Philosophy of Rongxiang Xu

“All my work is for human lives. My lifelong pursuit is scientific research; I never stop inventing new technology to save people. Being a doctor, I can contact the patients to learn about their conditions and suffering, and it is my utmost pleasure to see their happy face after healing.”

Mission statement

To prevent and alleviate human suffering by conforming to law of life, spreading and promoting organ regeneration science!

Rongxiang Xu's Devotion and Prospect

Every single man has regenerative life!
Establish the world of regenerative humans!

National Rongxiang Xu Foundation, Inc. (formerly Regeneration X Foundation, Inc.) is a not for profit, charitable organization formed under Section 501(c)3 of the U.S. Internal Revenue Code. Donations to National Rongxiang Xu Foundation's Project are tax-deductible as charitable contributions for US federal income tax purposes. There are no donation limits or restrictions on contributions to National Rongxiang Xu Foundation's Project.

www.rxxf.org
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St. Paul, MN

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University of Washington Regional Burn Center
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AMERICAN BOARD OF SURGERY
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Shriners Hospitals for Children and University of California Davis
Sacramento, CA

EXECUTIVE DIRECTOR
Kimberly A. Hoarle, MBA, CAE
American Burn Association
Chicago, IL

FUTURE ABA MEETINGS

Las Vegas, NV  April 2–5, 2019
Orlando, FL  March 17–20, 2020
Chicago, IL  April 6–9, 2021
Las Vegas, NV  April 26–29, 2022
Dallas, TX  May 16–19, 2023
Chicago, IL  April 9–12, 2024
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<td>1969</td>
<td>Curtis P. Artz, MD*</td>
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<td>John A. Moncrief, MD*</td>
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<td>1972</td>
<td>Robert M. McCormack, MD, FACS*</td>
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<td>1973</td>
<td>Charles R. Baxter, MD, FACS*</td>
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<td>1974</td>
<td>Bruce G. Macmillan, MD*</td>
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<td>1975</td>
<td>John A. Boswick Jr., MD, FACS*</td>
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<td>1976</td>
<td>Basil A. Pruitt Jr., MD, FACS</td>
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<td>1977</td>
<td>William W. Monafo Jr., MD, FACS*</td>
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<td>1978</td>
<td>Alan R. Dimick, MD, FACS</td>
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<td>1979</td>
<td>Duane L. Larson, MD, FACS*</td>
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<td>1980</td>
<td>Arthur D. Mason Jr., MD*</td>
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<td>1983</td>
<td>Francis C. Nance, MD, FACS</td>
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<td>1984</td>
<td>P. William Curreri, MD, FACS</td>
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<tr>
<td>1985</td>
<td>J. Wesley Alexander, MD, ScD, FACS</td>
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<tr>
<td>1986</td>
<td>Martin C. Robson, MD, FACS</td>
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<td>1987</td>
<td>Joseph A. Moylan, MD, FACS*</td>
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<td>1988</td>
<td>David M. Heimbach, MD, FACS*</td>
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<td>1989</td>
<td>C. Gillon Ward, MD, FACS</td>
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<td>1990</td>
<td>Thomas L. Wachtel, MD, FACS*</td>
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<td>1991</td>
<td>Fred T. Caldwell Jr., MD, FACS*</td>
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<td>1992</td>
<td>Roger E. Salisbury, MD, FACS</td>
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<td>1996</td>
<td>Andrew M. Munster, MD, FRCS, FACS*</td>
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<td>1997</td>
<td>William F. McManus, MD, FACS*</td>
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<td>1998</td>
<td>Edwin A. Deitch, MD, FACS</td>
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<td>1999</td>
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<td>2000</td>
<td>John L. Hunt, MD, FACS</td>
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<td>Ronald G. Tompkins, MD, ScD, FACS</td>
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<td>2002</td>
<td>Jeffrey R. Saffle, MD, FACS</td>
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<td>2003</td>
<td>Marion H. Jordan, MD, FACS</td>
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<td>2004</td>
<td>Lynn D. Solem, MD, FACS</td>
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<td>2005</td>
<td>Richard L. Gamelli, MD, FACS</td>
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<tr>
<td>2006</td>
<td>Gary F. Purdue, MD, FACS*</td>
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<tr>
<td>2007</td>
<td>David G. Greenhalgh, MD, FACS</td>
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<tr>
<td>2008</td>
<td>Richard J. Kagan, MD, FACS</td>
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<tr>
<td>2009</td>
<td>G. Patrick Kealey, MD, FACS</td>
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<tr>
<td>2010</td>
<td>Robert L. Sheridan, MD, FACS</td>
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<tr>
<td>2011</td>
<td>Sidney F. Miller, MD, FACS*</td>
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<tr>
<td>2012</td>
<td>Nicole S. Gibran, MD, FACS</td>
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<tr>
<td>2013</td>
<td>Tina L. Palmieri, MD, FACS, FCCM</td>
</tr>
<tr>
<td>2014</td>
<td>Palmer Q. Bessey, MD, FACS, MS</td>
</tr>
<tr>
<td>2015</td>
<td>David H. Ahrenholz, MD, FACS</td>
</tr>
<tr>
<td>2016</td>
<td>Edward E. Tredget, MD, MSc, FRCS(c)</td>
</tr>
<tr>
<td>2017</td>
<td>Michael D. Peck, MD, ScD, FACS</td>
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*Deceased*
## Past Membership Officers (Board of Trustees)

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<th>Year</th>
<th>Name</th>
<th>Year</th>
<th>Name</th>
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<tr>
<td>1979–1981</td>
<td>Cornelia Kenner, RN, CCRN, MS*</td>
<td>1998–2002</td>
<td>Rosie Thompson, RN, MS</td>
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<tr>
<td>1980–1982</td>
<td>Peter A. Brigham, MSW*</td>
<td>1999–2003</td>
<td>Mary D. Gordon, RN, MS</td>
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<td>1982–1984</td>
<td>Carole L. Johnson, PhD</td>
<td>2001–2005</td>
<td>David R. Patterson, PhD</td>
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<td>1993–1996</td>
<td>Lesley E. Robinson, RN, MS</td>
<td>2012–2016</td>
<td>Michael A. Serghiou, OTR, MBA</td>
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*Deceased

## Past 2nd Vice Presidents (Board of Trustees)

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<th>Year</th>
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<th>Year</th>
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<tr>
<td>1990–1991</td>
<td>Carlos Blanco, MD</td>
<td>2000–2002</td>
<td>Daniel L. Traber, PhD*</td>
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<td>1995–1996</td>
<td>Stanley Leveson, MD</td>
<td>2010–2012</td>
<td>Steven T. Boyce, PhD</td>
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<tr>
<td>1997–1998</td>
<td>John P. Remensnyder, MD, FACS*</td>
<td>2014–2017</td>
<td>Ernest J. Grant, RN, BSN, MS, PhD, FAAN</td>
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</table>

*Deceased
GENERAL INFORMATION

2018 ANNUAL MEETING HIGHLIGHTS

• New Member Welcome Breakfast & International Attendee Welcome Breakfast
• Local Burn Center Tours
• Opening Ceremony, Awards & Presidential Address: A Half Century of Knowledge & Progress: The ABA at 50
• Presidential Plenary: The American Burn Association: 50 Years of Progress and Beyond
• Quinquennial: Prevention and Treatment of Burn Scarring: Then and Now
• Fundamentals of Burn Care: Designed to provide basic information for the novice burn care provider
• Burn Center Leadership Boot Camp: Multi-disciplinary session with focus on leadership and team building in the burn unit
• ABuRN Town Hall: The ABuRN Director and clinical researchers will review the progress of current studies and discuss the status of future projects
• ABA Business Meeting: Learn about what is happening in the ABA and elect the next leadership
• Fitness classes: Zumba and Yoga offered to help you keep active
• Advanced Burn Life Support: Special pre-conference programs for Providers and Instructors are offered

NEW THIS YEAR

• Disciplines, Topics & Educational Levels—Use the ABA mobile app or the online schedule to find sessions by discipline, topic and educational level
• Changing Places: Off-site at the Chicago Fire Academy—Experience a hands-on opportunity to better understand the training of professional firefighters
• Special SIG educational sessions with guest speakers and CEUs—New this year, 8 SIG meetings will be offering CEUs for attendees; special guest speakers
• Gotham Shield Tabletop Exercise—In-depth, participatory course conducting a critical analysis of the ABA’s response to a disaster situation
• Advanced Burn Provider Course (ABPC)—New pre-conference education with hands-on simulation

EXHIBIT HALL HOURS

Tuesday, April 10
3:00 pm–7:00 pm
5:00 pm–7:00 pm | Opening Reception

Wednesday, April 11
9:30 am–2:00 pm
4:00 pm–7:00 pm
5:30 pm–7:00 pm | Wine & Cheese Reception

Thursday, April 12
9:30 am–2:00 pm

REGISTRATION HOURS

Sunday, April 8
4:00 pm–6:00 pm

Monday, April 9
7:00 am–6:00 pm

Tuesday, April 10
7:00 am–6:00 pm

Wednesday, April 11
6:00 am–6:00 pm

Thursday, April 12
6:00 am–4:30 pm

Friday, April 13
7:00 am–4:30 pm

SPEAKER READY ROOM

The Speaker Ready Room is located in the Mobley room on the Lower Level of the Hilton. All presenters must visit the room and upload their presentations to the AV system at least the day before the presentation is to be made. Please make sure your presentation is in its final form as once it is uploaded, no changes can be made. Please do not bring your computer into your session.

The Speaker Ready Room will be open during the following hours and staffed with a technician to assist with any questions.

Tuesday, April 10
7:00 am–5:00 pm

Wednesday, April 11
7:00 am–5:00 pm

Thursday, April 12
7:00 am–5:00 pm

Friday, April 13
7:00 am–2:00 pm

ABA MOBILE APP

Download the ABA Mobile App to view all session information, abstracts, speakers, authors and room locations. For more information view the flyer in your registration bag. The password is: aba2018
TYPES OF SESSIONS

Correlatives
The Correlative Sessions showcase new, cutting-edge research on clinical management, basic science and other burn care issues through multiple short presentations by investigators of accepted abstracts. These presentations are followed by a question and answer period allowing for an exchange of ideas and additional learning. Abstracts are grouped by topic with sessions running concurrently.

Objectives:
• Discuss the results of cutting-edge scientific clinical management or basic science research and other burn issues.
• Identify opportunities to improve care of the burn injured patient.

Plenary Sessions
The Plenary Sessions provide opportunities for all attendees to learn about topics of interest to the multi-disciplinary team of burn care professionals.

Educational Forums
Concurrently running sessions that provide more in depth education on specific topics. These include four-hour courses (conducted over two-days), two-hour educational forums, workshops and other formats. These may have target audiences or be multi-disciplinary in focus. Any attendees with interest in the topic are welcome to attend. Room hopping is encouraged.

Symposia
The Symposia are small group interactive sessions to allow peer learning. Moderators are instructed to come prepared to introduce at least four problems areas and to facilitate discussion around solutions. Participants should come prepared to participate with their own burn unit practice successes, failures and questions.

Objectives:
• Discuss important issues within the burn field.
• Identify practice successes, failures and questions related to your burn unit.

Poster Rounds
Poster Rounds provide an opportunity to explore a topic in-depth with a small group of researchers led by experts in the field. Each researcher in the topic area will briefly present their work for the group.

Objectives:
• Discuss the results of cutting-edge scientific clinical management or basic science research and other burn issues.
• Identify opportunities to improve care of the burn injured patient.

CE CREDIT INFORMATION

Contact hours are awarded after verification of an individual’s full attendance and successful completion of an online evaluation form. Please see specific educational activities for details on CE hours and accreditation status.

The American Burn Association is Accredited by the following organizations:

Physician Credit (CME)
The American Burn Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American Burn Association takes responsibility for the content, quality, and scientific integrity of this CME activity.

The American Burn Association designates this live activity for a maximum of 37 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Social Workers
This program is Approved by the National Association of Social Workers (Approval #886775310-6577) for 10.5 continuing education contact hours.

Other Organizations
This program has been submitted to the following organizations for approval to award contact hours:
• The American Association of Neuroscience Nurses
• Commission on Dietetic Registration
• American Occupational Therapy Association, Inc.
• Illinois Physical Therapy Association

OBTAINING CE CREDIT

CE credit is awarded based on participation in the learning activities. CME credits can be claimed online at https://www.cteus.com/amburn_ceu. Credit is calculated on a quarter hour basis.

For up to date information and detailed instructions please visit the Annual Meeting Education webpage http://ameriburn.org/education/annual-meeting/education/.
### COMMITTEE MEETINGS

Committees support the mission of the ABA. In 2018, newly appointed committee members are invited to attend and observe the meetings. For a list of the 2017–2018 Committee members visit [www.ameriburn.org](http://www.ameriburn.org).

<table>
<thead>
<tr>
<th>MONDAY, APRIL 9</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Burn Registry Committee</td>
<td>8:00 am–9:30 am</td>
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<tr>
<td>BSAP - Burn Science Advisory Panel (Closed)</td>
<td>8:00 am–12:00 pm</td>
<td>4D</td>
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<tr>
<td>Burn Prevention Committee</td>
<td>8:00 am–2:00 pm</td>
<td>Salon A-1 - LL</td>
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<td>MAC - Membership Advisory Committee</td>
<td>8:00 am–4:00 pm</td>
<td>Salon A-3 - LL</td>
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<td>BQIP Committee</td>
<td>9:30 am–10:00 am</td>
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<tr>
<td>NBR Committee</td>
<td>10:00 am–11:30 am</td>
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<tr>
<td>Professional Certification Committee</td>
<td>10:00 am–11:30 am</td>
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<td>International Outreach Committee</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-4 - LL</td>
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<td>Government Affairs Committee</td>
<td>10:00 am–12:00 pm</td>
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<tr>
<td>ABLS Committee</td>
<td>1:00 pm–3:00 pm</td>
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<tr>
<td>Elderly Care Committee</td>
<td>1:00 pm–3:30 pm</td>
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<td>ODBC - Organization &amp; Delivery of Burn Care</td>
<td>1:00 pm–4:00 pm</td>
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<td>Audit Committee</td>
<td>2:00 pm–3:00 pm</td>
<td>PDR 1 - 3rd</td>
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<td>Rehabilitation Committee</td>
<td>2:00 pm–3:30 pm</td>
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<td>Research Committee</td>
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<tr>
<td>Ethics Committee</td>
<td>3:00 pm–4:00 pm</td>
<td>PDR 1 - 3rd</td>
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<td>Aftercare Reintegration Committee</td>
<td>3:00 pm–5:00 pm</td>
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<td>Verification Committee (Closed)</td>
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<tr>
<td>Board of Trustees (Closed)</td>
<td>8:00 am–3:00 pm</td>
<td>McCormick Boardroom - 4th</td>
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<tr>
<td>Archives Committee (Closed)</td>
<td>4:00 pm–5:00 pm</td>
<td>Pullman Boardroom - 4th</td>
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<td>JBCR Editorial Meeting (Closed)</td>
<td>12:15 pm–1:45 pm</td>
<td>Marquette Room - 3rd</td>
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<td>Board of Trustees (Closed)</td>
<td>8:30 am–11:30 am</td>
<td>McCormick Boardroom - 4th</td>
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SPECIAL INTEREST GROUP (SIG) MEETINGS

SIG meetings provide an opportunity for the exchange of ideas, networking with colleagues, and information sharing. SIG meetings are included in your registration and all ABA meeting participants are encouraged to attend. For SIG descriptions, visit www.ameriburn.org.

<table>
<thead>
<tr>
<th>MONDAY, APRIL 9</th>
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<tbody>
<tr>
<td>Federation of Burn Foundations</td>
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<tr>
<td>SIG: Motivating Millennials to Volunteer *</td>
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<td>Canadian SIG</td>
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<tr>
<th>TUESDAY, APRIL 10</th>
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<tr>
<td>OT/PT SIG: Tips and Tricks for Burn Therapists—Serial Casting *</td>
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<tr>
<td>Nursing SIG</td>
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<td>Nutrition SIG</td>
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<tr>
<td>Disaster SIG: Disaster Preparedness *</td>
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<td>Reconstructive SIG</td>
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<tr>
<td>Burn Prevention &amp; Epidemiology SIG: Evaluation of Prevention Efforts *</td>
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<td>Burn Registry SIG</td>
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<td>APRN/PA SIG: Treating the Burn Patient with a History of Polysubstance Abuse *</td>
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<td>Pediatric SIG</td>
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<td>Pharmacy SIG</td>
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<td>Burn Survivor &amp; Reintegration SIG: Understanding Intimacy: Bringing Connection and Body Together *</td>
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<td>Fluid Resuscitation SIG</td>
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<tr>
<td>Burn Camp SIG: The Intentional Camp: How to Put More Muscle in Our Mission by Making Sure We Really Do What We Say We are Doing *</td>
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<td>Fire Fighter SIG</td>
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<td>Bioengineering/Biophysics SIG</td>
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<td>Anesthesiology/Respiratory SIG</td>
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<tr>
<td>Psychosocial SIG: Behavioral and Cognitive Changes After an Electrical Injury *</td>
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*CEUs offered
The Firefighters Burn Center at Regional One Health is proud to join the ABA in celebrating 50 years of advances in research, care, and prevention of burns. As the only verified burn center in a 4-state region, we’re proud to join the ABA in helping burn survivors return to normal, productive lives as quickly as possible.

thank you
FOR YOUR COMMITMENT TO THE FUTURE OF BURN CARE.
## PROGRAM OVERVIEW

### MONDAY, APRIL 9
- **7:30 am–5:00 pm** ABLS Provider Course
- **7:30 am–5:00 pm** Committee Meetings
- **12:00 pm–1:30 pm** IAC/Government Affairs Luncheon
- **6:00 pm–10:00 pm** SIG Meetings

### TUESDAY, APRIL 10
- **7:30 am–4:00 pm** ABLS Instructor Course
- **7:30 am–5:00 pm** Advanced Burn Provider Course
- **8:00 am–4:30 pm** Board of Trustees Meeting
- **8:00 am–5:00 pm** SIG Meetings
- **11:30 am–1:00 pm** Board & Committee Chair Luncheon
- **1:00 pm–5:00 pm** Burn Center Leadership Boot Camp
- **1:00 pm–5:00 pm** Fundamentals of Burn Care
- **4:15 pm–5:45 pm** ABuRN Town Hall
- **5:00 pm–7:00 pm** Opening Reception in the Exhibit Hall

### WEDNESDAY, APRIL 11
- **6:15 am–7:00 am** Zumba
- **6:30 am–7:45 am** Sunrise Symposia
- **7:00 am–7:45 am** New Member/First Time Attendee Breakfast
- **8:00 am–9:30 am** Opening Ceremony/Presidential Address and Awards
- **9:30 am–10:00 am** Coffee in the Exhibit Hall
- **10:00 am–12:00 pm** Correlatives & Educational Forums
- **12:30 pm–1:45 pm** Lunch Symposia/Educational Forums
- **2:00 pm–4:00 pm** Educational Forums
- **4:15 pm–6:00 pm** Changing Places Session
- **4:15 pm–6:00 pm** Burn Center Tours

