# Nursing care plan on Burns

NURSING ASSESSMENT	NURSING DIAGNOSIS	ORJECTIVE	NURSING INTERVENTION	RATIONALE	EVALUATION
SUBJECTIVE DATA:		intact Skin Integrity with regular wound	Assess the skin & identify the type, percentage & degree of Burns	Assessment aids in diagnosis & plan appropriate interventions	Client's Skins integrity was improved with regular healing & closure of the burnts wound and observe of edoma & infection and presence of mild contractures
Localised Edema with skin break down & pain     Redness & swelling in the burnt area     Charries of skin in full			Remove the client from the source of Burns and remove all constrictive clothings, jewellery, glasses & contact lenses, if present from the patient's body	To prevent adherence & constriction of the articles caused by localised Edema	
thickness burns • Skin Irritation & Hobine			Splash water & provide hydrotherapy to the loan injury	To control the burns & prevent further skin break down	
OBJECTIVE DATA:  Presence of Dry & wavy burn			Cleanse the wound thoroughly & gently remove the charred skin by immersing the burnt area in a sterile water tub	To clean the wound & prevent infection	
rijury in the skin  • Presence of white to dark			S. Apply smoothering agent like Silver Notrate cream as prescribed	To treat the wound & relieve gain	
brown/ black coloured skin changes as per the depth &			6. Apply dressings like Nu skin or paraffin gause dressings on the burnt wound	To close the wound & protect from infection	
<ul> <li>Presence of Pink to cherry red, wet &amp; shiny skin with serous Exudates or necrotic Skin</li> </ul>			<ol> <li>Provide Wound dressing twice or thrice a day as indicated &amp; change dressing whenever there is cooing of fluids from the wound</li> </ol>	To keep the wound healthy & enhance the healing process	
Type, percentage, degree & death of forms			Keep the client in a strict isolation area     & use contact precaution protocol while caring for the client	To prevent wound Infection	
Skin breakdown with continuous opeing of fluids & blood			Use an bed cradle to cover the client & make sure the sheets donot touch burnt wound directly.	To prevent infection & aid in wound healing process	
Wound Culture/ sensitivity show presence of micro-			10. Resuscitate with fluids as per the formula or institutional policy	To replace fluids & electrolytes lost from the burnt wound	
CBC show decreased HB, RBC Count & Increased WBC Count			11. Explain the client about the need for surgical wound debridement & skin grafting procedures as needed	To treat the wound & maintain an intact skin integrity	
			12. Advice the client to take more of liquids & foods rich in protein & vitamins especially VII-C	To replace the proteins losses & aid in wound healing	
			13. Teach & perform hygienis practices like Skin care & hand washing before & after	To prevent infection & improve skin integrity	

# **Nursing Care Of The Patient With Burns**

**Robert R. Redfield** 

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