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APPENDICES

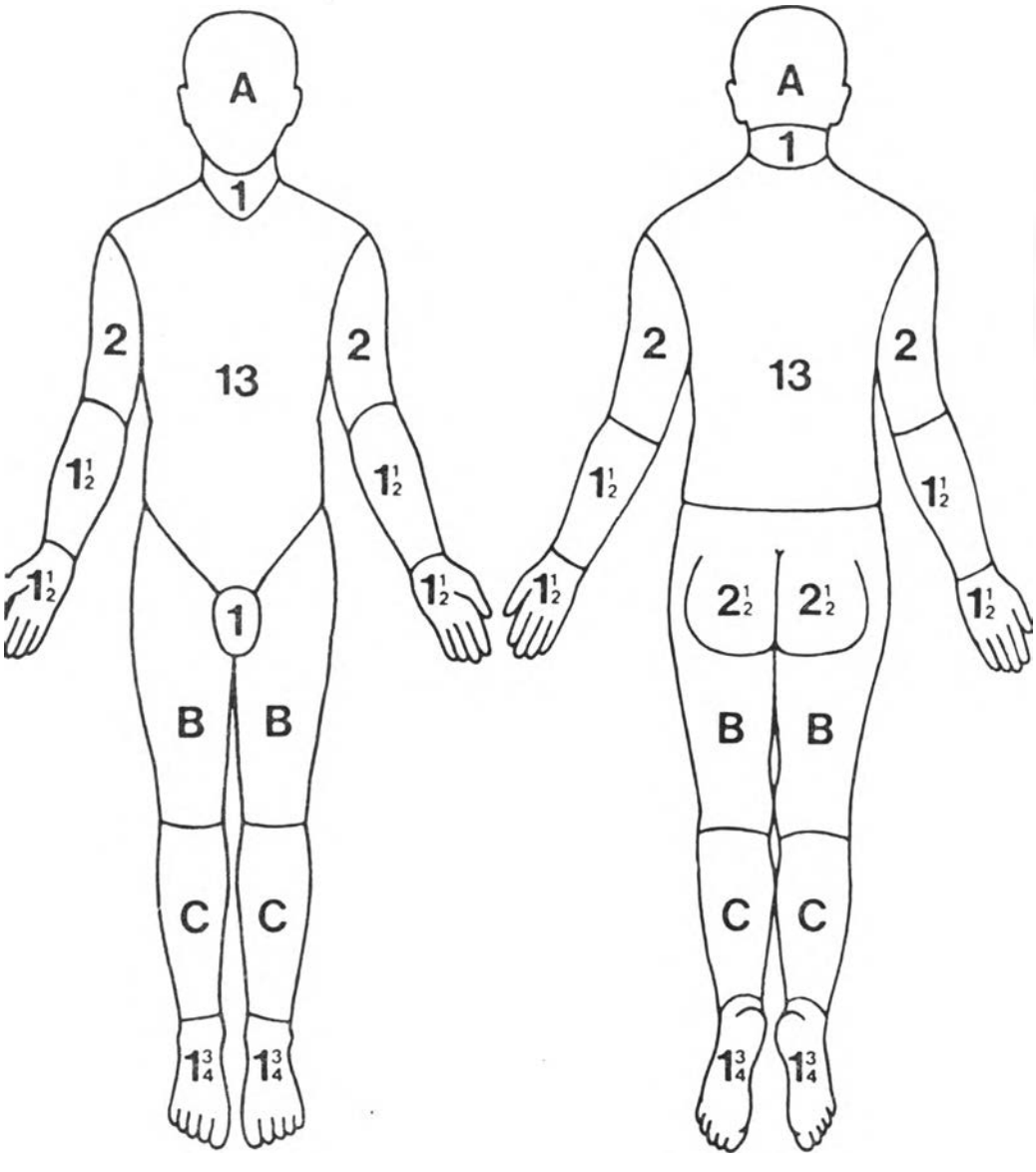
BURN UNIT

CHART FOR ESTIMATING SEVERITY OF BURN WOUND

NAME_____WARD_____ Appendix I NUMBER_____DATE_____

AGE_____ADMISSION WEIGHT_____

LUND AND BROWDER CHARTS



IGNORE
SIMPLE ERYTHEMA

Partial thickness loss (PTL)

Full thickness loss (FTL)