### THURSDAY, APRIL 12
- **6:15 am–7:00 am** Yoga
- **6:30 am–7:45 am** Sunrise Symposia
- **7:00 am–7:45 am** International Attendee Breakfast
- **8:00 am–9:30 am** Plenary Session: Quinquennial
- **9:30 am–10:00 am** Coffee in the Hall
- **10:00 am–12:00 pm** Correlatives & Educational Forums
- **12:00 pm–2:00 pm** Lunch in the Exhibit Hall
- **12:30 pm–1:30 pm** Poster Rounds
- **2:00 pm–4:00 pm** Educational Forums
- **4:15 pm–5:30 pm** Year in Review
- **4:15 pm–6:00 pm** Changing Places Session
- **4:15 pm–6:00 pm** Burn Center Tours

### FRIDAY, APRIL 13
- **6:30 am–7:45 am** Top Sunrise Symposia
- **8:00 am–9:30 am** Presidential Plenary: The ABA: 50 Years of Progress & Beyond
- **10:00 am–12:00 pm** Correlatives
- **10:00 am–12:00 pm** Best in Category Posters
- **12:30 pm–1:45 pm** Lunch Symposia/Educational Forums
- **2:00 pm–4:00 pm** Educational Forums
- **4:15 pm–6:00 pm** Business Meeting
- **7:00 pm–12:00 am** 50th Year Celebration Banquet

### LOCATION KEY
- **LL** Lower Level
- **L** Lobby Level
- **2nd** 2nd Floor
- **3rd** 3rd Floor

Meetings on the 4th floor are rooms 4A–4M
## DETAILED PROGRAM SCHEDULE

### MONDAY, APRIL 9

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABLS Provider Course</td>
<td>7:30 am–5:00 pm</td>
<td>Joliet Room - 3rd</td>
</tr>
<tr>
<td>Committee Meetings</td>
<td>8:00 am–8:00 pm</td>
<td>See page 6</td>
</tr>
<tr>
<td>IAC Government Affairs Lunch</td>
<td>12:00 pm–1:30 pm</td>
<td>Marquette Room - 3rd</td>
</tr>
<tr>
<td>SIG Meetings</td>
<td>6:00 pm–10:00 pm</td>
<td>See page 7</td>
</tr>
</tbody>
</table>

### TUESDAY, APRIL 10

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABLS Instructor Course</td>
<td>7:30 am–4:00 pm</td>
<td>Continental Ballroom A - L</td>
</tr>
<tr>
<td>ABPC: Advanced Burn Provider Courses</td>
<td>8:00 am–5:00 pm</td>
<td>4M</td>
</tr>
<tr>
<td>SIG Meetings</td>
<td>8:00 am–5:00 pm</td>
<td>See page 7</td>
</tr>
<tr>
<td>Board of Trustees Meeting</td>
<td>8:00 am–3:00 pm</td>
<td>McCormick Boardroom - 4th</td>
</tr>
<tr>
<td>Board and Committee Chair Luncheon</td>
<td>11:30 am–1:00 pm</td>
<td>Marquette - 3rd</td>
</tr>
<tr>
<td>Burn Center Leadership Boot Camp</td>
<td>1:00 pm–5:00 pm</td>
<td>Salon A-1 - LL</td>
</tr>
<tr>
<td>Fundamentals of Burn Care</td>
<td>1:00 pm–5:00 pm</td>
<td>Salon A-5 - LL</td>
</tr>
<tr>
<td>Archives Committee</td>
<td>4:00 pm–5:00 pm</td>
<td>Pullman Boardroom - 4th</td>
</tr>
<tr>
<td>ABuRN Town Hall</td>
<td>4:15 pm–5:45 pm</td>
<td>Salon A-4 - LL</td>
</tr>
<tr>
<td>Opening Reception</td>
<td>5:00 pm–7:00 pm</td>
<td>Stevens Salon C&amp;D - LL</td>
</tr>
<tr>
<td>Sponsored Symposia: Advanced Techniques for Durable Closure of Burns</td>
<td>7:00 pm–8:30 pm</td>
<td>Continental A - L</td>
</tr>
</tbody>
</table>

### WEDNESDAY, APRIL 11

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zumba</td>
<td>6:15 am–7:00 am</td>
<td>4L</td>
</tr>
<tr>
<td>Sunrise Symposia</td>
<td>6:30 am–7:45 am</td>
<td>See page 19</td>
</tr>
<tr>
<td>New Member/First Time Attendee Breakfast</td>
<td>7:00 am–7:45 am</td>
<td>Continental Ballroom A - L</td>
</tr>
<tr>
<td>Opening Ceremony, Presidential Address &amp; Awards</td>
<td>8:00 am–9:30 am</td>
<td>International Ballroom - L</td>
</tr>
<tr>
<td>Coffee with exhibitors</td>
<td>9:30 am–10:00 am</td>
<td>Stevens Salon C&amp;D - LL</td>
</tr>
<tr>
<td>Correlative I - Critical Care: Clinical I</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-2 - LL</td>
</tr>
<tr>
<td>Correlative II - Nursing/ Outpatient Burn Management</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-5 - LL</td>
</tr>
<tr>
<td>Correlative III - Public Health/ Epidemiology/ Prevention I</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-3 - LL</td>
</tr>
<tr>
<td>Correlative IV - Quality I</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-1 - LL</td>
</tr>
<tr>
<td>Correlative V - Wounds: Translation Science</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-4 - LL</td>
</tr>
<tr>
<td>Fire Fighter I: Carbon Monoxide &amp; Cyanide Poisoning—</td>
<td>10:00 am–12:00 pm</td>
<td>Continental Ballroom A - L</td>
</tr>
<tr>
<td>How They Affect Fire Fighters</td>
<td></td>
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</tr>
<tr>
<td>Rehabilitation Workshop: Burn Pain Management—What’s a Therapist to Do?</td>
<td>10:00 am–12:00 pm</td>
<td>Continental Ballroom B - L</td>
</tr>
<tr>
<td>Lunch in the exhibit hall</td>
<td>12:00 pm–1:45 pm</td>
<td>Stevens Salon C&amp;D - LL</td>
</tr>
<tr>
<td>Poster Rounds</td>
<td>12:30 pm–1:30 pm</td>
<td>Stevens Salon C&amp;D - LL</td>
</tr>
<tr>
<td>Operation Gotham Shield: An In-depth Examination of the Current Framework for Response to Burn Disaster (2-day)</td>
<td>2:00 pm–4:00 pm</td>
<td>Continental Ballroom B - L</td>
</tr>
<tr>
<td>Burn Reconstruction: Part 1 (2-day)</td>
<td>2:00 pm–4:00 pm</td>
<td>Continental Ballroom A - L</td>
</tr>
</tbody>
</table>
### Management of Vasodilatory Shock in the Care of Severe Burns
2:00 pm–4:00 pm  
Salon A-5 - LL

### It’s Not All About the Patient—What about the Staff?
2:00 pm–4:00 pm  
Salon A-2 - LL

### Stem Cells in Burn Injury
2:00 pm–4:00 pm  
Salon A-4 - LL

### Current Understanding of Exercise Science in Burns
2:00 pm–4:00 pm  
Salon A-1 - LL

### Social Reintegration: Helping Survivors and their Families Re-engage in their Communities
2:00 pm–4:00 pm  
Salon A-3 - LL

### Top 5 Abstracts Presented
4:15 pm–5:30 pm  
International Ballroom - L

### Wine & Cheese Reception with Exhibitors
5:30 pm–7:00 pm  
Stevens Salon C&D - LL

### Sponsored Symposia: Novel and Specific Real-time Tools for Reducing the Incidence and Impact of Infections
7:00 pm–8:30 pm  
Continental B - L

### Sponsored Symposia: Incorporating Laser Scar Therapy: Business Model and Clinical Evidence
7:00 pm–8:30 pm  
Continental A - L

### THURSDAY, APRIL 12

#### Yoga
6:15 am–7:00 am  
4L

#### Sunrise Symposia
6:30 am–7:45 am  
See page 30

#### International Attendee Breakfast
7:00 am–7:45 am  
Marquette Room - 3rd

#### Prevention and Treatment of Burn Scarring: Then and Now
8:00 am–9:30 am  
International Ballroom - L

#### Coffee with exhibitors
9:30 am–10:00 am  
Stevens Salon C&D - LL

#### Correlative VI - Critical Care: Clinical II
10:00 am–12:00 pm  
Salon A-2 - LL

#### Correlative VII - Nutrition
10:00 am–12:00 pm  
Salon A-3 - LL

#### Correlative VIII - Pain and Itch / Psychosocial
10:00 am–12:00 pm  
Salon A-4 - LL

#### Correlative IX - Quality II
10:00 am–12:00 pm  
Salon A-1 - LL

#### Correlative X - Reconstruction
10:00 am–12:00 pm  
Salon A-5 - LL

#### Fire Fighter II: Creating Therapeutic Community Reintegration Programs: A Collaboration between Clinicians and Fire Fighters
10:00 am–12:00 pm  
Continental Ballroom A - L

#### Prevention Workshop: The American Burn Association’s 50 Years of Prevention
10:00 am–12:00 pm  
Continental Ballroom B - L

#### Lunch in the exhibit hall
12:00 pm–1:45 pm  
Stevens Salon C&D - LL

#### JBCR Editorial Meeting
12:15 pm–1:45 pm  
Marquette Room - 3rd

#### Poster Rounds
12:30 pm–1:30 pm  
Stevens Salon C&D - LL

#### Operation Gotham Shield, Part 2: An In-depth Examination of the Current Framework for Response to Burn Disaster
2:00 pm–4:00 pm  
Continental Ballroom B - L

#### Burn Reconstruction: Part 2
2:00 pm–4:00 pm  
Continental Ballroom A - L

#### A Shared 50th Anniversary with the ABA: Acute Respiratory Distress Syndrome (ARDS) in the Burn Patient
2:00 pm–4:00 pm  
Salon A-5 - LL

#### Is the Clinical Work Environment in Your Burn Center Affecting Patient Outcomes?
2:00 pm–4:00 pm  
Salon A-1 - LL

#### Working with the Psychiatrically Challenged Burn Patient
2:00 pm–4:00 pm  
Salon A-3 - LL

#### The Research Continuum: From Database and Big Data to Quality Improvement Projects
2:00 pm–4:00 pm  
Salon A-2 - LL
## Detailed Program Schedule

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Year in Review: The Top Journal Publications</td>
<td>4:15 pm–5:30 pm</td>
<td>Continental Ballroom A - L</td>
</tr>
<tr>
<td>Changing Places</td>
<td>4:15 pm–6:00 pm</td>
<td>8th Street Entrance</td>
</tr>
<tr>
<td>Burn Center Tour: Loyola University Medical Center</td>
<td>4:15 pm–6:00 pm</td>
<td>8th Street Entrance</td>
</tr>
<tr>
<td>Burn Center Tour: University of Chicago Medical Center</td>
<td>4:15 pm–6:00 pm</td>
<td>8th Street Entrance</td>
</tr>
<tr>
<td><strong>FRIDAY, APRIL 13</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Pediatric Hand Burn: Getting it Right the First Time</td>
<td>6:30 am–7:45 am</td>
<td>Boulevard A - 2nd</td>
</tr>
<tr>
<td>Achieving Superior Outcomes with Challenging Burns to the Face, Neck and Hands</td>
<td>6:30 am–7:45 am</td>
<td>Boulevard B - 2nd</td>
</tr>
<tr>
<td>How Do We Deal with the Opioid Crisis and Still Provide our Patients with Adequate Pain Control?</td>
<td>6:30 am–7:45 am</td>
<td>Boulevard C - 2nd</td>
</tr>
<tr>
<td>Update from American Board of Surgery on Maintenance of Certification and Specialty Practice Designation</td>
<td>6:30 am–7:45 am</td>
<td>Joliet Room - 3rd</td>
</tr>
<tr>
<td>The American Burn Association: 50 Years of Progress and Beyond</td>
<td>8:00 am–9:30 am</td>
<td>International Ballroom - L</td>
</tr>
<tr>
<td>Break</td>
<td>9:30 am–10:00 am</td>
<td></td>
</tr>
<tr>
<td>Correlative XI - Critical Care: Clinical III</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-2 - LL</td>
</tr>
<tr>
<td>Correlative XII - Public Health/Epidemiology/Prevention II</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-3 - LL</td>
</tr>
<tr>
<td>Correlative XIII - Rehabilitation</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-5 - LL</td>
</tr>
<tr>
<td>Correlative XIV - Wounds: Clinical</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-1 - LL</td>
</tr>
<tr>
<td>Correlative XV - Critical Care: Translation Science</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A-4 - LL</td>
</tr>
<tr>
<td>Best in Category Posters</td>
<td>10:00 am–12:00 pm</td>
<td>Salon A Foyer - LL</td>
</tr>
<tr>
<td>Lunch Symposia</td>
<td>12:30 pm–1:45 pm</td>
<td>See page 40</td>
</tr>
<tr>
<td>Fundamentals of Laser Practice</td>
<td>12:30 pm–1:45 pm</td>
<td>Marquette Room - 3rd</td>
</tr>
<tr>
<td>Ethics of Burn Research: From Bench to Bedside to Publication</td>
<td>12:30 pm–1:45 pm</td>
<td>Salon A-4 - LL</td>
</tr>
<tr>
<td>Social Integration of the Burn Survivor: Innovations Using Cutting Edge Technology</td>
<td>12:30 pm–1:45 pm</td>
<td>Continental B - L</td>
</tr>
<tr>
<td>MAC Forum: Firefighter Burn Injuries and the Role of the Burn Team</td>
<td>2:00 pm–4:00 pm</td>
<td>Salon A-3 - LL</td>
</tr>
<tr>
<td>Controversies in Modern Burn Care: The Pro Con Debate</td>
<td>2:00 pm–4:00 pm</td>
<td>Salon A-5 - LL</td>
</tr>
<tr>
<td>Managing Blast and Crush Injuries</td>
<td>2:00 pm–4:00 pm</td>
<td>Salon A-1 - LL</td>
</tr>
<tr>
<td>Burn Care for Elderly Patients</td>
<td>2:00 pm–4:00 pm</td>
<td>Salon A-2 - LL</td>
</tr>
<tr>
<td>ABA Business Meeting</td>
<td>4:15 pm–6:00 pm</td>
<td>Marquette Room - 3rd</td>
</tr>
<tr>
<td>Annual Banquet</td>
<td>7:00 pm–12:00 am</td>
<td>Grand Ballroom</td>
</tr>
<tr>
<td><strong>SATURDAY, APRIL 14</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board of Trustees</td>
<td>8:00 am–11:30 am</td>
<td>McCormick Boardroom - 4th</td>
</tr>
</tbody>
</table>
The Advanced Burn Life Support Provider Course is an eight-hour course for physicians, nurses, physician assistants, nurse practitioners, therapists, paramedics and anyone who may come into contact with a burn injured patient within the first 24 hours. The course provides guidelines in the assessment and management of the burn patient during the first 24 hours post injury. Following a series of lectures, case studies are presented for group discussions. You will be given the opportunity to work with a simulated burn patient to reinforce the assessment, stabilization, and the American Burn Association transfer criteria to a Burn Center. Final testing consists of a written exam and a practical assessment.

As a result of attending this activity, the learner should be able to:

- Evaluate a patient with a serious burn.
- Define the magnitude and severity of the injury.
- Identify and establish priorities of treatment.
- Manage the airway and support ventilation.
- Initiate and monitor fluid resuscitation.
- Apply correct methods of physiological monitoring.
- Determine which patients should be transferred to a burn center.
- Organize and conduct the inter-hospital transfer of a seriously injured burn patient.
- Describe basic care, triage and transfer in the event of a disaster.
Grupo Piccolo congratulates ABA for Fifty years of Progress in Burn Care!

“Pronto Socorro para Queimaduras” Jointly Celebrating Fifty Years 1968-2018

Grupo Piccolo enthusiastically celebrates ABA as our beloved institution also turns fifty on April 1st. Since 1968, Grupo Piccolo has dedicated itself to pioneering burn research and advocating for excellence in integrative treatment of the whole patient.

Natalia de Paula Piccolo, MD
Paulo de Paula Piccolo, MD
Nelson de Paula Piccolo, MD
Silvia Piccolo Daher, MD
Roberta Piccolo Lobo, MD
Ricardo Piccolo Daher, MD
Maria Thereza Sarto Piccolo, MD, PhD
Nelson Sarto Piccolo, MD
Monica Sarto Piccolo, MD, MSc, PhD

In Memoriam, Emilia Ilda Sarto Piccolo, JD (1931 - 2017)
In Memoriam, Nelson Piccolo, MD (1927 - 1988)
CONGRATULATIONS

to the ABA on 50 years
of advancing burn care!

FROM THE FIREFIGHTERS OF THE DISTRICT OF COLUMBIA
SIG MEETINGS
See page 7.

COURSES

ABLS INSTRUCTOR COURSE
7:30 am–4:00 pm | Continental Ballroom A - L
The Advanced Burn Life Support Instructor Course is a 4.5-hour course for physicians, nurses, physician assistants, and nurse practitioners. A prerequisite is successful completion of an ABLS Provider Course. Instructors should have: (1) demonstrated experience in providing burn care; (2) an interest in the content of the course and the process of teaching; and (3) a commitment to serve as a faculty member for the ABLS Provider courses. Following a lecture on “Teaching How to Teach,” you will present a five-minute mini-lecture on an assigned topic, lead a group discussion of case studies, and lead a patient assessment stabilization scenario. The ABLS Coordinator session will take place at the conclusion of the ABLS Instructor course. This is an optional question and answer session for attendees that are interested in coordinating an ABLS Provider course.

As a result of attending this activity, the learner should be able to:
• Define teaching and learning.
• Explain the relationship of the definitions of teaching and learning to a philosophy of teaching.
• Describe four teaching strategies and their application to the instructional sessions included in the ABLS Course.
• Describe three components of the lecture.
• Identify three levels of cognitive questions and give two examples of each.
• Describe the relationship of the group discussion and the medical problem-solving process teaching strategies to the case study and case simulation sessions in the ABLS Course.

• Review four concepts concerning the adult learner.
• Demonstrate teaching skills: microteaching, case study and case simulation sessions.

THE ADVANCED BURN PROVIDER COURSE (ABPC)
8:00 am–5:00 pm | 4M
New this year, the ABPC is targeted to early career providers. It is a hands-on, simulation course introducing the clinical skills required to assess and manage common complications in adult and pediatric patients with burn injuries. Skills such as wound management, skin substitute selection and placement and escharotomy will be taught.

The goal of the course is to improve the standard of burn care by educating providers with a need-driven curriculum that addresses common deficiencies in burn care as identified in a national multidisciplinary needs assessment. The course is not intended to serve as a substitute for burn fellowship training or situations that require clinical reasoning beyond the scope of today’s content. It is the expectation that providers that participate in the course will gain an understanding and an introduction to the clinical skills required to assess and manage common complications in adult and pediatric patients with burn injuries.

