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Factors Associated with Time to Initial Debridement in a Pediatric Burn Center

Conclusion

Conscious sedation, larger TBSA burn, and flame burns were associated with earlier time to debridement.

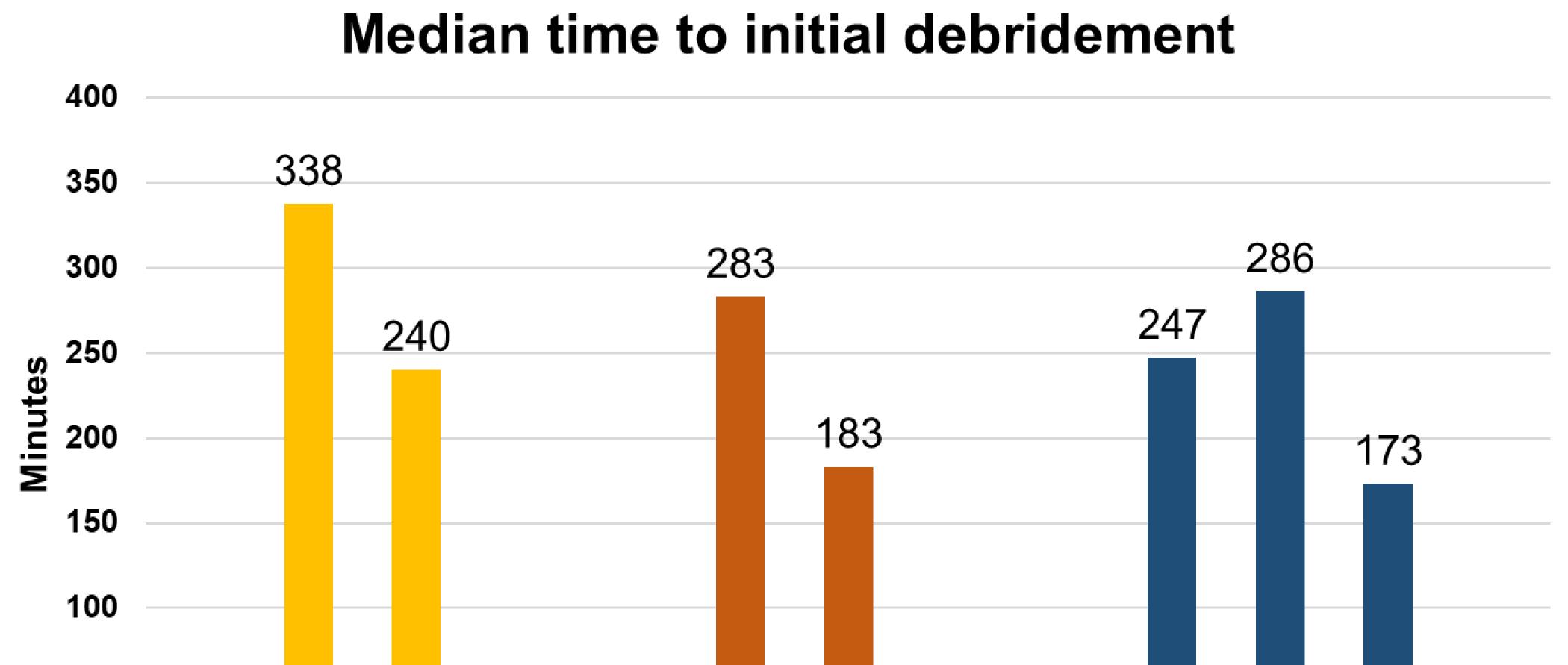
Significance

What factors influence the time to initial burn wound debridement? There is sparse literature describing the timing of the initial debridement.

Results

We identified 137 debrided burn patients admitted to our ABA verified pediatric burn center (July 2018 through June 2019). The overall median time to debridement was 261 minutes (IQR: 166-321).

Pediatric sample	n	
Total	137	
Age (mean)		4.4 years
Female	53	39%
Nonwhite	55	40%
Conscious Sedation	109	80%
TBSA ≥ 5%	46	34%
Burn Mechanism		
Scald	71	52%
Contact	35	26%
Flame	21	15%
Other	10	7%

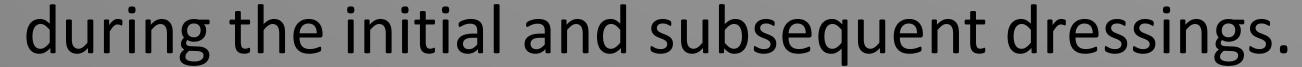


50			
0	No Yes	<5% ≥5%	Scald Contact Flame
	Conscious sedation	TBSA	Mechanism
	(P=0.0004)	(P<.0001)	(P=0.0213)

The majority of conscious sedations for the initial debridement occurred in the ED, 92%, (100/109).

Lessons Learned

- Conscious sedation is a safe approach for initial debridement in a pediatric patient population and does not prolong debridement time.
- Future efforts will evaluate the impact of adequate pain management on the distress of medical providers and caregivers



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