



# Spectrum

## Burn NP

Cynthia Saver, RN, MS, CCRC

**A** burn patient needs expert technical care and attention to the psychological upheaval that is often a part of burn injuries. Lana Parsons, MS, ANP-C, Burn Trauma Coordinator, Baltimore Regional Burn Center at The Francis Scott Key Medical Center (FSK), uses her skills as a nurse practitioner (NP) to make sure patients receive the care they so desperately need.

As an NP, Parsons is the primary care provider for the ambulatory burn patients she sees in the Emergency Department (ED). "I deliver primary burn care," she says, citing the example of a man with a serious burn on his hand. "I debrided [the burn], dressed it, prescribed pain medication, made the decision that he could go home, and scheduled him for burn clinic."

it, then decide what should be done next," she says. She also looks at how both patient and family are coping with the injury. The team: medical staff, nursing staff, psychologist, social worker, nutritionist, and physical and occupational therapists work with each patient. "The patient needs every single one of us to recover and go on with the business of his life," notes Parsons.

Parsons also manages the trauma database. "The leading cause of burn injury in adults is house fire; in children, it's scalds," she says. About 25% of admissions are children, and a third of those have been abused or neglected. Parsons is also active in burn education, both in the hospital and the community. "I do most of the paramedic education, and I lecture throughout Maryland to nurses and fire fighters." She's an affiliate faculty member for BLS and ACLS and a provider in PALS and Advanced Burn Life Support.

Before making a career change to burn care, Parsons was an NP in FSK's ambulatory medicine clinic for 14 years. She felt she "needed a challenge" and was attracted to the idea of learning a new field. She believes her nursing background gives her an important perspective on patients. "I look at the entire person," she says. "It's not just a 12% burn; it's a whole human being."



*Lana Parsons, MS, ANP-C*

Parsons, also active in the care of more seriously burned patients, sees herself as a resource for the nursing and medical staffs. "I perform technical tasks such as escharotomy, intubation, or inserting central lines; but although they're important, they're a small part of what I do. A lot of what I am responsible for is knowing how to assess and manage patients: I evaluate the size of the burn, calculate the fluid resuscitation formula, and determine which pain medication is most appropriate. Later, I address other issues, such as psychiatric needs."

Parsons makes rounds, performing ongoing assessments and taking action as necessary. "Much of my job is coordination," she says. This includes writing orders and making referrals as needed. In the burn clinic, she checks the patient's physical and emotional progress. "I clean the wound, examine

Parsons says that her job has frustrations, such as not knowing whether the patient will be among the about 8% who die from burn trauma. But, she says the rewards are substantial. "I like the variety. I do anything from paperwork to technical skills such as inserting lines to going on transports." Parsons enjoys seeing patients go home to resume their lives. "But the most exciting part," she says, "is when the patient stands on his own two feet and waves goodbye."

For more information, call the Baltimore Regional Burn Center Foundation at 410/550-0895.



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*Cynthia Saver, RN, MS, CCRC, is senior medical editor/writer at Adverceutics, Inc., in Laurel, Maryland.*



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