Expert faculty include:
Jeffrey E. Carter, MD
Louisiana State University Health Sciences Center
New Orleans, LA

Chris K. Craig, PA-C, MMS
Wake Forest Baptist Health
Winston Salem, NC

James H. Holmes IV, MD
Wake Forest Baptist Health
Winston Salem, NC

James E. Johnson, PhD
Wake Forest Baptist Health
Winston Salem, NC

Steve A. Kahn, MD
University of Southern Alabama
Mobile, AL
EDUCATIONAL FORUMS

BURN CENTER LEADERSHIP BOOT CAMP | F-093
1:00 pm–5:00 pm | Salon A-1 - LL
Course Directors: David T. Harrington, MD, Brad Wiggins, RN, BSN

Running a burn center is not just taking care of patients but being an administrator, a manager and a leader. Many practitioners are put in leadership positions in burn centers without any training in team building and leadership. Leadership skills, in all disciplines and on all levels, can increase productivity and effectiveness.

As a result of attending this activity, the learner should be able to:

- Identify available resources for leaders and managers.
- Identify team building opportunities.
- Discuss the importance of communication skills among all team members.
- Describe the impact leaders can have on the quality of care.

1:00 pm–1:10 pm | Introduction
David T. Harrington, MD

1:10 pm–1:45 pm | The Feeding and Watering of Your Burn Center
Rajiv Sood, MD

1:45 pm–2:20 pm | Don’t be an Island - Ask for Help!
Palmer Q. Bessey, MD, MS

2:20 pm–2:55 pm | Building a Team with Millennials
J. Bradley Wiggins, RN, BSN

2:55 pm–3:30 pm | Developing Community Relationships
Charles J. Yowler, MD

3:30 pm–4:05 pm | Quality Improvement—Getting It Done!!
David T. Harrington, MD

4:05 pm–4:40 pm | ABA Verification PRQ: How to Find and Close Gaps
Gretchen J. Carrougher, RN, MN

4:40 pm–5:00 pm | Questions & Answers

FUNDAMENTALS OF BURN CARE | F-094
1:00 pm–5:00 pm | Salon A-5 - LL
Course Directors: Anjay Khandelwal, MD; Jeffrey S. Litt, DO; Miranda L. Yelvington, MS, OTR/L, BCPR

Rehabilitation for the burn patient begins on the day of the injury and can continue for a number of months to years after discharge. Managing the initial injury and throughout the rehabilitative phase requires knowledge and various skills on the part of the burn therapist to successfully achieve functional outcomes. In addition to formal rehabilitative sessions within the burn center, aftercare programs also play an important role in the patient’s physical and emotional recovery. This is an important component to burn care that all team members should be aware of which will help to provide a cohesive plan of care for the patients.

As a result of attending this activity, the learner should be able to:

- Discuss the assessment of rehabilitative needs of the burn patient.
- Demonstrate basic knowledge of splint application.
- List the types and benefits of aftercare programs for burn patients.

1:00 pm–1:10 pm | Introduction
Jeffrey S. Litt, DO; Miranda Yelvington, MS, OTR/L, BCPR

1:10 pm–1:40 pm | Panel Discussion: Involving the Family with Therapy; Interaction Dynamics and Challenging Situations
Shelley A. Wiechman, PhD, ABPP; Jessica Irven, MS, LTR/CTRS, CCLS; Viral Murthy, MD; Miranda Yelvington, MS, OTR/L, BCPR

1:40 pm–1:50 pm | Proper Application of Dressings and Burn Wound Wrapping: Tips and Techniques to Encourage Function
Trudy J. Boulter, OTR, BS, CHT

1:50 pm–2:30 pm | Hands-on Breakout Session: Proper Application of Dressings and Burn

1:50 pm–2:30 pm | Hands-on Breakout Session: Wound Wrapping: Tips and Techniques to Encourage Function

2:30 pm–3:00 pm | Addressing Patient and Family Concerns about Outcomes and Appearance
Shelley A. Wiechman, PhD, ABPP; Michael Serghiou, OTR, MBA; Anjay Khandelwal, MD; Andrea Rubin, BA

3:00 pm–3:15 pm | Break

3:15 pm–3:25 pm | Scar Science
Bernadette Nedelec, PhD, BSc, OT

3:25 pm–3:55 pm | Hands-on Breakout Session: Approaches to Management of Difficult Burn Scars
Michael A. Serghiou, OTR, MBA

3:55 pm–4:05 pm | Burn Splinting
Michael A. Serghiou, OTR, MBA

4:05 pm–4:45 pm | Hands-on Breakout Session: Application of Splints and Patient Positioning to Facilitate Range of Motion and Function

4:45 pm–5:00 pm | Questions & Answers

#ABA50th | 17
ABuRN TOWN HALL | F-095
4:15 pm–5:45 pm | Salon A-4 - LL
Director: James H. Holmes IV, MD

The ABuRN group of the American Burn Association is a multidisciplinary group of ABA member’s committed to advancing burn care through collaborative research. Vital patient information from multiple burn centers is gathered in each study in hopes of answering many of the questions regarding the standards of burn treatment. This will ultimately add more scientific fact for many of the burn care treatments utilized today. At this multidisciplinary session, ABA leadership and clinical researchers will review the progress of current studies and discuss the status of future projects.

As a result of attending this activity, the learner should be able to:

- Identify the leaders of current research projects.
- Discuss current, ongoing, and future research.

4:15 pm–4:30 pm  Review of ABuRN Infrastructure and Processes
4:30 pm–4:45 pm  Status of Current Trials & RFPs
4:45 pm–5:30 pm  Presentations of New Studies and Opportunities
5:30 pm–5:45 pm  Open-floor Discussion

DON’T FORGET TO ATTEND THE OPENING RECEPTION IN THE EXHIBIT HALL 5:00–7:00 PM.

Catch up with your colleagues and visit the many exhibitors demonstrating solutions to meet your needs as a burn care professional.

DABIR® Systems reduce the incidence of hospital acquired pressure injuries when combined with a comprehensive assessment and prevention plan.

Perfusion is Prevention

Please visit us at booth #710
**SUNRISE SYMPOSIA**

6:30 am–7:45 am

**S-101**  
*Burn Prevention: A Team Approach*  
Moderators: Debra A. Jones, RN, Cindy Magnoile, RN, Maria Chacon Gomez, MD

**S-102**  
*How Do We Get All of Those Calories In?*  
Moderators: Cynthia A. Hoffman, RD, MS, Jennifer M. Larson, RD

**S-103**  
*Safe Nurse Staffing in the Burn Center*  
Moderators: Amanda Bettencourt MSN, CNS, CCRN-K, ACCNS-P, Brad Rogers, RN, Karen Smith, BSc, MHS

**S-104**  
*Utilizing Your Burn Database to Develop QI Projects*  
Moderators: Linda Staubli, BSN, RN, CCRN-K, Tina L. Palmieri, MD

**S-105**  
*Let’s Not Underestimate the Importance of the OR Team*  
Moderators: Jill M. Krystofinski, CRNA, MSN, Anthony Papp, MD, PhD, Angela Faletta, RN, Emely Dubon, RN

**S-106**  
*The Dilemma of Itch*  
Moderators: Todd Walroth, PharmD, Vimal K. Murthy, MD

**S-107**  
*Challenges of Discharge Planning*  
Moderators: Mikki Rothbauer, MSW, LICSW, Linda Gibbons, MS, RN

**S-108**  
*Tips and Tricks on Starting and Maintaining Back to School Programs*  
Moderators: Elizabeth Dey, CPNP-AC, Erin Niles, RN, Jessica Inven, MS

**S-109**  
*Burn Therapist Certification: How do I Apply?*  
Moderators: Ingrid S. Parry, MS, PT, Bernadette Nedelec, PhD, BSc, OT, Lisa Forbes, MSc, OT

**S-110**  
*How to Successfully Support Burn Survivors at Any Age*  
Moderators: Amy R. Acton, RN, BSN, Karen L. Badger, PhD, MSW

**S-111**  
*How to be a Successful Mentor and Mentee*  
Moderators: Jeffrey W. Shupp, MD, Amalia Cochran, MD, Victor Joe, MD

**S-112**  
*Lasers are Great, but How do We Deal with and Prevent Complications?*  
Moderators: Nathan A. Kemalyan, MD, Joel S. Fish, MD, MSc, Gretchen Kass, RN

**S-113**  
*The Pediatric Hand Burn: Getting it Right the First Time*  
Moderators: Robert L. Sheridan, MD, Miranda L. Yelvington, MS OTR/L
FIRST TIME ATTENDEE & NEW MEMBER WELCOME BREAKFAST
7:00 am–7:45 am | Continental Ballroom A - L
Are you a first time Annual Meeting attendee or new ABA member? Please join your colleagues and ABA leadership for breakfast at this informal networking session. Learn more about ABA programs, activities, Special Interest Groups, and ways to get involved and find out how to make the most of your time at the Annual Meeting.

ZUMBA
6:15 am–7:00 am | 4L
Get your day moving by participating in this fun, fast-paced exercise class. Whether you’ve got the moves down or you’ve never tried Zumba before, you can work at your own pace and get the blood flowing so you’re ready for a full day of education.

PLENARY
OPENING CEREMONY, PRESIDENTIAL ADDRESS & AWARDS | P-153
8:00 am–9:30 am | International Ballroom
Presented by: Linwood R. Haith Jr., MD, FACS, FCCM
The Nathan Speare Regional Burn Treatment Center, Burn Center Co-Director, Crozer-Chester Medical Center, ABA President

The American Burn Association was founded on the cornerstone of education to organize burn care, research, prevention and rehabilitation. The ABA was the first professional organization to provide education to all members of that organization. The ABA has provided education on multiple platforms including the annual meeting, regional meetings, ABLS and the Journal of Burn Care and Research. It has demonstrated a fantastic 50-year history of ability to teach its members as well as all members of the medical community about burn injury and care. As we move into the 21st Century the opportunities and methods for learning have changed to more electronic media platforms. While these methods will be examined it is also important to realize that face-to-face in-person interaction is an extremely effective means for advancing and delivering burn education.

As a result of attending this activity, the learner should be able to:

• Describe ABA educational accomplishments in the past half decade.
• Examine methods burn teams use to obtain knowledge and skills now and in the past.
• Discuss future options of burn care education.

C-154 CORRELATIVE I - CRITICAL CARE: CLINICAL I
10:00 am–12:00 pm | Salon A-2 - LL
Moderators: Kevin Chung, MD; Sandra Yovino, RN
1 Effects of Obesity on Burn Resuscitation
2 Revisiting Extracorporeal Membrane Oxygenation for Severe ARDS in Burns
3 An Adjusted Ideal Body Weight Index Formula with FFP Rescue Decreases Fluid Creep During Burn Resuscitation
4 Need for Mechanical Ventilation is More Predictive of Mortality than Age, %TBSA, and Frailty Score in Elderly Burn Patients
5 Does the Storage Age of Blood Transfused to Burn Patients Matter?
6 Preventing Unnecessary Intubations: Use of Flexible Fiberoptic Laryngoscopy for Airway Evaluation in Patients with Suspected Airway or Inhalation Injury
7 Trend Analysis of Current Modalities for Monitoring Fluid Therapy in Patients with Large Burns: Echoing the Call for Better Resuscitation Indices
8 Admission Heart Rate Reserve Is Associated With Clinical Response to Propranolol in Severely Burned Children

C-155 CORRELATIVE II - NURSING / OUTPATIENT BURN MANAGEMENT
10:00 am–12:00 pm | Salon A-5 - LL
Moderators: Jeanie Leggett, RN, BSN, MA; J. Bradley Wiggins, RN, BSN
9 Prevalence of Burnout Syndrome in Burn Center Clinical Staff
10 Quality of Life and Community Integration in Military and Civilian Burn Survivors
11 Clinical Evaluation of Burn Nursing Competency Domains
12 Pressure Ureter Prevention: Knowledge Assessment and Education of Firefighters
13 Does Admission eGFR effect Burn Centre Length of Stay?
14 SCAR-Q: An Update on Field-testing a Patient-reported Outcome Instrument for Burn, Surgical, and Traumatic Scars
15 Use of Value Engineering to Optimize Burn Outpatient Clinic Workflow
16 Opioid Stewardship in the Burn Outpatient Setting
C-156 CORRELATIVE III - PUBLIC HEALTH / EPIDEMIOLOGY / PREVENTION I
10:00 am–12:00 pm | Salon A-3 - LL
Moderators: Kathe Conlon, BSN, RN, MSHS; Alisa Savetamal, MD
17 The Incidence of Adult Burn Patient Unplanned 30-Day Readmissions in the United States
18 Epidemiological Analysis of Paediatric Burns in the Dominican Republic Reveals a Demographic Profile at Significant Risk for Electrical Burns
19 Training the Masses; Preparing for a Burn Disaster Through Education of Burn Surge Facilities
20 Trends and Outcomes for Palliative Care in Major Burn Patients: 10-year Analysis of the NIS
21 Burn Mass Casualty Incident: What About the Children?
22 Firefighter Fatalities: Crude Mortality Rates and Risk Factors for Line of Duty Injury and Death
23 Sink Bathing Burns: A Unique Opportunity for an Injury Prevention Initiative
24 Factors Affecting Return to Work: A Burn Model System National Database Investigation

C-157 CORRELATIVE IV - QUALITY I
10:00 am–12:00 pm | Salon A-1 - LL
Moderators: Jennifer Brandt, PharmD; William Cioffi Jr., MD
25 Prospective Evaluation of Operating Room Inefficiency
26 Early Patient Deaths after Transfer to a Burn Center
27 Predictive Value of Quick SOFA and Baux Scores in Burn Patients
28 Decreasing Discharge Opiates in Burn Patients
29 Pictures Influence the Decision to Transfer: Outcomes of a Telemedicine Program Serving an 8 State Rural Population
30 Above and Beyond: Enoxaparin Dose Adjustment is Required for Adequate VTE Prophylaxis in Burn Patients
31 Evaluation of Intra- and Inter-User Reliability in Quantitative Scar Assessments
32 How Long Are Burn Patients Really NPO in the Perioperative Period and Can We Effectively Correct the Caloric Deficit Using an Enteral Feeding “Catch-up” Protocol?

C-158 CORRELATIVE V - WOUNDS: TRANSLATION SCIENCE
10:00 am–12:00 pm | Salon A-4 - LL
Moderators: Dorothy Supp, PhD; Steven Wolf, MD
33 Persistent Reactive Oxygen Species Damage Contributes to Hypertrophic Scar Phenotype After Wound Closure
34 Scar Outcomes Following Pressure Garment Therapy Cessation
35 First In Vitro and in Vivo Experiences with a New Synthetic Dermal Substitute with Dual Microporous Structure
36 Correlation between the Warrior/Worrier Gene on Post Burn Pruritus and Scarring
37 Tight Junctions Exhibit Differential Regulation in Dyspigmented Hypertrophic Scars
38 Mesenchymal Progenitor-derived VEGF is a Major Source of Cells Contributing to Heterotopic Bone
39 Effect of Tadalafil on Reduction of Necrosis in the Ischemic Zone in a Rat Comb Burn Model

EDUCATIONAL FORUMS
FIRE FIGHTER I: CARBON MONOXIDE & CYANIDE POISONING - HOW THEY AFFECT FIRE FIGHTERS | F-160
10:00 am–12:00 pm | Continental Ballroom A - L
Course Directors: Rick Boatwright, FF; Steven Kahn, MD
Two of the most common toxic gases you will encounter on a fire scene are carbon monoxide and cyanide. This session will provide details on the inherent dangers of these byproducts of combustion. This workshop will also cover the acute and chronic affects they have on the human body and how you can protect yourself.

As a result of attending this activity, the learner should be able to:
• Describe the hazards of carbon monoxide and cyanide poisoning for the fire fighter.
• Explain techniques to protect the fire fighter.
10:00 am–10:50 am CO and HCN: Pathophysiology, Diagnosis, and Treatment
Steven Kahn, MD
10:50 am–11:45 am CO and HCN: Unique Considerations for the Firefighter
Rick Boatwright, FF
11:45 am–12:00 pm Questions & Answers
REHABILITATION WORKSHOP: BURN PAIN MANAGEMENT—WHAT'S A THERAPIST TO DO?
F-161

10:00 am–12:00 pm | Continental Ballroom B - L
Course Directors: Annick Chouinard, BSc., PT; Linda Leonard, RN, BSN; Lynne Benavides, OTR/L, CHT

This workshop will be on the management of pain through the acute, intermediate and long-term phases of healing from a burn therapist's perspective. We will discuss: pain outcome metrics, interdisciplinary approach, non-pharmacologic management (graded motor imagery, immersive reality, somatosensory rehab, specific patient education) of pain.

As a result of attending this activity, the learner should be able to:

- Identify patients who would benefit from and apply the modalities of graded motor imagery, immersive reality, somatosensory rehab and specific patient education to treat pain from a burn injury in their daily practice.

- Recognize how the language they use during their daily interventions with burn patients can affect their patients’ pain experience.

- Use the pain outcome metrics presented as a way to evaluate patients’ response to treatment and how to choose the appropriate treatment modality for burn pain.

- Develop their own patient pain education curriculum through the different phases of burn care (for the different types of pain).

10:00 am–10:15 am   Evidence-based, Rehabilitation Focused Burn Survivor Pain Management
Bernadette Nedelec, PhD, BSc, OT

10:15 am–10:30 am   Value of Pain Management Practice Guidelines
Gretchen J. Carrougher, RN, MN

10:30 am–12:00 pm   Value of Pain Management Practice Guidelines: Laboratory Sessions (90 min); Stations Rotate Every 30 min

10:30 am–11:00 am   Laboratory Sessions: Somatosensory Rehabilitation for Neuropathic Pain in Burn Survivors
Valerie Calva, OT

10:30 am–11:00 am   Laboratory Sessions: The Use of Virtual and Augmented Reality In Burn Care
Anjay Khandelwal, MD; Shelley A. Wiechman, PhD, ABPP

11:00 am–11:30 am   Laboratory Sessions: Graded Motor Imagery (GMI) Application in the Management of Chronic Burn Pain Based on the Method Developed by the Noigroup
Annick Chouinard, B.Sc., PT; Jennifer Kennedy, MS, OTR/L

11:00 am–11:30 am   Laboratory Sessions: Somatosensory Rehabilitation for Neuropathic Pain in Burn Survivors
Valerie Calva, OT

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11:30 am–12:00 pm   Laboratory Sessions: The Use of Virtual and Augmented Reality In Burn Care
Anjay Khandelwal, MD; Shelley A. Wiechman, PhD, ABPP
# OPERATION GOTHAM SHIELD: AN IN-DEPTH EXAMINATION OF THE CURRENT FRAMEWORK FOR RESPONSE TO BURN DISASTER | F-171/F-271

2:00 pm–4:00 pm | Continental Ballroom B - L

Course Directors: Colleen M. Ryan, MD; Victor C. Joe, MD

This participatory course is an in-depth critical analysis of the American Burn Association’s response to a disaster situation involving a massive burn surge. Day 1 will involve a reenactment of Operation Gotham Shield, a recent federal tabletop exercise beginning with a 10Kt improvised nuclear device detonating at the entrance to the Lincoln Tunnel. Each step of the response will be discussed from federal, military, civilian and burn survivor standpoints. Audience participation will be encouraged and improvements in the response will be proposed. Day 2 continues this theme with discussion and input from experts in trauma, past events, and austere environments.

As a result of attending this activity, the learner should be able to:

- Define the current framework of a burn surge disaster response.
- Explain the ethical and practical issues involved in providing burn care in an austere care environment.
- Implement knowledge gained in your practice and synthesize a volunteer strategy.

