BURNS

Global Rehab Studio

First Aid and Overview of the Problem in Resource-Limited Settings

Burns are common and painful injuries. Most occur at home, followed by workplace injuries. **Prompt and correct first aid reduces pain, limits tissue damage and improves treatment outcomes**[1, str. 30–31; 2].

FIRST AID: ACT IMMEDIATELY

1 Cool the burn

- **Cool the burn immediately** with clean, cool water.
- Ideally, cool the burn **15 minutes** after the injury.
- Continue cooling for approximately **15 minutes.**
- The water should be cool, but not ice-cold (approximately **15°C**).
- **Do not use ice** [1, str. 30–31; 2]

2 Cover and protect

- **Remove jewellery and tight clothing** if they are not stuck to the skin.
- Cover the burn with a **clean, sterile or non-stick dressing.**
- **Do not apply butter, oils, creams or toothpaste.**
- **Do not burst blisters** [1, str. 30–33; 2]

3 Seek medical help

- if the burn is **larger than the palm** of the injured person,
- if the **face, hands, feet, joints** or genital area are affected,
- in case of **chemical, electrical or inhalation burns,**
- in **children, older adults** and people with **associated illnesses** [1, str. 31–34; 2]

WHY ARE BURNS SO COMMON IN RESOURCE-LIMITED SETTINGS?

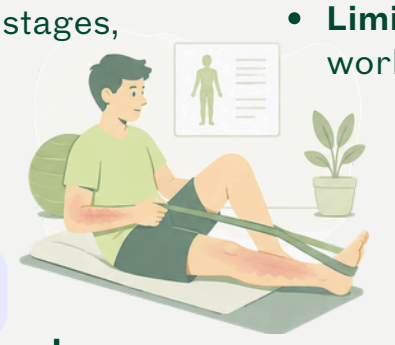
- Cooking over **open fires** or using unsafe cooking equipment
- Children are often exposed to **hot fires and hot liquids**
- **Delayed access** to emergency care and transportation
- Lack of **prevention programmes** and community education
- **Shortage** of trained multidisciplinary healthcare professionals
- **Limited financial resources, equipment** and **organised rehabilitation**

In **sub-Saharan Africa**, burns are an everyday reality and often affect **children**, frequently resulting in **lifelong disability** [3; 4].

WHY IS REHABILITATION IMPORTANT?

- **Early movement, positioning and splinting** help prevent contractures.
- **Gentle movement and physiotherapy** reduce loss of function.
- Rehabilitation should be part of burn care from the earliest stages, especially in children.

The goal is not only survival, but also **functional recovery and reintegration into everyday life** [3; 4].



CONSEQUENCES OF DELAYED TREATMENT

- **Greater tissue damage and pain**
- **Infection** and delayed wound healing
- **Scarring and contractures**
- **Limited mobility** and difficulty with school, work and daily activities[1, str. 30; 3].

MOST COMMON MISTAKES

- Applying **ice directly to the wound**
- Applying **butter, oil, toothpaste or other home remedies**
- **Bursting blisters**
- **Removing clothing stuck to the wound**
- Delaying medical attention [1, str. 31–33; 2]

VIRI:

[1] Sabol, R., & Košič, A. (2021). Pristop reševalca k ogroženemu poškodovancu z opeklinami na terenu. Urgentna medicina – izbrana poglavja 2021, str. 30–37.

[2] MDDZ, OSH Slovenija. Prva pomoč – opekline. https://www.msdz.gov.si/prva-pomoc/

[3] Omari, S. K., & Mosses, L. I. (2026). Strengthening rehabilitation to reduce burn contractures and disability in sub-Saharan Africa. Frontiers in Rehabilitation Sciences. https://doi.org/10.3389/fresc.2026.1687061

[4] Interburns. Improving burn care in Tanzania. https://interburns.org/news/improving-burn-care-in-tanzania

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