blankets assist in preventing hypothermia.

The chief danger during acute care is infection—wound infection, generalized sepsis, or bacterial pneumonia. Accurate and ongoing assessments of all parameters that provide clues to the early diagnosis and treatment of infection are essential. Symptoms of sepsis include a decreased level of consciousness, a rising or falling white blood cell count, hyperthermia progressing to hypothermia, increasing fluid requirements, hypoactive or absent bowel sounds, a rising or falling blood glucose level, tachycardia, tachypnea, and thrombocytopenia. Infection delays the progress of burn wound healing.

Children are reluctant to move if movement causes pain, and they are likely to assume a position of comfort. Unfortunately, the most comfortable position often encourages the formation of contractures and loss of function. Ongoing efforts to prevent contractures include maintaining proper body alignment, positioning and splinting involved extremities in extension, providing active and passive physical therapy, and encouraging spontaneous movement when feasible. Frequent position changes are important to promote adequate bronchopulmonary hygiene and capillary perfusion to common pressure areas. Low–air loss beds are beneficial for morbidly obese children or children with posterior grafts. Special attention should be given to areas at risk for increased pressure, such as the posterior scalp, heels, sacrum, and areas exposed to mechanical irritation from splints and dressings.

Long-Term Care

When the burn heals, the rehabilitative phase of care begins. Scar formation becomes a major problem as the burn heals (Fig. 13-11). Contractile properties of the scar tissue can result in disabling contractures, deformity, and disfigurement.