## Wednesday Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>2:00 pm–2:05 pm</td>
<td>Introduction &amp; Orientation</td>
<td>Colleen M. Ryan, MD</td>
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<tr>
<td>2:05 pm–2:10 pm</td>
<td>Opening Remarks</td>
<td>Linwood R. Haith Jr., MD, Kimberly Hoarle, MBA, CAE</td>
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<tr>
<td>2:10 pm–3:55 pm</td>
<td>Mock Gotham Shield Exercise</td>
<td>Colleen M. Ryan, MD, Victor C. Joe, MD</td>
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<tr>
<td>3:55 pm–4:00 pm</td>
<td>Wrap Up</td>
<td>Victor C. Joe, MD</td>
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## Thursday Agenda

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<thead>
<tr>
<th>Time</th>
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<tr>
<td>2:00 pm–2:05 pm</td>
<td>Introduction</td>
<td>Colleen M. Ryan, MD</td>
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<tr>
<td>2:05 pm–2:35 pm</td>
<td>Keynote Speaker: Trauma Community/ Homeland Security Response</td>
<td>Alexander L. Eastman, MD, MPH</td>
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<td>2:35 pm–2:50 pm</td>
<td>Response Consideration: Roles of Local/ State and Federal Government</td>
<td>Narayan Iyer, PhD</td>
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<td>2:50 pm–3:10 pm</td>
<td>Tools for Situational Awareness at USG</td>
<td>Nancy Nurthen, MPH</td>
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<tr>
<td>3:10 pm–3:20 pm</td>
<td>Educational Resources and Innovation</td>
<td>Jeffrey E. Carter, MD</td>
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<td>3:20 pm–3:30 pm</td>
<td>Austere Guidelines</td>
<td>James C. Jeng, MD</td>
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<td>3:30 pm–3:45 pm</td>
<td>Ethics</td>
<td>Monica Gerrek, PhD</td>
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<tr>
<td>3:45 pm–4:00 pm</td>
<td>Panel Discussion with all Speakers</td>
<td>Victor C. Joe, MD</td>
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TWO-DAY COURSE

WEDNESDAY & THURSDAY
BURN RECONSTRUCTION | F-172/F-272
2:00 pm–4:00 pm | Continental Ballroom A - L
Course Directors: Mark D. Fisher, MD; Sigrid A. Blome-Eberwein, MD

There is a growing need for burn reconstructive procedures all over the world because the community of burn survivors has grown steadily over the past decades due to improved acute burn care. The effective and functional reconstruction of burn related issues requires some special knowledge and skills, which are often not taught in plastic surgery residency programs. In addition, general surgeons often have to step up in international settings to perform basic burn reconstruction, if no plastic surgeon is available. This two-part course will teach learners how to analyze the reconstructive needs of a patient, demonstrate a variety of up-to-date solutions by leaders in the field, plan an efficient and effective reconstructive pathway, and execute key technical details of some basic operations.

As a result of attending this activity, the learner should be able to:

• Analyze the reconstructive needs of a patient.
• Discuss patient care plans for effective reconstructive pathway.
• Describe key technical details of the given operations.

Wednesday Agenda
2:00 pm–2:05 pm  Introduction
Mark D. Fisher, MD

2:05 pm–2:35 pm  An Algorithm of Burn Scar Treatment
Sigrid A. Blome-Eberwein, MD

2:35 pm–3:05 pm  Reconstruction of the Burned Face
Daniel N. Driscoll, MD

3:05 pm–3:35 pm  Reconstruction of the Burned Upper Extremity
Gunter Germann, MD, PhD

3:35 pm–4:00 pm  Panel Discussion

Thursday Agenda
2:00 pm–2:05 pm  Introduction
Mark D. Fisher, MD

2:05 pm–2:40 pm  Reconstruction of the Burned Neck and Mouth
Lawrence J. Gottlieb, MD

2:40 pm–3:15 pm  Reconstruction of the Burned Breast and Trunk
Rajiv Sood, MD

3:15 pm–3:50 pm  What Not to do in Burn Reconstruction
Matthias B. Donelan, MD

3:50 pm–4:00 pm  Questions & Answers
MANAGEMENT OF VASODILATORY SHOCK IN THE CARE OF SEVERE BURNS | F-173
2:00 pm–4:00 pm | Salon A-5 - LL
Course Directors: Bruce Friedman, MD; Kevin K. Chung, MD

Vasodilatory shock occurs frequently after severe burns in the form of burn shock during the initial resuscitation or septic shock later in the ICU course and is associated with significant morbidity and mortality. Newer interventions are available and quickly on the horizon that could alter outcomes in this difficult clinical setting. These include blood purification, new vasopressors, and the addition of classic micronutrients to name a few. Current practice is entirely limited to use of traditional vasopressors.

As a result of attending this activity, the learner should be able to:

• Develop new algorithms to support the patient with refractory shock.
• Explain the mechanism of Angiotensin II and how it may improve outcome in refractory burn and septic shock with implications for acute lung injury and other organ failures.
• Explain extracorporeal methods for the potential reversal of refractory burn and septic shock.
• Describe a potentially innovative way of using micronutrients to improve outcome in septic shock.

IT’S NOT ALL ABOUT THE PATIENT—WHAT ABOUT THE STAFF? | F-174
2:00 pm–4:00 pm | Salon A-2 - LL
Course Directors: Anjay Khandelwal, MD; Tammy L. Coffee, MSN, RN, ACNP

In the modern healthcare environment, caring and compassion seem to be threatened by a new culture that is increasingly financially and quality driven. In order for the burn team to provide proper patient care, our focus must also include the needs of the caregivers and not just the patient. This is evident in multiple areas of clinical practice, including, but not limited to: communication, teamwork, resiliency and mutual support. Although multiple tools have been described to address these issues, no single approach has manifested as a panacea. In addition, although theoretically many tools appear enticing, providers often find it difficult to implement these tools in practical and sustainable models.

As a result of attending this activity, the learner should be able to:

• Recognize the signs and symptoms of staff burnout.
• Employ resiliency strategies to reduce personal burnout and to cope with stressors and changes in the workplace.
• Identify barriers to effective communication among clinical team members.
• Define and employ tools and strategies to improve team communication. Identify areas where the clinical staff can improve teamwork and staff engagement.
• Define various tools and strategies designed to improve and facilitate team-building.

The Epidemiology of Refractory Burn and Septic Shock and Impact on Outcomes
Jeffrey W. Shupp, MD

Standard Approach to Refractory Burn and Septic Shock
Ian Driscoll, MD

Extracorporeal Therapy for Refractory Burn and Septic Shock
Kevin K. Chung, MD

Micronutrients and other Potential Innovative Approaches to Refractory and Septic Shock
Bruce Friedman, MD

Operational Considerations for Various Therapies in Shock: PharmD Perspective
Todd A. Walroth, PharmD

Conclusions and Future Directions
Kevin K. Chung, MD

Introduction/ Case Presentation
Anjay Khandelwal, MD; Tammy Coffee, RN, MSN, ACNP

Team STEPPS: What is it?
Christopher Hund, MFA

Group Workshops
Robert Smith, PhD

Group Workshop: Communication

Group Workshop: Mutual Support and Decision Making

Wrap-up
Robert Smith, PhD; Anjay Khandelwal, MD; Tammy Coffee, RN, MSN, ACNP
STEM CELLS IN BURN INJURY | F-175
2:00 pm–4:00 pm | Salon A-4 - LL
Course Directors: Dorothy M. Supp, PhD; Edward E. Tredget, MD, MSc

Currently, skin substitutes are used as adjuncts for treatment of large burn injuries. Although autologous epidermal keratinocytes, with or without dermal fibroblasts, have been used as the cellular components of skin substitutes, the monetary costs, regulatory hurdles, and logistical difficulties have slowed their adoption for routine clinical application in burn treatment. The purpose of this educational session is to highlight the potential therapeutic use of either autologous or allogeneic stem cells for treatment of burn injuries.

As a result of attending this activity, the learner should be able to:

- Describe different types of stem cells with therapeutic potential for burn wound healing.
- Explain the scientific basis supporting the use of stem cells for burns, as well as their limitations.
- Discuss novel therapies on the horizon.

2:00 pm–2:10 pm  Introduction
Dorothy M. Supp, PhD

2:10 pm–2:40 pm  Epidermal Stem Cells and Tissue Engineering for Burn Patients
Lucie Germain, PhD

2:40 pm–3:10 pm  Exploiting Dermal Stem/Progenitor Cells to Enhance Skin Regeneration
Jeff Biernaskie, PhD

3:10 pm–3:45 pm  Bone Marrow-Derived Stem Cell Populations in Wound Healing and Perspectives on Future Clinical Applications
Edward E. Tredget, MD, MSc

3:45 pm–4:00 pm Questions & Answers

CURRENT UNDERSTANDING OF EXERCISE SCIENCE IN BURNS | F-176
2:00 pm–4:00 pm | Salon A-1 - LL
Course Directors: Bernadette Nedelec, PhD, BSc, OT; Oscar E. Suman, PhD

There are currently few specific recommendations on exercise prescription for adult and pediatric burn survivors. A survey given to licensed physical and occupational therapists who are part of the America Burn Association Special Interest Group reported that 81% of the 103 surveyed do not provide these important exercise related services. Post-discharge, early exercise training has important benefits that reverse or limit these complications in burned children. There are various research reports on the benefits of exercise training. However, there are many aspects of exercise training or adaptations that are not well known. In addition, there is some new “activity” related research that is in the forefront of burn care.

As a result of attending this activity, the learner should be able to:

- Describe the current research on exercise response and training adaptations using a rehabilitation exercise program specifically designed for burn patients.
- Discuss exercise related areas of research.
- Describe exercise prescriptions specific to burns.

2:00 pm–2:05 pm  Introduction
Oscar E. Suman, PhD

2:05 pm–2:30 pm  The Role of Exercise in the Rehabilitation of Patients with Severe Burns
Craig Porter, PhD

2:30 pm–2:55 pm  The Quantification of Exercise Prescription and the Exercise Training Responses in Children with Severe Burn Injury at Shriners Hospitals for Children–Galveston
Eric Rivas, PhD

2:55 pm–3:20 pm Thermoregulation in Adult Burn Survivors: Implications for Exercise and its Prescription
Craig Crandall, PhD

3:20 pm–3:45 pm  Immersive Reality and Gaming Interventions: A New Frontier in Exercise Rehabilitation for Burns
Jeffrey Schneider, MD

3:45 pm–4:00 pm Questions & Answers

SOCIAL REINTEGRATION: HELPING SURVIVORS AND THEIR FAMILIES RE-ENGAGE IN THEIR COMMUNITIES | F-177
2:00 pm–4:00 pm | Salon A-3 - LL
Course Directors: Karen L. Badger, PhD, MSW; Pam Peterson, RN, BSN

Preparing both the burn survivor and family with the skills needed to re-engage with others successfully post-burn, and manage difficult every-day situations and interactions, is important for successful re-entry. This forum is designed to assist burn team professionals in addressing the social and community re-integration needs of burn survivors and their families by providing patient and family-centered social skills training. Key elements and goals of a social skills training program for burn survivors—Phoenix Beyond Surviving: Tools for Thriving—will be outlined as a model for practice. Methods through which family can be prepared as reintegration coaches and re-entry supporters of their burn-injured loved ones will also be described. Resources and strategies burn care professionals can implement as part of their daily practice and share with other team members to support the burn survivor and family members in their reintegration efforts will be provided.
As a result of attending this activity, the learner should be able to:

- Define the key elements/goals of social skills training and methods implemented to enhance burn survivors’ social skills post-burn.
- Define the roles that family members can assume to coach and support their loved one’s social reintegration efforts and methods through which family can be prepared for these activities.
- Introduce the topic of social skills training and coaching to burn survivors and family and participate in training and preparation activities as part of the burn team.
- Identify social skills training resources and tools available across the continuum of care (including those participants can apply in their daily practice) to assist burn survivors in their social reintegration.

2:00 pm–2:10 pm  Introduction - The Role of Social Skills Training in Social and Community Reintegration Post-burn
Karen L. Badger, PhD, MSW

2:10 pm–3:10 pm  Beyond Surviving: Social Skills Tools for Thriving after Burn Injury
Barbara Kammerer-Quayle, MA; Mona Krueger, MA, MSW; Rebekah Allely, OTR/L

3:10 pm–3:40 pm  Coaching the Coach: Family Members as Social Reintegration Support
Barbara Kammerer-Quayle, MA; Mona Krueger, MA, MSW

3:40 pm–3:50 pm  Application to Practice: Implementation Strategies and Resources
Jessica A. Irven, MS

3:50 pm–4:00 pm  Questions & Evaluations
Karen L. Badger, PhD, MSW; Pamela Peterson, BSN, RN

PLENARY

TOP 5 ABSTRACTS PRESENTED | P-180

4:15 pm–5:30 pm | International Ballroom - L
Course Directors: Lucy A. Wibbenmeyer, MD; Linwood R. Haith Jr., MD

The correlative sessions run concurrently which encourages attendees to move around and listen to abstract presentations that are most important and relevant to them. Subsequently, attendees don’t have the opportunity to hear all of the presentations and may miss important topics. The top five abstracts, based on the scores of reviewers, will be presented at the Plenary to allow all attendees to hear the highest rated abstracts presented during the meeting.

As a result of attending this activity, the learner should be able to:

- Discuss the top five abstracts from the 50th Annual Meeting as designated by the Program Committee.

4:15 pm–4:30 pm  A Comparative Study of Autologous Skin Cell Suspension to Split-thickness Autografting in the Treatment of Acute Burns
William Hickerson, MD

4:30 pm–4:45 pm  Expert Outpatient Burn Care in the Home Through Mobile Health Technology
Heather Howard, RN, MSN

4:45 pm–5:00 pm  The Impact of Adverse Childhood Experiences (ACEs) on Burn Outcomes in Adult Burn Patients
Mikenzy Fassel, BS

5:00 pm–5:15 pm  Variation in National Readmission Patterns After Burn Injury
Sarah Eidelson, MD

5:15 pm–5:30 pm  Multi-regional Utilization of a Mobile Device App for Triage and Transfer of Burn Patients
Arek Wiktor, MD

CELEBRATE THE ABA’S 50TH ANNIVERSARY WITH WINE & CHEESE IN THE EXHIBIT HALL.

Collaborate with leading organizations in the burn field and companies that offer products and services that improve care and assist with support for burn injured patients and survivors.
Celebrating more than
50 years of burn care
and two former ABA presidents

David Ahrenholz, MD
Lynn Solem, MD

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On behalf of the Board of Directors, staff, volunteers, burn survivors and Californians that we serve, the Alisa Ann Ruch Burn Foundation would like to congratulate the American Burn Association on its 50th Anniversary!
WHERE THERE’S SMOKE
THERE’S FIRE
AND FIRE MAKES BURNS
BUT WE FIGHT FIRE
WITH FIRE
EXPERTISE, RESEARCH
AND CARE

SO WHEN BURNS COME
TO US, THERE’S LIFE.

It takes determination to be the first civilian burn center in the country. It takes dedication to be part of our staff. And it takes tenacity to be one of our patients. For 70 years, the research, innovation and injury prevention at Evans-Hayes Burn Center, located in Richmond, VA, has helped our communities fight the effects of a burn.

Find out more at vcuhealth.org/burn

VCUHealth™
SUNRISE SYMPOSIA

6:30 am–7:45 am

S-201  Burn Prevention Education: Ethical Considerations
Moderators: Karla S. Klas, RN, BSN, CCRP, Jessica Summers, MD

S-202  Super Nutrition: Is there a Role for Immunomodulating Diets, Vitamins and Trace Minerals?
Moderators: Beth Shields, MS, RD, LD, CNSC, Stephen M. Clarke, MS, RD

S-203  Where are all the Nurses Going? Strategies to Retain the Work Force
Moderators: Ernest J. Grant, PhD, MSN, RN, Kelli Yukon, RN

S-204  Keeping Your Burn Unit in the Black
Moderators: Rajiv Sood, MD, Jeffrey Carter, MD

S-205  Burn Team Tetris: How to Fit the Pieces Together
Moderators: Philip H. Chang, MD, Amanda Fields, RN, Sean Hickey, MD

S-206  Difficult Dialogues: The Challenges of Caring for Burn Patients with a High BAUX Score
Moderators: Felicia N. Williams, MD, Lyn Dee Kealey, BA, MSW, LISW, Cara Lewis, LISW

S-207  Psychosocial Screening of Pediatric Burn Patients and their Families
Moderators: Carisa Perry-Parrish, PhD, Christina Duncan, PhD, Ellen O’Donnell, PhD

S-208  Strategies to Help Return Your Patient Back to Gainful Employment
Moderators: David J. Lorello, DPT, Melissa Litzinger, DPT

S-209  Reach for the Sky: How We Treat the Axillary Burn
Moderators: Beth A. Costa, OTR/L, Michael Feldman, MD

S-210  Achieving Superior Outcomes with Challenging Burns to the Face, Neck and Hands
Moderators: Debra A. Reilly Culver, MD, Katherine G. Siwy, OT

S-211  Should There be Level I and Level II Burn Centers?
Moderators: Sharmila D. Dissanaike, MD, David T. Harrington, MD

S-212  How Do We Deal with the Opioid Crisis and Still Provide our Patients with Adequate Pain Control?
Moderators: Rebecca Coffey, PhD, MSN, CNP, Claire V. Murphy, PharmD, BCPS, J. Kevin Bailey, MD

S-213  Burn Centers & Fire Fighters: Building Relationships
Moderators: Steven A. Kahn, MD, Annette Matherly, RN, CCRN, Thomas Flamm, FF
INTERNATIONAL ATTENDEE WELCOME BREAKFAST
7:00 am–7:45 am | Marquette - 3rd

All international attendees at the ABA Annual Meeting are invited to this informal breakfast session to get to know ABA leadership, connect with each other, and learn about ABA educational opportunities and initiatives.

YOGA
6:15 am–7:00 am | 4L

Enhance your learning experience by stretching and relieving stress. This relaxing yoga class is open to all attendees and will be enjoyable no matter your level. Take a few moments to set your intentions for the day and get the blood flowing. Namaste.

PLENARY

PREVENTION AND TREATMENT OF BURN SCARRING: THEN AND NOW | P-253
8:00 am–9:30 am | International Ballroom - L
Course Director: Basil A. Pruitt Jr., MD

The vast majority of severely injured burn patients will heal with some degree of scarring. Whether it is purely cosmetic or functionally significant, scarring can have long-term effects on the survivor. While initial scar modulation has long included pressure therapy and silicone products, exciting new research is exploring the results of cytokine manipulation and the effect of laser therapy on scar remodeling.

As a result of attending this activity, the learner should be able to:
- List the determinates of burn scarring.
- Describe how pressure and silicone modulate healing.
- Explain some common experimental scar models.
- Discuss cytokine manipulation of scars.

