

Early ambulation in acute burn: A prospective audit

Paul Gittings¹, Gemma Tomlinson², Dale Edwick³, Pippa Kenworthy⁴, Fiona M Wood⁵, Dale W Edgar⁶.

1 State Adult Burn Unit, Fiona Stanley Hospital, Murdoch, WA; paul.gittings@health.wa.gov.au;

2 State Adult Burn Unit, Fiona Stanley Hospital, Murdoch, WA; gemma.tomlinson@health.wa.gov.au;

3 State Adult Burn Unit, Fiona Stanley Hospital, Murdoch, WA; dale.edwick@health.wa.gov.au;

4 State Adult Burn Unit, Fiona Stanley Hospital, Murdoch, WA; pippa.kenworthy@health.wa.gov.au;

5 State Adult Burn Unit, Fiona Stanley Hospital, Murdoch, WA; Fiona.wood@health.wa.gov.au;

6 State Adult Burn Unit, Fiona Stanley Hospital, Murdoch; Burn Injury Research Node, University of Notre Dame, Fremantle, WA; dale.edgar@health.wa.gov.au.

Cohort studies have supported early ambulation in the acute hospital environment, as a safe and beneficial practice. A study in our facility demonstrated ambulation on or by day three improved static standing balance significantly compared to matched, retrospective controls and enhanced functional recovery out to six months post-burn. With the transfer to a new facility, we embedded a prospective audit process to establish an accurate record of the timing of ambulation; and, its association with short and long term post-burn outcomes.

To date, the audit includes 74 patients. Data collected included location and size of burn, time to ambulation after the initial burn injury, type of surgery, time to ambulate after surgical intervention and length of stay. Post burn outcomes are being collected to examine the contribution of ambulation to functional and quality of life outcomes at six weeks and three months.

Preliminary analyses showed, 13 (17.5%) were managed without surgical intervention. For the 61 operative patients, the mean day to first ambulation post burn was three (3) days for all patients, and 1.74 days excluding patients admitted to ICU. Mean days to post-operative ambulation was 2.41 for all patients, and 1.29 excluding ICU patients.

Further analysis will explore the influence of total burn surface area, location of burn and type of surgery on the ability for burns patients to achieve early ambulation and the association with length of stay and long term outcome.

Key Words

Acute burn; skin graft; surgery; ambulation

Nominated Stream for Oral Presentations

Medical

Nursing

Allied Health

Scientific

Nominated Stream for Poster Presentations

Care

Prevention

Research

General instructions for preparing your abstract:

- Save this file to your desktop
- Please only capitalise the first word and pronouns in your abstract title
- Make sure you include all the authors and their organisation details in the abstract

- Highlight the presenting author by make his/her name bold
- Your abstract will appear on the web site and in the program book exactly as submitted