

VAQ 2011.1.5 (Photo)

A 13 year old boy is brought to your emergency department 30 minutes after sustaining facial injuries when putting petrol on a barbecue to light it. He complains of severe face and throat pain. His only injuries are as shown in the photographs. His observations are:

HR	120	/min	
BP	110/70	mmHg	supine
RR	20	/min	
O ₂ Saturation	95	%	room air



Describe and interpret his photographs (100%)

This boy has sustained superficial and partial thickness burns to his face and neck with facial hair singeing and lip swelling. He is likely to require early intubation for impending airway oedema and specialist care for facial burns.

Pictures of head, neck, upper chest – views for both sides

ECG dots

No airway support in comfortable looking patient

erythema to anterior neck, upper chest, most of face

partial thickness burns to forehead, right cheek, left face over zygoma and parotid and adjacent upper neck, and right ear

singeing of eyebrows and hairline

lip swelling with presumably chlorsig applied already

TBSA <2% of visible significant burn

may be higher (up to 5% total – clinical assessment of midface may imply partial thickness (does not tend to blister early))

Suggests

facial and neck burns requiring specialist input due to region involved

no current airway compromise

life threatening oropharyngeal / airway burn in context of throat pain, lip swelling, borderline saturations

borderline saturations are a concern in the context of **possible inhalational injury** for lung involvement