9:05 am–9:20 am Experimental Animal Scar Models
Nicole S. Gibran, MD

9:20 am–9:30 am Summary and Conclusions
Martin C. Robson, MD

C-254 CORRELATIVE VI - CRITICAL CARE: CLINICAL II
10:00 am–12:00 pm | Salon A-2 - LL
Moderators: Robert Cartotto, MD; Jody Rood, RN

40 Bacteriology and Causes of Recurrent Bacteremia in Combat Burn Casualties
41 Does Inhalation Injury have an Impact on the Blood Transfusion after Burn Injury in Children?
42 Significant Increase in Sepsis as a Cause of Death after Pediatric Burn Injury: A 3 Decade Autopsy Cohort
43 Utilization of a Burn Sepsis Algorithm: Should we Abandon the Consensus Criteria?
44 Burn Care in the Oldest Old: Can we do it Smarter?
106 Initial Experience with a New Bedside Electrospun Nanofibrous Dressing for Second Degree Burns
46 Vascular Smooth Muscle Dysfunction After Burn
47 Rising Mortality in Patients with Combined Trauma and Burn

C-255 CORRELATIVE VII – NUTRITION
10:00 am–12:00 pm | Salon A-3 - LL
Moderators: Christopher Lentz, MD; Katherine Wallace, MS, RD

48 Association Between Adipose and Skeletal Muscle Mitochondrial Respiratory Function in Children with Severe Burns
49 Cost Analysis and Benefit of Using an Institutional Modular Enteral Formula Product for Pediatric Burn Patients
50 Safety and Efficacy of Intraoperative Gastric Feeding During Burn Surgery
51 Oxandrolone and Propranolol Coadministration Reduce Skeletal Muscle Amino Acid Transporters Expression in Children with Burns
52 Combination of Oxandrolone and Propranolol Decreases Cardiac Work Compared to Propranolol Alone in Severely Burned Children
53 Increased Hypermetabolism with Extracorporeal Membrane Oxygenation in Burn Patients
54 What Percentage of Weight Loss is Associated with an Increased Risk of Complications?
55 Utilization of Z-Scores to Identify Malnutrition in the Pediatric Burn Abuse and Neglect Population

#ABA50th | 31
C-256 CORRELATIVE VIII - PAIN AND ITCH / PSYCHOSOCIAL

10:00 am–12:00 pm | Salon A-4 - LL
Moderators: Elizabeth Dideon Hess, LCSW; Kate Pape, PharmD

56 Regional Anesthetic Blocks for Donor Site Pain in Burn Patients: A Meta-Analysis on Efficacy, Outcomes and Cost
57 Take Charge of Burn Pain: Development and Feasibility
58 Pediatric Post-Burn Pruritus
59 Identification of Cytochrome P450 Polymorphisms in Burn Patients and Impact on Fentanyl Pharmacokinetics
60 IL-6 Levels in the Acute Phase Following Injury Are Associated with the Development of PTSD Symptoms in Severely Burned Children
61 Measuring Social Integration using the LIBRE Profile: Reliability and Validity Assessments
62 Pain and PTSD Severity are Reciprocally Related in Burn Survivors at 6 months Post-Discharge
63 The Relation Between Satisfaction with Appearance and Ethnicity

C-257 CORRELATIVE IX - QUALITY II

10:00 am–12:00 pm | Salon A-1 - LL
Moderators: James H. Holmes IV, MD; Joan Weber, RN, BSN, CIC

64 The Future of Burn Surgery: Data from the 2016 Burn Physician Survey
65 Successful Implementation of a Perioperative Temperature Management Protocol
66 General Surgery Training in Burn Care-Needs Assessment in One ABA Region
67 Burn Patient Post-Discharge Telephone Follow Up
68 Intravenous Ketamine for Procedural Sedation in Non-ICU Patients: A Collaborative Burn MD/RN Pilot Protocol
69 Development and Evaluation of a 2-day Outreach Course to Meet Burn Educational Needs of Providers in Remote and Rural Areas
70 Changing the Way We Think About Burn Size Estimation
71 Challenges to the Standardization of Trauma Data Collection: A Call for Common Data Elements for Acute and Long-Term Trauma Databases

EDUCATIONAL FORUMS

FIRE FIGHTER II: CREATING THERAPEUTIC COMMUNITY REINTEGRATION PROGRAMS: A COLLABORATION BETWEEN CLINICIANS AND FIRE FIGHTERS | F-260

10:00 am–12:00 pm | Continental Ballroom A - L
Course Director: Phillip Tammaro, FF

Discharge from the burn center begins early in the patient’s continuum of care. Despite the education provided by the burn team, this can still be a frightening time for the patient and their family. Community reintegration programs have been increasing over the past several years and this session will share ideas on how to develop and implement these programs. As fire fighters and burn teams continue to enhance their professional relationship, this is an avenue that allows these teams to work collaboratively for the benefit of the burn patient. Team Brave is a collaboration between the Shriners Hospital for Children Boston and Boston Firefighters Burn Foundation.

As a result of attending this activity, the learner should be able:
• Describe the steps to designing and implementing a community reintegration program from a hospital setting.
• Describe how working with local fire fighter foundations can help the program obtain funding, volunteers, and problem solve other logistical barriers.
• Discuss various applications of this model to a number of different settings and age populations.

10:00 am–10:05 am  Introduction
   Phillip Tammaro, FF

10:05 am–10:35 am  Fundamentals & Theory behind Reintegration Program
   Lori Turgeon, PT, DPT

10:35 am–11:05 am  Program Implementation
   Patrick Connolly, FF

11:05 am–11:35 am  How the Program Works
   Stephen Turley, FF

11:35 am–12:00 pm  Questions & Answers

PREVENTION WORKSHOP: THE AMERICAN BURN ASSOCIATION’S 50 YEARS OF PREVENTION | F-261

10:00 am–12:00 pm  | Continental Ballroom B - L
Course Directors: Rebecca A. Coffey, RN, MSN, CNP; Stephanie Campbell, BSN, RN, CCRN

The American Burn Association celebrates its milestone 50th anniversary in 2017, and this Workshop, presented by the Burn Prevention Committee, will cover the American Burn Association’s contribution to burn prevention education over the past 50 years. This workshop will review published burn prevention research in the Journal of Burn Care and Research; presentations from past and present Burn Prevention Committee chairs on burn prevention initiatives throughout the years; burn prevention initiatives, successful and not so successful; and other ways that the American Burn Association has contributed and participated to burn prevention efforts within the past 50 years.

As a result of attending this activity, the learner should be able to:

• Explain the importance and impact of burn prevention education.

• Describe the evolution of the American Burn Association’s role in support and advocacy of burn prevention education.

10:00 am–10:25 am  The ABA and Burn Prevention: Early History of the Burn Prevention Committee
   Patricia Mieszala, RN

10:25 am–11:00 am  Past Initiatives of the ABA Burn Prevention Committee
   Ernest J. Grant, PhD, MSN, RN; B. Daniel Dillard, BA; Karla Klas, BSN, RN, CCRP

11:00 am–11:20 am  Burn Prevention Today and Beyond
   Jennifer Radics-Johnson, MBA, CFRE

11:20 am–11:40 am  The Search for Evidence: 50 Years of Prevention
   Rebecca A. Coffey, MSN, PhD, CNP

11:40 am–12:00 pm  Panel Discussion

EDUCATIONAL FORUMS

OPERATION GOTHAM SHIELD: AN IN-DEPTH EXAMINATION OF THE CURRENT FRAMEWORK FOR RESPONSE TO BURN DISASTER: PART 2 | F-271

2:00 pm–4:00 pm  | Continental Ballroom B - L
See description on page 23

BURN RECONSTRUCTION: PART 2 | F-272

2:00 pm–4:00 pm  | Continental Ballroom A - L
See description on page 24

A SHARED 50TH ANNIVERSARY WITH THE ABA: ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) IN THE BURN PATIENT | F-273

2:00 pm–4:00 pm  | Salon A-5 - LL
Course Directors: Kevin K. Chung, MD; Robert C. Cartotto, MD

It has been 50 years since the first published description of the Acute Respiratory Distress Syndrome (ARDS), and major advances in the management of patients with ARDS have occurred in the past two decades. However, almost without exception, the major clinical trials have either not included or specifically excluded burn patients. Consequently, many approaches to ARDS have been translated from the general ICU population to thermally-injured patients. We do not know if this is always suitable given the unique features of the burn patient. Hence there is a gap in our understanding of the most appropriate ARDS management strategies for burn patients.

As a result of attending this activity, the learner should be able to:

• Recognize current recommended strategies in the diagnosis and treatment of ARDS.

• Identify how these may need to be modified or adjusted in the thermally-injured patient with ARDS.

2:00 pm–2:10 pm  Introduction, Classification, Terminology, and Epidemiology
   Robert C. Cartotto, MD

2:10 pm–2:30 pm  Conventional Mechanical Ventilation: One Tidal Volume and Pressure Limit for All?
   Sharmila Dissanaike, MD

2:30 pm–2:45 pm  PEEP and Lung Recruitment: Opening the Lung in Burn ARDS
   Laura S. Johnson, MD

2:45 pm–3:00 pm  Fluid Management and Paralytic Agents: What’s Appropriate in the Burn Patient with ARDS?
   Nicole S. Gibran, MD

3:00 pm–3:15 pm  Unconventional Mechanical Ventilation: Beyond Conventional with HFPV and APRV
   Kevin K. Chung, MD
IS THE CLINICAL WORK ENVIRONMENT IN YOUR BURN CENTER AFFECTING PATIENT OUTCOMES? F-274

2:00 pm–4:00 pm | Salon A-1 - LL

Course Directors: Amanda P. Bettencourt, MSN, CNS, CCRN-K, ACCNS-P; Robert Sheridan, MD

Recent research suggests that the quality of the work environment affects patient outcomes, yet the focus in the burn community has not been on the unit work environment in patient outcomes research. The American Association of Critical Care Nurses recently published guidelines for healthy work environments that include appropriate clinical staffing, skilled communication, true collaboration, effective decision making, and authentic leadership as benchmark standards. The American Medical Association has also prioritized the work environment for physicians. The purpose of this session is to link together the burn clinical care environment with actionable interventions that may improve patient outcomes in the burn center.

As a result of attending this activity, the learner should be able to:

• Identify the characteristics of a healthy work environment and how to assess them.
• Implement evidence-based strategies to modify the burn care work environment.
• Integrate modifications to the work environment into quality improvement projects and outcome evaluations.

2:00 pm–2:05 pm  Welcome & Introduction

Amanda P. Bettencourt, MSN, CNS, CCRN-K, ACCNS-P; Robert Sheridan, MD

2:05 pm–2:35 pm  Healthy Workplaces

Amanda Bettencourt, MSN, CNS, CCRN-K, ACCNS-P

2:35 pm–2:55 pm  Clinician Burnout and Patient Outcomes

Robert L. Sheridan, MD

2:55 pm–3:25 pm  Case Studies: Adult

Leah M. Hanson, BSN, RN

Case Studies: Adult

Yuk Ming Liu, MD

Case Studies: Pediatric

Robert L. Sheridan, MD

3:25 pm–3:40 pm  Small Group Facilitated Sessions

3:40 pm–3:45 pm  Small Work Group Summaries

3:45 pm–3:55 pm  Wrap Up

Amanda Bettencourt, MSN, CNS, CCRN-K, ACCNS-P

3:55 pm–4:00 pm  Questions & Answers

WORKING WITH THE PSYCHIATRICALLY CHALLENGED BURN PATIENT | F-275

2:00 pm–4:00 pm | Salon A-3 - LL

Course Directors: Scott A. Cohen, MSW, LSW; Mikki J. Rothbauer, MSW, LICSW

Many burn patients come to the burn center with a variety of psychiatric conditions that affect their care and course of treatment. Often these conditions are contributory to the injury; at other times, they are exacerbated by it. Current practice is to ignore or merely medicate such conditions, while there are a number of brief, evidence-based behavioral interventions that can greatly enhance patient adherence and satisfaction. Some of these interventions include brief cognitive-behavioral therapy for anxiety and depression, motivational interviewing for addictions, and mindfulness.

As a result of attending this activity, the learner should be able to:

• Recognize common psychiatric conditions in burn patients (either pre- or post-injury).
• Define 3 ways that common conditions affect or are affected by burn care.
• Identify at least 2 strategies to encourage burn patient engagement with treatment.

2:00 pm–2:35 pm  Are We a Burn Center with Psychiatric Patients or a Psychiatry Unit with Burn Patients? The Joys and Heartbreak of Working with Psychiatrically Challenged Burn Patients Mikki J. Rothbauer, MSW, LICSW; Scott Cohen, MSW, LSW

2:35 pm–3:10 pm  Addressing Parental Distress and Guilt Following Pediatric Burn Injuries: Impact on Child Adjustment and Quality of Life

Carisa Perry-Parrish, PhD

3:10 pm–3:40 pm  Rationale and Approaches to Improve Coping: Applications to Wound Care Anxiety, Body Image Related Depression, and Post-Trauma Distress

James A. Fauerbach, PhD

3:40 pm–4:00 pm  Panel Discussion

THE RESEARCH CONTINUUM: FROM DATABASE AND BIG DATA TO QUALITY IMPROVEMENT PROJECTS | F-276

2:00 pm–4:00 pm | Salon A-2 - LL

Course Directors: Jeffrey W. Shupp, MD; Lauren Moffatt, PhD

It is often difficult to know when a project should be considered “research”. Questions often arise as to when institutional review board (IRB) approval is needed for a
project. The goal of this session will be to answer these and similar questions.

As a result of attending this activity, the learner should be able to:

- Determine whether their project should be classified as research.
- Define how to better utilize datasets to answer a research question.
- Explain the concept of Big Data.

2:00 pm–2:30 pm  What is Research? Considerations from a Regulatory Standpoint
Mary Beth Lawless, MSN, RN

2:30 pm–2:40 pm  Questions & Answers

2:40 pm–3:10 pm  Using Clinical and Quality Data Resources to Answer a Research Question
Waddah Al-Refaie, MD

3:10 pm–3:20 pm  Questions & Answers

3:20 pm–3:50 pm  Big Data: What is it? And Why am I Hearing so much About it?
Marti Jett, PhD, ST

3:50 pm–4:00 pm  Questions & Answers

THE YEAR IN REVIEW: THE TOP JOURNAL PUBLICATIONS | F-280
4:15 pm–5:30 pm | Continental Ballroom A-L
Course Director: Tina L. Palmieri, MD

A favorite session among attendees. Editors from each of the top publications in burn care present and discuss major advances in published burn research throughout the past year. Journals represented include: Journal of Burn Care & Research; Wound Repair and Regeneration; Journal of Trauma and Acute Care Surgery; and Burns.

As a result of attending this activity, the learner should be able to:

- Describe new techniques in burn care (surgical/wound care/critical care).
- Identify what other countries are researching in burn care.

4:15 pm–4:20 pm  Introduction
Tina L. Palmieri, MD

4:20 pm–4:35 pm  Journal of Burn Care & Research
David N. Herndon, MD

4:35 pm–4:50 pm  Burns
Steven E. Wolf, MD

4:50 pm–5:05 pm  Journal of Trauma and Acute Care Surgery
Basil A. Pruitt Jr., MD

5:05 pm–5:20 pm  Wound Repair and Regeneration
David G. Greenhalgh, MD

5:20 pm–5:30 pm  Questions & Answers

OFF-SITE ACTIVITIES

Tickets Required

Tickets are required for off-site events due to limited bus seating. If you have a ticket, please arrive 15 minutes early. If you don’t have a ticket and are interested in attending, there will be a waitlist line and we will allow people on the bus at 4:15 if ticketed attendees haven’t arrived.

CHANGING PLACES | F-281
4:15 pm–6:00 pm | 8th Street Entrance–bus pick-up
Course Director: Jason Woods, FF

Over the past several years Changing Places has discussed the reality and inherent dangers that firefighters face on a daily basis. This year please join us at the Chicago Fire Academy to obtain a better understanding of the training that professional firefighters experience at the beginning of their careers. Participants will have the opportunity for hands on simulation during this session.

As a result of attending this activity, the learner should be able to:

- Demonstrate the physical requirements necessary for firefighters.
- Identify variety of skills firefighters are required to have.
- Experience a few of these skills that recruits are required to master.

BURN CENTER TOUR: LOYOLA UNIVERSITY MEDICAN CENTER | E-253
4:15 pm–6:00 pm | 8th Street Entrance–bus pick-up

Operating the largest burn center in Illinois and a regional leader in burn care, Loyola Medicine delivers clinically integrated care for the most complex cases. Loyola’s outstanding success rates and multidisciplinary approach are recognized by the American College of Surgeons and American Burn Association. Tour the facilities and meet the staff to see how they work to improve the lives of everyone affected by burn injury.

BURN CENTER TOUR: UNIVERSITY OF CHICAGO MEDICAL CENTER | E-254
4:15 pm–6:00 pm | 8th Street Entrance–bus pick-up

The University of Chicago Burn and Complex Wound Center is a specialized care program where patients who have sustained burn injuries and other severe wounds are treated by a unique, multidisciplinary team of experts. Located within the University of Chicago medical center, the Burn Center is accredited by the American College of Surgeons and the American Burn Association. Tour the facilities and meet the staff to see how they work to improve the lives of everyone affected by burn injury.
Congratulations to the *American Burn Association*
50 years of dedication and service

“Because our job doesn’t end after the fire is out”

Thank you for your support

NEW YORK FIREFIGHTERS BURN CENTER FOUNDATION
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Congratulations

The Paul Silverstein Burn Center at INTEGRIS Baptist Medical Center in Oklahoma City opened in 1975. Over the past four decades, we have become one of the larger burn centers in the United States, serving a six-state area.

We congratulate the American Burn Association on their milestone 50th anniversary. We share a common mission – to not only save lives, but return patients to the highest possible quality of life.

Christopher Lentz, M.D., FACS, Medical Director
Paul Silverstein, M.D., FACS, Emeritus Medical Director
Kenna Wilson, RN, Administrative Director
Stacy Robberson, RN, Clinical Director

INTEGRIS
Paul Silverstein Burn Center
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For burn prevention outreach resources and services contact us at
burnprev@fast.net 610.969.3930
BURNPREVENTION.ORG
**MOST POPULAR SYMPOSIA**

6:30 am–7:45 am

**S-301** *The Pediatric Hand Burn: Getting it Right the First Time*
Moderators: Robert L. Sheridan, MD, Miranda L. Yelvington, MS, OTR/L
Boulevard A - 2nd

**S-302** *Achieving Superior Outcomes with Challenging Burns to the Face, Neck and Hands*
Moderators: Debra A. Reilly Culver, MD, Katherine G. Siwy, OT
Boulevard B - 2nd

**S-303** *How Do We Deal with the Opioid Crisis and Still Provide our Patients with Adequate Pain Control?*
Moderators: Rebecca A. Coffey, RN, MSN, CNP, J. Kevin Bailey, MD, Claire Murphy, PharmD, BCPS
Boulevard C - 2nd

**SPECIAL EVENT**

**UPDATE FROM AMERICAN BOARD OF SURGERY ON MAINTENANCE OF CERTIFICATION AND SPECIALTY PRACTICE DESIGNATION**
6:30 am–7:15 am | Joliet Room - 3rd
Dr. Tina Palmieri will share information and gather feedback from surgeons certified by the ABS on the possibility of adding a specialty practice designation for burns.

