

ADDITIONAL ASPECTS OF TREATING THE BURNED PATIENT

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Acute Analgesia is a vital part of burns management. Small burns, especially superficial burns, respond well to simple oral analgesia, paracetamol and non-steroidal anti-inflammatory drugs. Topical cooling is especially soothing. Large burns require intravenous opiates for the initial management; intram administration should be avoided as uptake is variable. Subacute In patients with large burns, continuous analgesia is required, beginning with infusions and continuing with oral tablets. Powerful, short-acting analgesia should be administered before dressing changes. Administration is guided by anaesthetists, as in the case of general anaesthesia or midazolam and ketamine, or less intensive supervision, as in the case of morphine and nitrous oxide. Early support by colleagues from the pain team is beneficial in controlling pain.

Revision #1

Created 2025-12-31 15:17:21 UTC by Omar Ayman

Updated 2025-12-31 15:17:21 UTC by Omar Ayman