burned (TBSA). Of these, 37.6% underwent ABCDE approach and 87.8% (n=129/147) received sterile dressings.

From the 122 patients admitted to the burns unit, 59.8% (n=73) were male with a mean age of 11.4 ± 14.6 years. From these, 47.5% (n=58/122) underwent fluid resuscitation, 97.5% (n=119/122) received antibiotics, 17.2% (n=21/122) received ranitidine and 56.6% (n=69/122) underwent physiotherapy.

Out of the 17 patients admitted to ICU, 76.5% (n=13/17) were male, with a mean age of 19.2±12.8 years. All of these patients received prophylactic antibiotics, 58.8% (n=10/17) had endotracheal intubation, 5.9% (n=1/17) underwent central venous pressure measurement (CVP), 23.5% (n=4/17) had ABG tested and 88.2% (n=15/17) kidney function tests (KFT), and 64.7% (n=11/17) received ranitidine. No patient had a chest X-Ray (CXR) or carbon monoxide (CO) level done. From the ICU patients, 17.6% (n=3/17) benefitted from physiotherapy, and 35.3% (n=6/17)

Conclusion: The findings of this study demonstrate poor adherence to guidelines in some points, such as patients presenting with major burns, who should all benefit from the ABCDE approach, but less than 40% of patients actually did and antibiotics, which should only be prescribed when

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indicated, were given to nearly all patients admitted to the burns unit or ICU. Efforts are required to improve staff practices with burn injuries.

Keywords: Burn, Burn management, Emergency, ICU.