**PLENARY**

**THE AMERICAN BURN ASSOCIATION: 50 YEARS OF PROGRESS AND BEYOND - P-353**
8:00 am–9:30 am | International Ballroom - L
Course Directors: Linwood R. Haith Jr., MD; William G. Cioffi Jr., MD

From its fledging beginnings in 1967 the American Burn Association has grown over the past 50 years from 13 professionals to encompass over 2,000 members united in “Improving the lives of everyone affected by burn injury.” The last half a century has witnessed unprecedented survival and recovery of survivors. Responsible for this progress are advances in the fields of burn critical and surgical care, development of quality metrics for burn centers and their teams and the growth of both basic and clinical research spearheaded by the ABA. The Society will continue to leverage these advances as it looks toward continued growth in the care of burn patients everywhere.

As a result of attending this activity, the learner should be able to:

- Discuss the history of the ABA.
- List the sentinel developments in burn critical and surgical care over the past 50 years.
- Explain the importance of quality to burn care and the involvement of the ABA in its development.
- Discuss key research advancements and the ABA’s role in moving them forward.
- Discuss the mission of the ABA as we enter the next half century of burn care.

8:00 am–8:05 am | Introduction
Linwood R. Haith Jr., MD

8:05 am–8:15 am | The History of the American Burn Association
Palmer Q. Bessey, MD, MS

8:15 am–8:30 am | Medical Advances in Burn Care over the Last 50 Years and the Role of Prominent American Burn Association Members
David N. Hemdon, MD
8:30 am–8:45 am  Quality Improvements in Burn Care Under the Auspices of the American Burn Association
Nicole S. Gibran, MD

8:45 am–9:00 am  Expansion of Research in the American Burn Association
Tina L. Palmieri, MD

9:00 am–9:15 am  The Future of the American Burn Association
Steven E. Wolf, MD

9:15 am–9:30 am Questions & Answers

CORRELATIVES

C-354 CORRELATIVE XI - CRITICAL CARE: CLINICAL III
10:00 am–12:00 pm | Salon A-2 - LL
Moderators: Leopoldo Cancio, MD; Steven Kahn, MD

80  Admission Creatinine is Associated with Poor Outcomes in Burn Patients
81  Augmented Creatinine Clearance in Severely Injured Burn Patients
82  Retrospective Analysis of the Utilization of a Multidisciplinary Algorithm for Mobilization of the Vented Burn Patient
83  Implementation of a Remote Frostbite Protocol in the Use of Thrombolytics with Improved Salvage Rates
84  Validation of the Emergency General Surgery Frailty Index in Patients with Burn Injuries
85  Elderly Respond Differently than Adults to the Initial Burn Injury, but are Treated the Same
86  Predictors for Identifying Burn Sepsis and Performance versus Existing Criteria
87  Etanercept Is Safe and Efficacious for Treating Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis

C-355 CORRELATIVE XII - PUBLIC HEALTH/ EPIDEMIOLOGY/PREVENTION II
10:00 am–12:00 pm | Salon A-3 - LL
Moderators: David Herndon, MD; Victor Joe, MD

88  Comparing Quality of Life in Burn Survivors with and without Surgery: A Review of PROMIS-10 Survey Findings
89  Burns in Children with Myelomeningocele are Different: A Case Control Study
90  Trends in ED Discharge of Pediatric Minor Burns - a Review of CA's Office of Statewide Health Planning & Development (OSHPD)
91  Mortality Difference in Skin Sloughing Disorders Compared to Burns in a Tertiary Care Burn Center
92  Does Poverty Affect Outcomes in Middle Aged Burn Patients?
93  The Impact of Skin Allograft on Inpatient Outcomes for Major Burns 20-50%: a Propensity Score Matched Analysis Using NIS
94  The Impact of Hurricanes on Mechanisms of Burn Injury
95  A Review of After Action Reports Conducted Between the Eastern Regional Burn Disaster Consortium and Northeast Region Burn Centers

C-356 CORRELATIVE XIII–REHABILITATION
10:00 am–12:00 pm | Salon A-5 - LL
Moderators: Lisa Forbes, MSc, OT; Vincent Gabriel, MD

96  Burn Injury may have Age-dependent Effects on Strength and Aerobic Exercise Capacity in Boys Compared to Men
97  Role of Early Splinting, Positioning, and Edema Control of Burn Effected Joints in the Prevention of Burn Scar Contracture
98  Physical Rehabilitation Goals for Critically Ill Burn Patients
99  Distinguishing Causes of Maximal Exercise Limitation in Severely Burned Children
100  Donor Sites Appropriately Contribute to Whole-body Thermoregulation During an Exercise-induced Hyperthermic Challenge
101  Increasing Ambulation Through Real-Time Feedback in Burn Patients
102  Use of Isokinetic Dynamometry to Assess Muscle Function in Burned Patients is Reliable and Practical for Progressive Resistance Exercise Prescription
103  Randomized Controlled Trial of the Immediate and Long-term Effect of Massage on Adult Postburn Scar

C-357 CORRELATIVE XIV - WOUNDS: CLINICAL
10:00 am–12:00 pm | Salon A-1 - LL
Moderators: Amy Van Cleave, RN; Anthony Papp, MD, PhD

104  Bromelain-based Selective Enzymatic Debridement Reduces Surgery by 48% in Deep Dermal Burns Defined by Laser Doppler Imaging
105  Microangiography as a Potential Alternative Tool for Assessing Severe Frostbite Injury - a Comparison of Imaging Modalities
107  The Pioneering Work of Dr. Zora Janzekovic
108  Incorporation of 3D Stereophotogrammetry as a Valid, Reliable Method for Assessing Scar Volume in Standard Clinical Practice
Demonstration of the Safety and Effectiveness of Autologous Skin Cell Suspension Combined with Meshed Skin Grafts for the Reduction of Donor Area in the Treatment of Acute Burns

Bromelain-based Enzymatic Debridement of Large Burns

The Donor Site Dilemma: Hypertrophic Scarring of Split Thickness Autograft Donor Sites in Pediatric Burns

C-358 CORRELATIVE XV - CRITICAL CARE: TRANSLATION SCIENCE

10:00 am–12:00 pm | Salon A-4 - LL
Moderators: Jeffrey Shupp, MD; Edward Tredget, MD, MSc

Quantification of Brown-Like Adipose Changes in Adult Burn Patients

Effect of Intravenous Fluid Resuscitation Volumes on the Adrenal Response in Burn Injury in Swine

Insulin and Exercise Combination Therapy Recovers Muscle Function in a Burn and Disuse Rat Model by Activating Protein Synthesis and Inhibiting Proteolysis

Fish Skin Grafts Support Ingrowth and Colonization of Adipose Derived Stem Cells in Vitro

Measurement of Circulating Neutrophil Extracellular Traps (NETs) After Burn Injury

Minimal Scarring after Grafting a Novel Autologous Self-assembly Skin Substitute on Burn Patients

Omega-3 rich Fish Skin Grafts in the Treatment of

Full Thickness Burns: A Comparative Trial of Fish Skin and Cadaver Skin in a Porcine Model

Toll-Like Receptor-4 Agonist Monophosphoryl Lipid A Attenuates Severity of Acute Lung Injury and Hemodynamic Changes in an Ovine Model of Cutaneous Burn and Pneumonia Sepsis

BEST IN CATEGORY POSTERS | F-360
10:00 am–12:00 pm | Stevens Salon A Foyer - LL
Course Directors: Lucy A. Wibbenmeyer, MD; Jason Woods, FF; Lauren Moffatt, PhD

There is excellent research being done by many members in the burn community and due to limited space and time, some are presented in a poster format. All of the posters are grouped by category and viewed during the poster rounds. Moderators select the best in each category. During this session the top poster in each category will be presented in a more formal setting.

As a result of attending this activity, the learner should be able to:

• Discuss the results of current scientific research.

• Identify opportunities to improve care of the burn patient.

LUNCH SYMPOSIA

12:30 pm–1:45 pm

S-365 Successful International Outreach: Do’s and Don’ts
Moderators: Gennadiy Fuzaylov, MD, James J. Gallagher, MD, Dhaval Bhavsar, MD
Boulevard A - 2nd

S-366 Burn Prevention: Funding Opportunities
Moderators: Daniel Dillard, BA, Curtis L. Ryun, BSN, RN
Boulevard B - 2nd

S-367 Establishing, Collaborating and Publishing a Burn Center Disaster Plan
Moderators: Kathe Conlon, BSN, RN, MSHS, Andrea L. Valenta, RN, MSN
Boulevard C - 2nd

S-368 Tissue Engineering: Techniques to Successfully Cover the Large TBSA Burn
Moderators: Taryn Travis, MD, Tam M. Pham, MD
Continental B - L

S-369 Nuts & Bolts of Verification
Moderators: Nicole Gibran, MD, Ingrid S. Parry, MS, PT, Gretchen J. Carrougher, RN, MN
Continental C - L
LUNCH FORUMS
Ticketed Events; Lunch Included

FUNDAMENTALS OF LASER PRACTICE | F-361
12:30 pm–1:45 pm | Marquette Room - 3rd
Course Directors: Ludwik K. Branski, MD; Renee E. Edkins, DNP, NP-C; C. Scott Hultman, MD, MBA

Selective photothermolysis has now entered the world of burn reconstruction and has great potential to improve the function and quality of life for burn survivors by remodeling their scar tissue. Medical lasers present a unique modality for treatment that has been available for only the last two to three decades. We have now reached a point where early adopters are presenting their research and outcome data supporting the use of lasers. However, many burn centers are challenged by the processes that are inherent with establishing a laser program and as technology is information, it exists only to the degree that people can put it into practice (Eveland, 1986). It is not enough to present outcome data, we must provide training in the fundamentals of this technology along with guidance on how to create a laser program in an academic setting.

As a result of attending this activity, the learner should be able to:

- Explain the biophysics pertinent to the application of lasers & light-based energy devices. Identify the working parts of a laser and light-based device.
- Evidence a familiarity with various lasers and light-based devices so that they can seek out what is available or requiring purchase for their centers. Evidence a sound understanding of laser safety both in the clinic and operating room setting.
- Understand the interaction of lasers and light-based devices on human tissue & how to measure outcomes from treatment. Define the process and potential of laser assisted drug based delivery to burn scars.
- Identify best practice for multimodal anesthesia when utilizing lasers in an outpatient setting.
- Explain the regulations and credentialing aspects related to the use of medical lasers. Create templates for patient education/discharge instructions, clinical documentation and operative/procedure notes. Solicit support from insurers/third party payers.

12:30 pm–1:00 pm  Fundamentals of Laser Physics and Laser Safety
Ludwik K. Branski, MD, MMS

1:00 pm–1:25 pm  Nuts and Bolts of Creating a Laser Practice
Renee E. Edkins, DNP, MA, NP-C

1:25 pm–1:45 pm  Financial Considerations for a Successful Laser Practice
C. Scott Hultman, MD, MBA

ETHICS OF BURN RESEARCH: FROM BENCH TO BEDSIDE TO PUBLICATION | F-362
12:30 pm–1:45 pm | Salon A-4 - LL
Course Directors: Sharmila Dissaneike, MD; Todd Huzar, MD

As health care and burn research continue to evolve, practitioners are faced with new ethical issues to address. This includes issues surrounding informed consent when a patient becomes a subject, and conflict of interest that arise in clinical trials; modern perspectives on animal research ethics, and the ethics of publication— attribution, bias in publication, issues over industry sponsorship and participation, and handling negative results. This session will consider these and other ethical issues and present ethical principles that can be followed when faced with an ethical dilemma.

As a result of attending this activity, the learner should be able to:

- Explain how different ethical principles should be used to guide the conduct of animal research.
- Define ways to minimize conflict of interest when a burn clinician is also involved in a clinical trial and their patient is a potential subject.
- Relate important ethical principles to follow when reporting results of research in the literature.

12:30 pm–12:35 pm  Introduction
Sharmila Dissaneike, MD

12:35 pm–12:55 pm  Ethics of Patient/Subject Disclosure, Informed Consent and Navigating Conflicts of Interest in Clinical Burn Research
Todd Huzar, MD

12:55 pm–1:15 pm  Ethics of Animal Research in Burns
Monica Gerrek, PhD

1:15 pm–1:30 pm  Publication Ethics: Integrity in Reporting Results, Proper Attribution and Negative Studies
Sharmila Dissaneike, MD

1:30 pm–1:45 pm  Questions & Answers

SOCIAL INTEGRATION OF THE BURN SURVIVOR: INNOVATIONS USING CUTTING EDGE TECHNOLOGY | F-363
12:30 pm–1:45 pm | Continental A - L
Course Directors: Colleen M. Ryan, MD; Lewis E. Kazis, ScD

The Life Impact Burn Recovery Evaluation (LIBRE) Profile is a new Computer Adaptive Test (CAT) to assess community participation in burn survivors. This course demonstrates the CAT and allows attendees to learn how to use the CAT in their clinical work. The developers of this open access patient-reported outcome measure will be available to answer questions on how to use the instrument for quality improvement in their practice.
As a result of attending this activity, the learner should be able to:

- Describe how to access and use the LIBRE Profile.
- Apply the LIBRE Profile for research or performance improvement purposes.

12:30 pm–12:35 pm  Introduction  
Colleen M. Ryan, MD

12:35 pm–12:45 pm  Measuring Burn Outcomes: The NIDILRR Burn Model Systems  
Jeffrey C. Schneider, MD

12:45 pm–1:00 pm  Development of a New Metric for Community Participation: The NIDILRR-funded LIBRE Profile  
Lewis E. Kazis, ScD

1:00 pm–1:15 pm  Utility of the LIBRE Profile: Survivor Perspective  
Amy R. Acton, RN, BSN

1:15 pm–1:35 pm  Using the LIBRE Profile: Demonstration  
Mary D. Slavin, PT, PhD

1:35 pm–1:45 pm  Questions & Answers

EDUCATIONAL FORUMS

MAC FORUM: FIREFIGHTER BURN INJURIES AND THE ROLE OF THE BURN TEAM | F-371

2:00 pm–4:00 pm | Salon A-3 - LL
Course Director: Jason Woods, FF

Any burn injury can put the fire fighter at risk for his career. Understanding the fire fighter’s inherent risk for burn injury and the measures invoked to promote their safety will provide burn care professionals insight for the need of the burn injured fire fighter to be cared for by the burn team. Building this relationship can have positive benefits for both professions.

As a result of attending this activity, the learner should be able to:

- Describe the special risk to the fire fighter.
- Identify the need for the fire fighter to be seen and evaluated by a burn physician.
- Discuss the turnout gear, what it is and what it does for the fire fighter.

2:00 pm–2:05 pm  Introduction  
Jason Woods, FF

2:05 pm–2:25 pm  Firefighter Risk and Injury  
Jason Woods, FF

2:25 pm–2:55 pm  PPE 101  
Patricia Freeman

2:55 pm–3:25 pm  Unique Challenges for Returning to Work  
Tina L. Palmieri, MD

3:25 pm–3:50 pm  Story of Survival  
Charles Shyab, FF

3:50 pm–4:00 pm  Questions & Answers

CONTROVERSIES IN MODERN BURN CARE: THE PRO CON DEBATE | F-372

2:00 pm–4:00 pm | Salon A-5 - LL
Course Directors: Christopher W. Lentz, MD; Robert C. Cartotto, MD

There are frequently choices in modern burn care between accepted therapies and modalities that have not been verified by prospective randomized studies. The gap is that burn team members may not fully understand the rationale behind the choice of one treatment approach over another. This course will highlight four controversial areas in care in the domains of burn surgery, burn critical care, burn nursing and burn rehab. Experts will defend their stance on a particular care plan or strategy, in order to educate participants on the rationale and evidence behind adopting a particular strategy. Computerized audience polling will be used to identify audience participant biases before each debate and then the audience will be re-polled after each debate to see if the data presented might affect changes in practice.

As a result of attending this activity, the learner should be able to:

- Describe several controversies of clinical burn care.
- Apply gained knowledge of current practices to burn care.

2:00 pm–2:05 pm  Introduction  
Robert C. Cartotto, MD

2:05 pm–2:30 pm  The Transfusion Trigger for a Burn Patient Should be a Hemoglobin of 7gm/dL  
PRO: Tina L. Palmieri, MD  
CON: David T. Harrington, MD

2:30 pm–3:00 pm  Artificial Dermal Templates Reduce Post-Burn Scarring and Improve Outcome  
PRO: Victor C. Joe, MD  
CON: Robert C. Cartotto, MD

3:00 pm–3:30 pm  Silicone Gel Sheetng Reduces Post-Burn Hypertrophic Scar Formation  
PRO: Bernadette Nedelec, PhD, BSc, OT  
CON: J. Kevin Bailey, MD

3:30 pm–4:00 pm  Negative Pressure Wound Therapy Should be Used as the Postoperative Dressing Following Burn Debridement and Grafting  
PRO: Christopher W. Lentz, MD  
CON: Amalia Cochran, MD
MANAGING BLAST AND CRUSH INJURIES | F-373
2:00 pm–4:00 pm | Salon A-1 - LL
Course Directors: Jeremy W. Cannon, MD; Robert L. Sheridan, MD

Terrorist incidents commonly involve blast and crush trauma caused by explosive devices. These injuries will be sent to burn units. Staff should be familiar with their unique physiology and management requirements. As these injuries are not common in civilian practice, directed education is useful.

As a result of attending this activity, the learner should be able to:

• List the physiologic changes and time course of the four components of blast injury.
• Recognize at least three common errors made when managing blast and crush injury.

2:00 pm–2:15 pm Intro and Basics of Blast and Crush Injury Physiology
Robert L. Sheridan, MD

2:15 pm–2:30 pm Case 1
Booker King Jr., MD

2:30 pm–2:45 pm Case 2
Jeremy W. Cannon, MD

2:45 pm–3:00 pm Case 3
Leopoldo C. Cancio, MD

3:00 pm–3:15 pm Case 4
Booker King Jr., MD

3:15 pm–3:30 pm Case 5
Jeremy W. Cannon, MD

3:30 pm–3:45 pm Case 6
Leopoldo C. Cancio, MD

3:45 pm–4:00 pm Questions & Answers

As a result of attending this activity, the learner should be able to:

• Identify the knowledge gap.
• Identify clinical problems related to the elderly burn patient.
• Translate novel therapeutic insights into this patient population.

2:00 pm–2:05 pm Welcome and Introduction: Elderly Burn Care
Marc G. Jeschke, MD, PhD

2:05 pm–2:20 pm Frailty Indices, Prediction of Outcomes
Kathleen S. Romanowski, MD

2:20 pm–2:35 pm Understanding Behavior Modifications to Prevent Burns in the Elderly: Futility in Burned Elderly?
Herbert A. Phelan III, MD

2:35 pm–2:50 pm Acute Responses After Burn in the Elderly
Sarah Rehou

2:50 pm–3:05 pm Nutrition and Wound Healing of the Elderly
John T. Schulz III, MD, PhD

3:05 pm–3:20 pm Management of Pain, Agitation and Delirium
Alisa Savetamal, MD

3:20 pm–3:35 pm Long-terms Outcomes of Elderly: Grief, Depression, PTSD
Arek Wiktor, MD

3:35 pm–3:50 pm Basic and Translational Elderly Research
Elizabeth J. Kovacs, PhD

3:50 pm–4:00 pm Discussion and Outlook

BURN CARE FOR ELDERLY PATIENTS | F-374
2:00 pm–4:00 pm | Salon A-2 - LL
Course Directors: Marc G. Jeschke, MD, PhD; Michael D. Peck, MD, ScD

Despite burn care provider recognition of poor outcomes of elderly patients, reasons for these problems are mostly unknown and at this time, there is no concerted effort to improve the outcome. This course will review the how elderly physiology affects all phases of burn care. In particular, the unique differences in this population as they relate to resuscitation, nutrition, rehabilitation and outcomes will be discussed.
The Firefighters Burn Institute congratulates the American Burn Association on 50 years of dedication to improving the lives of everyone affected by burn injury. We thank you for your continued leadership, commitment and partnership in working to achieve our common goals.