	%	
REGION	PTL	FTL
HEAD		
NECK		
ANT.TRUNK		
POST.TRUNK		
RIGHT ARM		
LEFT ARM		
BUTTOCKS		
GENITALIA		
RIGHT LEG		
LEFT LEG		
TOTAL BURN		

RELATIVE PERCENTAGE OF BODY SURFACE AREA AFFECTED BY GROWTH

AREA	AGE 0	1	5	10	15	ADULT
A=½ OF HEAD	9½	8½	6½	5½	4½	3½
B=½ OF ONE THIGH	2¾	3¼	4	4½	4½	4¾
C=½ OF ONE LEG	2½	2½	2¾	3	3¼	3½

Appendix II

Local signs of burn wound infection

1. Black or dark brown focal areas of discoloration
2. Enhanced sloughing of burned tissue or eschar
3. Partial thickness injury converted to full thickness necrosis
4. Purplish discoloration or edema of skin around the margins of the wound
5. Presence of ecthyma gangrenosa
6. Pyocyanotic appearance of subeschar tissue
7. Subcutaneous tissue with hemorrhagic discoloration
8. Variable-sized abscess formation and focal subeschar inconsistency(14)

Appendix III

Signs for consideration in performing skin graft

1. No local signs of infection (according to appendix B).
2. Healthy wound (color, texture, vascularity and over all appearance)
3. The patients have stable hemodynamic status.
4. No sign of septicemia.

Appendix IV

Name_____Id. No._____Age_____Sex_____

Address_____ Date of admission_____

Cause of burn_____

Time from burn injury to hospital_____

Percent of burn area_____% Degree of burn area_____

Day of taking culture 1._____

2._____

3._____

Site of taking culture 1._____

2._____

3._____

Day of successful skin graft 1._____Site_____Duration___

2._____Site_____Duration___

3._____Site_____Duration____

Result of culture : Surface swab culture Burn wound biopsy culture

1._____ _____ _____

2._____ _____ _____

3._____ _____ _____

Hospital stay____days Final result_____

Microorganism_____

Name of recorder_____

Date of record_____

Note_____

Appendix V

Quantitative burn wound biopsy culture method

Biopsy specimens are processed by weighing each specimen in a sterile petridish on a Oertling electronic balance, macerating the tissue specimen with a knife and grinding it with a mortax, then suspends it in 10 ml. of sterile physiologic (0.85 %) saline solution. Serial 1:10 dilution of this suspension are then prepared in sterile saline solution (usually prepared in dilution from 1:10 to $1:10^5$).

A blood agar plate and MacConkey agar plate are inoculate with 0.1 ml. of each of the dilution, which is spread over the plate surface with glass spreading rod. Plate are incubated at 35 - 37degree Celsius for 24-48 hours before colony counts are made. An appropriate plate (30-300 colonies) is selected for colony counts. Each colony is assumed to have grown from a single organism in the dilution. Wound colonization may then be quantitated with the following formula :-

Organism /gm. of tissue = $\frac{(N)(D)(10)(10)}{W}$

N = The number of colonies on the plate chosen for colony count.

D = The dilution inoculated on the plate.

W = Weight of the biopsy specimen in gram

(10)(10) = constant factor

For example, if 76 colonies are counted on the plate of the $1: 10^3$ dilution of a 0.0325 gm. biopsy specimen.

N = 76

$D = 10^3$

W = 0.0325

Organism / gm. of tissue = $\underline{(76)(10^3)(10)(10)}$ / 0.0325

$= (2338.46)(10^5)$

$= 2.3 \times 10^8$ organism / gm.

For the sensitivity test we use :- Diffusion test - Disk diffusion method (Kirby- Bay method), in case of resistant, we use Dilution test - MIC.

Reporting of the result

Quantitative burn wound biopsy will be reported in 72 hours.

Surface swab culture will be reported in 48 hours.

VITAE

Mr. Apichart Ploysangwal was born on 9 January 1959 in Bangkok, Thailand. He graduated Medical Doctor from Siriraj Hospital, Mahidol University, in1984. In 1990, he got Board of General Surgery from Royal College of Surgeon of Thailand. He has been enrolled in the Master Degree of Science in Health Development at Faculty of Medicine, Chulalongkorn University since 1996. The present position is general surgeon at department of surgery, Bhumibol Adulyadej Hospital, Royal Thai Air Force.