The Firefighters Burn Institute, helping victims become survivors!

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CROZER BURN CENTER:
A NATIONALLY RECOGNIZED TEAM

Crozer-Keystone is proud that our Nathan Speare Regional Burn Treatment Center is the American Burn Association’s Burn Center of the Year, and that our medical director, Linwood Haith Jr., M.D., is the ABA’s new president. Representing the ABA domestically and internationally, Dr. Haith’s duties will include advocating burn-related issues in Washington, D.C. as well as promoting and supporting patient care, education, rehabilitation, prevention and burn-related research.

The Crozer Burn Center, located at Crozer-Chester Medical Center in Upland, is the only burn facility in suburban Philadelphia that provides comprehensive treatment for pediatric and adult burn patients and their families — from emergency and intensive care to rehabilitation, follow-up and outpatient services. Our team also treats road abrasions, frostbite and many other soft tissue diseases.

Crozer Keystone Health System
CROZERKEYSTONE.ORG/BURN
Every ABA Annual Meeting culminates in the Annual Banquet, the social event of the week. This year we will have a special celebration commemorating the 50th Annual Meeting of the ABA. This is a great opportunity to celebrate with your burn center colleagues and the new friends you’ve made.

The evening begins with a reception for networking, a buffet dinner and then dancing. It’s one of the most talked about events until the next time we meet. Attire is semi-formal.
POSTER SESSIONS

Stevens Salon C/D - Lower Level

POSTER SESSION I: ABSTRACTS # 200–375
Critical Care: Clinical I
Critical Care: Clinical II
Critical Care: Translational Science I
Critical Care: Translational Science II
Nursing/Nutrition I
Outpatient I
Pain & Delirium
Psychosocial I
Public Health/Epidemiology/Prevention I
Public Health/Epidemiology/Prevention II
Quality I
Quality II
Reconstruction
Reconstruction/Rehabilitation
Rehabilitation I
Wounds: Clinical I
Wounds: Clinical II
Wounds: Translational I

Poster Set-up (for Wednesday Rounds)
Tuesday, April 10 | 12:00 pm–2:00 pm

Poster Viewing Hours
Tuesday, April 10 | 3:00 pm–7:00 pm
Wednesday, April 11 | 9:30 am–2:00 pm

Rounds with Professors and Authors
Wednesday, April 11 | 12:30 pm–1:30 pm

Poster Dismantle
Wednesday, April 11 | 2:00 pm–3:00 pm

POSTER SESSION II: ABSTRACTS # 376–539
Critical Care: Clinical III
Critical Care: Clinical IV
Critical Care: Translational Science III
Nursing/Nutrition II
Outpatient II
Psychosocial II
Psychosocial III / Ethics I
Psychosocial/Pain, Delirium & Itch
Public Health/Epidemiology/Prevention III
Public Health / Epidemiology / Prevention IV
Quality III
Quality/Outpatient
Rehabilitation II
Wounds: Clinical III
Wounds: Clinical IV
Wounds: Translational II
Wounds: Translational III

Poster Set-up (for Thursday Rounds)
Wednesday, April 11 | 3:00 pm–5:00 pm

Poster Viewing Hours
Wednesday, April 11 | 4:00 pm–7:00 pm
Thursday, April 12 | 9:30 am–2:00 pm

Wine & Cheese Reception with Authors
Wednesday, April 11 | 5:00 pm–6:30 pm

Rounds with Professors and Authors
Thursday, April 12 | 12:30 pm–1:30 pm

Poster Dismantle
Thursday, April 12 | 2:00 pm–3:00 pm

BEST IN CATEGORY POSTERS
Stevens Salon A Foyer - Lower Level
Friday, April 13 | 10:00 am–12:00 pm

Course Directors: Lucy A. Wibbenmeyer, MD; Jason Woods, FF; Lauren Moffatt, PhD

Best in Category posters will be selected by the professors. All Posters with blue ribbons should be moved to Stevens Salon A Foyer for the Best in Category Session on Friday. Each presenter will provide a two minute overview of their poster and the top three will be selected by the Chairs of the Program, Research, and Membership Advisory Committees.
POSTER SESSION I: ABSTRACTS # 200-375

R-120 Critical Care: Clinical I
Moderators: Annemarie O’Connor, MSN, FNP-BC; Robin Lee, MD

200  Spontaneous Breathing and Awakening Trials Plus a Multimodal Sedation/Agitation Protocol Decrease Vent Days and Benzodiazepine Use in the Burn ICU

201  Bolus and Continuous Infusion of Antibiotics Achieves Effective Therapeutic Levels of Antibiotics Better Than Traditional Dosing in Burn Patients

202  Risk Factors and Outcomes of Renal Injury in Patients with a Major Burn: An Historical Cohort Study

203  Vasopressor Use During Acute Fluid Resuscitation in Burn Patients

204  Mechanical Ventilation of Burn Patients Who Do Not Have the Acute Respiratory Distress Syndrome (ARDS)

205  Low 25-Hydroxyvitamin D and Incidence of Sepsis in Burn Patients

206  Time from Burn Injury to Initial Excision and its Association with Surgical Blood Loss

207  Clinical Significance of Ionized Magnesium in Critically Ill Burn Patients

208  Implementation of Continuous Enteral Feeding and Shortened Fasting Periods in the Perioperative Burn Patient

209  Attitudes Among Burn Surgeons and Palliative Care Physicians Regarding Goals of Care for Geriatric Burn Patients

R-121 Critical Care: Clinical II
Moderators: Jennifer Rosenthal, RN; Larry Jones, MD

211  Challenging a Common Myth: Is Enteral Feeding Safe in Burn Patients on Vasopressors?

212  The Impact of Tracheostomy in Burns: An Institutional Experience

213  Influence of Demographic and Clinical Variables on Vancomycin Trough Values in Pediatric Burn Patients

214  High Fidelity Simulation and Burn Education

215  Artificial Intelligence Predicts Sepsis After Burn Injury

216  Effectiveness of ECMO for Burn-related Acute Lung Injury

217  Does Clonidine have an Antipyretic Effect in Pediatric Burn Patients?

218  Impact of Fresh Frozen Plasma Infusions during Resuscitation in Thermally-Injured Patients

219  Incorporation of High Dose Vitamin C into a Nurse-Driven Resuscitation Protocol Results in Deviation from Standard Fluid Titration

R-122 Critical Care: Translational Science I
Moderators: David Greenhalgh, MD; Elizabeth Mann-Salinas, RN, PhD

220  A Long-term of Resistant Exercise Decreased Rat Muscle Function in Fast Twitch Myofiber Dominated Plantaris Cells after Burn Injury

221  Specific Inhibition of IL-6 Trans-signaling Reduces Expansion of Peripheral Blood Granulocytic Gr-1+CD11b+ Cells after Burn Injury

222  Evaluating Syndecan-1 as a Predictive Marker of Sepsis in Thermally Injured Patients

223  Potential Association of Burn-Induced NMJ Derrangement and oxidative Stress-Induced AChR Declustering Signal and the Reversal with AChR alpha7 Agonist

224  Burn Injury Induced Functional and Morphological Alterations in Skeletal Mitochondria in a Metabolically Characterized Animal Model

225  Pharmacological Ameioration of Perturbed Mitophagy Response (Mitophagy Resistance) in Burns

226  Motor Neuronal Apoptosis and Neuromuscular Atrophy are Associated with Transmigration of Monocyte-derived Macrophages after Burn Injury

227  Changes in the Composition of the Cardiac Inflammasome Following Thermal Injury as Related to Inflammation

228  Anti-Inflammatory Effects of Novel Oridonin Analog CYD0693 in Rat Cardiomyocytes via Inhibition of NF-κB Signaling Pathway
R-123 Critical Care: Translational Science II
Moderators: Susan Smith, ARNP, PhD(c); Taryn Travis, MD
229 Enteral Fluid Resuscitation Alters Splenic Function and Leukocyte Populations Post-Burn in Swine
230 NLRP3 Inflamasome May Mediate Adverse Outcomes in Burned Elderly
231 Decrease of Mitochondrial Fusion Protein MFN1 and Associated Myogenin Inhibition in Response to Severe Burn
232 Toxic Compounds in Burn Patients with Smoke Inhalation Injury
233 Metformin Increases Mitochondrial Coupling and Enhances Antioxidant Activity in the Kidneys of Aged Mice Following Thermal Trauma
234 Molecular and Structural Changes in Intervertebral Discs Following Severe Burn in Rats
235 Measures of Systemic Innate Immune Function Predict the Risk of Nosocomial Infection in Pediatric Burn Patients
236 Alterations in Clock Gene Expression after Burn and Trauma
237 Burn Injury in Aged Mice Skews the Gut Microbiome and Correlates with a Change in Intestinal Antimicrobial Peptide Production
238 Therapeutic Hypothermia Attenuates the Hyperinflammatory Response After Burns

R-124 Nursing/Nutrition I
Moderators: Maggie Dylewski, PhD, RD; Alexandra Wubbels, RN, BSN
239 Making Mock Code Training Burn Specific
240 A Pilot Study on the Effects of Massage Therapy During the Workday to Combat Burn Nurse Burnout
241 Using Nursing Education to Improve the Care of Critically Ill Burn Patients
242 Growing the Next Generation of Exceptional Nurses: Utilization of a Formal Preceptor Council
243 Keeping A abreast of Burn Care Knowledge: A Multi-Center Online Nursing Burn Journal Club Approach
244 Enteral Feeding During Prone Positioning: A Case Review
245 Enteral Nutrition and Aspiration Events in Patients Placed Prone for Burn Surgery: An Academic Institutional Review
246 Benefits of Exercise in Burned Children with Insulin Resistance
247 Comparison of Major Burn Metabolic Cart Interpretations for a Pediatric and an Adult Patient
248 Dedicated Physical Therapy Rehab Gym on an Acute Care Inpatient Burn Unit

R-125 Outpatient I
Moderators: Karen Allard, MSN, APRN BC; Damien Carter, MD
249 Evaluation of a Novel Model for Outpatient Paediatric Burn Care: A 3-year Review of Outcomes from the Burn Treatment Room
250 Majority of Adult Patients with Lower Extremity Burns can be Safely Managed in Outpatient Setting
251 One Burn Center's Efforts to Reduce No Show Rates and Facilitate Access to Outpatient Care
252 Beyond Scarring: Long-term Physical Outcomes Following Burns
253 Physician- and Patient-reported Outcomes Following Use of a Compounded Scar/Burn Gel: Results from a Prospective Observational Survey Study
254 Implementation of Patient Reported Outcomes in a Burn Outpatient Clinic
255 Post Acute Care of the Burn Survivor: Educating Providers on the Varied Needs of Burn Survivors after Discharge from the Burn Center
256 Sedation and Analgesia for Adult Outpatient Dressing Change: A Survey of American Burn Association (ABA) Burn Centers
Poster Sessions

257 Clinician and Parent Perceptions on a System for Real-Time Feedback of Patient Reported Outcomes in Children with Burn Injuries

258 Comparing Post-hospitalization Global Health Scale Assessments in Male and Female Adult Burn Patients for Quality of Life

R-126 Pain & Delirium
Moderators: Gerarda Bozinko, MSN, RN, CCRN; Giavonni Lewis, MD

259 Outpatient Opioid Use in Burn Patients: A Retrospective Review


261 Safety, Feasibility and Acceptability of Patient-controlled Anxiolysis with Dexmedetomidine for Burn Care Dressing Changes

262 Intravenous Ketamine: A Safe and Effective Option for Burn Wound Care

263 Application of Genetic Testing in the Pediatric Burn Population

264 Pain Interference and Intensity in Persons with Burn Injury At Discharge and One Year Post-Injury

265 Coke with a “K”: Oral Administration of Injectable Ketamine During Burn Wound Dressing Changes

266 Evaluation of Satisfaction and Clinical Improvements of Healing Touch Services in a Burn and Surgery Hospital for Children

267 A Prospective Analysis Describing the Innovative Use of Liposomal Bupivacaine to Manage Donor Site Pain in Burn Surgery Patients

268 Virtual Reality Hypnosis for Pain Control during Wound Care in a Patient with Burn Injuries: A Potential Cost-Savings Intervention

R-127 Psychosocial I
Moderators: Maryann Butler, LSW; Phillip Tammaro, FF

269 Prevalence of Depressive Symptoms Over Time in Pediatric Burn Survivors

270 Burn-Injured Youth Reveal the Most Difficult Challenges They Face as Survivors

271 Implementing a Psychosocial Screener in an Outpatient Burn Clinic

272 Results of Early Screening for Depression and Acute Stress Disorder/Post Traumatic Stress Disorder (ASD/PTSD) in an Outpatient Burn Clinic

273 Social Exclusion and Pain Among Severe Burn Survivors

274 Perspectives of Stevens-Johnson and Toxic Epidermal Necrolysis Survivors on their Long-Term Outcomes

275 Social Interactions and Social Activities after Burn Injury: A Life Impact Burn Recovery Evaluation (LIBRE) Study

276 Extreme Response Style Bias in Burn Survivors: The LIBRE Project

277 Screening for Post Traumatic Stress Disorder - Four Simple Questions Yield Big Results

278 The Journey of Recovery from Pediatric Burn Survivor to Adult: A Qualitative Perspective

R-128 Public Health/Epidemiology/Prevention I
Moderators: David Ahrenholz, MD; Jennifer Radics-Johnson, MBA

279 Costs of Burn Wound Care in a Resource-poor Setting

280 Web Search Data Provide Key Insights into Growing Problem of Butane Hash Oil Burns: Could E-Cigarettes Be to Blame?

281 Who is in Charge of Burn Care and What are the Training Requirements for Aspiring Burn Surgeons in the United States?

282 Socioeconomic Status and Race Effect Length of Stay Related Outcomes in of Burn Injury

283 An Epidemiological Study of First Aid Techniques for Pediatric Burns in Different Ethnic Groups and an Analysis of Outcomes

284 Outcomes in Geriatric Burn Patients
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<td>R-129 Public Health/Epidemiology/Prevention II</td>
<td>Pediatric Burns at a Reference Burn Unit of a Middle Income Country</td>
<td>Jamie Heffernan, MSN, RN, CCRN-K; John Schulz, III, MD, PhD</td>
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<td>Frostbite versus Burns: Increased Cost of Care and Use of Hospital Resources</td>
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<td>Invasive Fungal Infections in Burns: Case Series and Review of the Literature</td>
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<td>Cost-effectiveness (CE) of an Autologous Regenerative Epithelial Suspension (RES) versus Standard of Care (SOC) for Treatment of Severe Burns in the United States</td>
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**R-130 Quality I**

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<td>From Development to Utilization: Burn Injury Factsheets for Patient Education</td>
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<td>Pediatric Frostbite: A 10-year Single-center Retrospective Study</td>
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<td>S’more Burns - Falling into Outdoor Fires</td>
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<td>Patterns of Burn Injuries in Winnipeg, Manitoba: A Population Health Study</td>
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<td>Back-Bay Bacteria: Vibrio vulnificus Infections after Wound Exposure to Brackish Baywater</td>
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<td>Eraser Burns: School Supplies Gone Wrong</td>
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<td>Burn Patients that Exceed the Average Length of Stay</td>
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<td>Completed and Attempted Suicide and Self-Inflicted Burn Suicide: A Comparison of Risk Factors</td>
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<td>Case Presentation of Scalp Burns from Hair Dye</td>
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**R-131 Quality II**

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<td>Improving Central Line Associated Blood Stream Infection (CLABSI) Rates in Pediatric Burn Patients with Central Lines in or Near Wounds</td>
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<td>Integrating Child Life Services into the Burn Team: How Their Presence Makes a Difference</td>
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<td>Pediatric Levels of Care: Improving the Quality of Care in a Vulnerable Population</td>
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<td>Multiresistant Bacteria in Burns: The Relation Between Screening and Infection</td>
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<td>Mupirocin for Methicillin-Resistant Staphylococcus Aureus: An Opportunity for Cost-Savings</td>
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<td>Dermatome-Induced Lacerations: Incidence, Management, and Preventive Measures</td>
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<td>Implementation of a Burn Care Process Model in a Pediatric Emergency Department</td>
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<td>Developing a Comprehensive Burn Center Directory</td>
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<td>Disparities Affecting Incarcerated Burn-Injured Patients: Insight From The National Burn Repository</td>
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<td>Patient Engagement through Advanced Pressure Visualization as a Component of Pressure Injury Prevention</td>
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Poster Sessions

R-132 Reconstruction
Moderators: Michael Feldman, MD; Leigh Ann Price, MD
318 Early Reconstruction of Large Full-thickness Lower Lip Burns with Karapandzic Flaps
319 Pediatric Hand Burn Reconstruction: Timing and Technique
320 Effectiveness of Healing Touch on Sleep, Pain, Anxiety, Anesthesia Emergence and Satisfaction
321 Severe Ocular Burn Injury: A Pathway to Restoration of Vision
322 Treatment of Full-Thickness Genital Burns in Male Children: A Retrospective Cohort Study
323 The Role of Adipose Derived Stem Cell Enhanced Dermal Scaffolds in the Treatment of Chronic Burns Contractures
324 Surgical Anatomy of Ovine Facial and Hypoglossal Nerves
325 Characteristics and Surgical Management of Genital and Perineal Burns
326 Reconstruction of Postburn Neck Contractures Using Butterfly Design Free Anterolateral Thigh Perforator Flap
327 Treatment of Keloids with CO2 Fractional Photothermolysis, Intralesional, and Topical Steroids

R-133 Reconstruction/Rehabilitation
Moderators: Roselle Crombie, MD, MPH; Michael Serghiou, OTR, MBA
328 A Rare Case of Combined Third Degree Friction Burn and Morel-Lavallee Lesion of the Abdominal Wall
329 The Sandwich Technique: Cadaveric Allograft Overlay to Protect Posterior Truncal Split Thickness Skin Grafts
330 A Case of Successful Reconstruction of Facial Chemical Burn by Using Biodegradable Temporising Matrix
331 The Power of Yoga: Clinical Outcomes and Cutaneous Functional Unit Recruitment for a Patient with Cervical and Upper Extremity Burn Scar Contracture
332 Orthotic Scar Management for Hands
333 Serial Casting and Constraint Induced Movement Therapy to Correct Scar Contractures: A Case Study
334 Comprehensive Clinical Assessment Tool for Axillary Burns
335 Descriptive Analysis of the Pediatric Burned Hand
336 Expanding Multidisciplinary Collaboration In Burn Care To Improve Patient Outcomes

R-134 Rehabilitation I
Moderators: Lynne Benavides, OTR/L, CHT; Jeffrey Schneider, MD
337 Physical Activity Levels and Barriers to Participation in Children Post Burn Injuries
338 Subjective vs Objective Assessment of Physical Activity in Burn Patients
339 Cold Sensitivity Postburn
340 The Impact of Custom Compression Garment Wear Time on Global Scar Outcomes
341 Early Mobility after Burn Injury: What do we really do?
342 Serial Soft Casting for Soft Tissue Contracture After Acute Burn Injury
343 Mental and Physical Changes After an Exercise Program in Burn Children with Extensive Limb Amputations
344 Interdisciplinary Instruction of Best-Practice Rehabilitation Protocols in the Burn Population
345 The Impact of Early Autografting on Functional Range of Motion of the Hand
346 Elbow Contracture Severity at Hospital Discharge in Patients with Heterotopic Ossification
R-135 Wounds: Clinical I
Moderators: Michael Marano, MD; Morgan Brandy, RN
348 A Prospective Evaluation of Spray Keratinocytes to Treat Large TBSA Injuries
349 The Effects of Platelet-Rich Plasma on Healing of Full Thickness Burns in Swine
350 Efficacy of Bromelain-based Enzymatic Eschar Removal: Combined Clinical Trial Results of 546 Patients
351 Predicting the Ability of Wounds to Heal Given Any Burn Size and Fluid Resuscitation Volume: An Analytical Approach
352 Prospective Observational Study Comparing Burn Surgeons’ Estimations and Photo-assisted Methods of Skin Graft Healing
353 Improving Outcomes in Fournier’s Gangrene Using Skin and Soft Tissue Sparing Flap Preservation Surgery: An Alternative Approach to Wide Radical Debridement
354 Clinical Trial of Allogeneic Mesenchymal Stem Cells in Second Degree Burns: Prelim Results
355 Regeneration of the Entire Human Epidermis by Transgenic Epidermal Stem Cell Transplants and its Implications for the Treatment of Burns
356 A Comparison of Donor Site Dressing Protocols In Burn Patients Requiring Split-thickness Skin Grafting

R-136 Wounds: Clinical II
Moderators: Michael Mosier, MD; Linda Sousse, PhD
357 Neuropathy may be an Independent Risk Factor for Amputation Following Lower Extremity Burn in Diabetic Adults
358 Can Immune Cells Become Skin Cells in Large Burn Injury?
359 Evaluating Pressure Redistributing Surfaces for Prevention of Occipital Pressure Injuries
360 Predictive Value of Clinical Assessment of Severe Frostbite Injury - Preliminary Outcomes from a Prospective Observational Study
361 Topical Steroid Treatment for Suppression of Granulation Tissue in Burns: Results of a European Survey
362 Managing Intravenous Infiltration Injuries in the Neonatal Intensive Care Unit
363 Full Thickness Burn Injury Following Laser-Assisted Liposuction
364 A Blinded Comparison of Lubricants to Facilitate Split Thickness Skin Graft Harvest in a Porcine Skin Model
365 The Effects of Platelet-Rich Plasma on Healing of Partial Thickness Burns in a Porcine Model
366 The Path to Success: Establishing an Enhanced Recovery Pathway for Burn Surgery

R-137 Wounds: Translational I
Moderators: Kuzhali Muthumalaiappan, PhD; Shawn Tejiram, MD
367 Role of Pressure Magnitude in Compression Garment Therapy
368 Omega-7 Accelerates Burn Wound Healing Via Increase Telomerase Activity
369 Efficacy of Keratinocyte Sheet Cultured in Temperature Responsive Dish in Ovine Burn Wound Healing
370 Comparison of Omega-3 Rich Fish Skin Dermis and Fetal Bovine Dermis on Deep Partial Thickness Burns
371 Novel Polysaccharide Compound Improves Wound Healing in a MRSA-Infected Porcine Wound Model
372 Identification of Human Merkel Cells in Engineered Skin Substitutes Grafted to Mice
373 Efficacy of Pressure Garment Therapy at Reduced Lengths of Daily Wear
374 Upregulation of miR-429 Reduces the Pro-Fibrotic Response in an In Vitro Model of Human Dermal Myofibroblast Differentiation
375 Circulating Progenitor Cell Dynamics Following Burn Injury
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POSTER SESSION II: ABSTRACTS # 376-539

R-220 Critical Care: Clinical III
Moderators: Alicia Lintner, NP; Tam Pham, MD

376 Standardizing Burn Anesthesia
377 Pharmacokinetics and Pharmacodynamics of Two Dosing Regimens of Piperacillin in Burn Patients
378 Surgical Treatment of Perineal Burns in Children of Middle Income Country
379 Relationship Between a Change in the Depth of Burn Injury and the Initial Fluid Infusion Volume
380 Pearl Harbor Burn Care, December 1941: Connecting the Past to Current Practice
381 Pharmacokinetics and Pharmacodynamics of Voriconazole in Burn Patients: A Case Series
382 The Use of Continuous Ketamine Infusion as an Analgesic Adjunct in Critically Ill Patients in the Burn ICU: Does it Help?
383 Pharmacokinetics of Trimethoprim-Sulfamethoxazole in a Burn Patient on Continuous Venovenous Hemofiltration
384 Vitamin C in Inhalation Injury: A Single-Center Outcomes Analysis
385 Case Report: Early Initiation of ECMO in Major Burn Patients May Improve Outcomes

R-221 Critical Care: Clinical IV
Moderators: Christopher Craig, MMS, PA-C; Kevin Foster, MD, MBA

386 Experience of Application of a Computer Based Registry of Infections in the Linköping Burn Centre
387 Continuing Enteral Tube Feeding in Burn Patients Requiring Surgery
388 Case Study: Severe Hypothermia and Frostbite Requiring ECMO and Four Limb Amputations
389 Low Voltage Injuries From Contact with New York City Subway’s Third Rail
390 Analysis of Ventilator Associated Pneumonia (VAP) Definitions in a Burn Intensive Care Unit: Is Something Missing?
391 First Reported Use of Methylaltrexone to Treat Opioid-Induced Constipation in a Pediatric Burn Patient
392 The Effect of Impregnated Central Venous Catheters in Children
393 Prevention of Hyperchloremia in Difficult to Resuscitate Burn Patients
394 Association of Pre-Existing Medical Conditions in Burn Morbidity and Mortality
395 Predictors of Mortality in Patients with Necrotizing Fasciitis: A Multivariate Analysis

R-222 Critical Care: Translational Science III
Moderators: Nicole Bernal, MD; Aziz Ghahary, PhD

396 Systemic Effect of Adipose Derived Stem Cell for Burn Injury in a Rat Model
397 In-Vitro Stimulation of Renal Tubule Epithelial Cells with Burn Serum Causes Mitochondrial Damage
398 Investigation of Thrombin-Antithrombin and Meizothrombin-Antithrombin Complex Levels in Thermally Injured Patients
399 Establishing an in Vivo Model to Study Pulmonary Neutrophil Extracellular Trap (NET) Formation After Burn Injury
400 Investigating the Mechanisms Involved in Cardiovascular Morbidity Following Non Sever Burn Injury
401 Markers of Smoke Inhalation Injury in Adult Burned Patients
402 Enteral Resuscitation Shows Similar Efficacy to IV Resuscitation in a Porcine 40% TBSA Contact Model
403 A Better Insight to Renal Function in Burn Patients: An Automated Calculator Software using the Kinetic eGFR Formula
R-223 Nursing/Nutrition II
Moderators: Carolyn Blayney, RN, BSN; Deborah Hutsler, RD, MS
404 Decrease of Mesenchymal Stem Cells in Murine Bone Marrow After Thermal Injury
405 The Glucagon-like Peptide-1 Analogue Exendin-4 Inhibiting Pancreatic Beta Cells Apoptosis, Increasing Insulin Secretion and Improving Glucose Tolerance in Severely Scalded Rat
406 Nutritional and Clinical Outcomes of Parenteral Nutrition in Pediatric Burn Patients
407 Growth Velocity in Pediatric Burn Patients 0-5 Years Old
408 Altered Lymphocyte Mitochondrial Respirometry After 40% TBSA in a Swine Model
409 Evidence of Functional Brown Adipose Tissue in Children With Severe Burns
410 Effects of the Combination of Daily Insulin plus Resistance Exercise During the Unloading and Reloading Phases Following Burn and Disuse in Rats on Body Mass, Food Intake and Fat Mass
411 Soybean Peptide Mediates TLR4 and NF-κB Pathway Attenuating Burn Injury-Induced Excessive Inflammation
412 Volume vs. Rate-Based Tube Feeding in Burn Patients: Improving Nutrition
413 Altered Renal and Cardiac Mitochondrial Activity After 40% TBSA in a Swine Model

R-224 Outpatient II
Moderators: Anjay Khandelwal, MD; Keturah Sloan, ACNP
414 Long-term Weight Changes in Pediatric Patients After Burn Injury
415 Barriers to Implementation of a Feedback System for Patient Reported Outcome Measures (PROMs)
416 Sedation and Analgesia for Adult Outpatient Dressing Change: A Survey of American Burn Association (ABA) Burn Centers
417 The Value of a Dedicated Multi-Disciplinary Team in the Outpatient Setting
418 A Comparison of Antibiotic Ointment vs. A Silver-based Dressing for Children with Upper Extremity Burns: a Randomized Controlled Study
419 Bridging Burn Care
420 Complete Wound Closure in Partial Thickness Burns with the Use of Collagen Extracellular Matrix Dressings and an Antimicrobial Foam: A Prospective Cohort, Single Site, Pilot Study
421 Pediatric Treadmill Friction Burns: Outcomes of an Initial Non-operative Approach
422 Variations and Indications for Inpatient Admission Following Evaluation in an Outpatient Burn Clinic
423 Optimizing Outpatient Follow-up Appointments for Burn Transfer Center Referral Calls

R-225 Psychosocial II
Moderators: Michael Peck, MD, ScD; Kimberly Roaten, PhD, CRC
424 School Re-entry Presentations - A Faculty and Staff Perspective
425 Psychosocial Posttraumatic Growth in Pediatric Burn Survivors
426 Implementation of a Psychosocial Screener for Youth in an Outpatient Burn Clinic
427 The Phenomenon of Community Reintegration for Veterans with Burn Injury: Supportive Communities and Future-Oriented Thinking
428 Implementing Early Posttraumatic Stress Disorder Screening in an Inpatient Burn Unit
429 Narrative Medicine as an Intervention in Burn Survivors and Caregivers with PTSD and Depression
430 Mechanism of Injury, TBSA, and Length of Stay Impact Quality of Life Following Burn Injury
431 A Pilot Study of Stress Experienced in the Burn Survivor Peer Support Relationship
432 Hospital Staffs’ Perceptions of Factors Impacting Recovery Among Patients with Burn-related Injuries
R-226 Psychosocial III / Ethics I
Moderators: Julie Caffrey, DO; Kristen Quinn, LPC
433 Appearance Concerns in Pediatric Survivors of Burn Injury and their Parents
434 The Relation(ship) Between Marital Status and Burn Injury: A Burn Model Systems National Database Study
435 Being Female and Having Hand Burns May Be Predictors of Lower Quality of Life in Burn-Injured Youth
436 Young Adult Burn Retreats - Are They Meeting the Needs of Survivors?
437 Quality of Life and Behavioral Health Outcomes in Military Burn Survivors
438 How Burn Patients Die: End of Life Decisions
439 A Bird’s Eye View of Current Burn Peer Support Group Formats and Their Participants
440 Ethics in Burn Care: A Review
441 Genetically Identical Homologous Skin Grafting in a Pediatric Burn Patient

R-227 Psychosocial/Pain, Delirium & Itch
Moderators: Gretchen Carrougher, RN, MN; Claire Murphy, PharmD, BCPS
442 Comparison of Pain Severity in Burn and Non-Burn Trauma Patients
443 An Evaluation of Patients that Failed Outpatient Management but Rescued by the Use of Synthetic Lactic Acid Polymer
444 Pain Assessment Disparities Among Residents and Nurses
445 Continuous Intrathecal Morphine Infusion for Pain Management in a Patient with Burn Injury
446 Peripheral Nerve Blocks for Analgesia in Burn Unit Patients: A Retrospective Study
447 Aromatherapy Reduces Anxiety During Wound Care for Pediatric Burn Patients
448 Pain Protocol for the Use of Enzymatic Debridement in Burns Care
449 Meeting the Psychological Needs of Youth with Burn Injuries through Routine Psychosocial Screening
450 The Hidden Victim—Providing Care to Children of Adult Patients

R-228 Public Health/Epidemiology/Prevention III
Moderators: Angela Gibson, MD, PhD; Ralph Burgos, RN
451 Stakeholder Experiences and Student Perceptions following Implementation of New Advance Burn Life Support Curriculum
452 Marijuana Use is Protective in Burns
453 Effect of the Affordable Care Act on a “Safety Net” Burn Center
454 Hot Water Challenge: An Emerging Threat
455 The Long-Term Outcomes of Electrical Burn Injuries: A Burn Model Systems National Database Study
456 Iatrogenic Burns to the Skin and Lower Genital Tract Following Hydrothermal Endometrial Ablation: A Case Report and Review of the Literature
457 Burn Prevention Education - Milo and Moxie Smart Safety Rangers
458 E-Cigarette Battery Explosion: A Review of Six Cases
459 Burn Prevention Day: Building Relationships Between Hospital and Community to Provide Burn Prevention Education
460 Preventing Mass Casualty Fires Caused by Pyrotechnics

R-229 Public Health / Epidemiology / Prevention IV
Moderators: Elizabeth Dale, MD; Stephanie Farquhar, RN
461 Analysis of the Sunburn Tattoo Trend on Instagram
462 Candida Auris - Infection and Colonization in a Burn Patient
463 Review of Incidence and Determinants of Burn Injury Secondary to Smoking on Home Oxygen
A Community Outreach Effort: Making a Big Difference with Small Burn Injuries

Time Trends and Disparities in Burn Related ED Visits 2000-2014: A National Perspective

“Homemade Slime” a Novel Cause for Pediatric Burns’ Referrals; Do we Need to Raise Awareness?

A Pediatric Burn Unit in Sub-Saharan Africa

Cervical Spine Injuries in Burned Trauma Patients: Prevalence, Mechanism and Outcomes

Burns of Special Etiology in China

Trends in Pediatric Inpatient Burns: A Single Center Study

Understanding Burn Care Challenges in Resource Constraint Settings: A Qualitative Study from South Asia

R-230 Quality III

Moderators: Stephanie Campbell, RN; Brett Arnoldo, MD

A Fifteen Month Perspective on Achieving Early Enteral Nutrition in Burn Patients

The Use of Caprolacton Dressings in Pediatric Burns - A Gold Standard?

Pediatric Hand Burns: Review of a Single Institution Experience

The Qualitative Impact of a Protocol Harnessing the Multidisciplinary Approach

Burn Injury Characteristics and Factors Influencing Unplanned Hospital Readmissions

Clotted Central Lines and Tissue Plasminogen Activator (TPA) in Burned Children

Burn Care and Splint Application Order Improvement Project

Using Dehydrated Amniotic Membrane Skin Substitute in Facial Burn: Is There A Safety Difference Between Adults Vs. Pediatric Patients?

Length-of-Stay Measured Against Baux Scores on an Adult Burn Unit, a QI Project

TeleBurn Program Development Utilizing a Multidisciplinary Team in a Rural Area to Improve Access and Care

R-231 Quality/Outpatient

Moderators: Tammy Coffee, RN, MSN, ACNP; Lisa Rae, MD, MS

Parental Satisfaction with Soft Casting Technique in Management of Pediatric Extremity Burns

Narcotic Control Measures in the Midst of an Opioid Crisis

Management of Hydrofluoric Acid Exposures

Classification and Prognostic Factors in Inhalation Injury

How Burn Patients Die: Burns and End of Life Decisions

Improving Quality for Burn Patients in a General Intensive Care Unit

Use of Medical Photography Services at a Pediatric Burn Center

A Quality Improvement Project to Increase Deep Sedation for Initial Burn Wound Debridement

Improving Communication With Families During Surgery: A Technological Approach

Defining the Roles of the Physician Assistant in a Large Urban Burn Center

R-232 Rehabilitation II

Moderators: Rebekah Allely, OTR/L; Bernadette Nedelec, PhD, BSc, OT

Development of a Decision Tree to Assist with Treatment of Burn-Related Ankle Contractures

Delayed Serial Casting Promotes Effective Functional Recovery 2 Years Post Burn A Case Study of Long Term Outcomes

Can Mature Facial Scars Benefit From a Transparent Face Mask?

Survey of National and Local Timing of Compression Therapy in Burn Patients

Treatment of Lagophthalmos Using Kinesiology Tape in Burn Patients: A Case Study

Custom Pressure Garment Cost Does Not Impact Wear Compliance
Poster Sessions

498 The Use of Video Assisted Home Programs as an Adjunct for Pediatric Burn Patients with Communication and suspected Cognitive Deficits in an Out-Patient Setting

499 A National Survey of Therapy Protocols for the Treatment of Hand Burns

500 Vibrotactile Stimulation and Pain Modulated Range of Motion Gains in Burn Scars

R-233 Wounds: Clinical III

Moderators: Sarah Bernardy, RN; Sarvesh Logsetty, MD

501 Second-Degree Burn Care with a Lactic Acid Based Biodegradable Skin Substitute in 229 Pediatric and Adult Patients

502 Sweet or Sour? Real-World Experience with Honey in the Burn Center

503 The Use of Piscine Allograft in the Treatment of Superficial Burns and Split Thickness Skin Graft Donor Sites

504 Accuracy of Scar Measurements in a Porcine Burn Model

505 Two Pig Studies. A New Dermatome vs. Weck and Standard Dermatomes for Excision and Graft Harvesting

506 Sweet Dressings: Honey Use in United States and Canadian Burn Centers

507 Treatment of Hypertrophic Granulation in Burns: Review of the Literature

508 Fresh vs Frozen Cadaveric Allograft Skin - An Initial Comparison of Cost and Utilization

509 The Future of Burns Surgery Training-using handheld technology

510 Bromelain based Enzymatic Debridement in Burns: An European Consensus

R-234 Wounds: Clinical IV

Moderators: Nicholas Faoro, RN; Samuel Jones, MD

511 The Use of Multiday Silver Impregnated Mesh Dressing in Pediatric Patients with Steven Johnson Syndrome and Toxic Epidermal Necrolysis

512 Delusional Parasitosis: An Unusual yet Dangerous Diagnosis in Self-Inflicted Burn Injury

513 Treatment of Deep Palmar Burns Based on Anatomic, Histologic and Topographical Characteristics

514 Review of Surgical and Decompressive Therapies in Burn Injuries

515 Enzymatic Debridement for Burns - Off Label Experience

516 Fetal Bovine Dermis as an Alternative to Allograft for Large Burn Injuries

517 Successful Posterior Cultured Epidermal Autograft Placement to a Major Burn Victim: A University Burn Center Experience and Review of the Literature

518 Changing Practice in the Surgical Management of Major Burns - Delayed Definitive Closure

519 The Application of Negative Pressure Wound Therapy to Promote Integration of Facial Grafts and Dermal Substitutes

520 Full Thickness Chemical Burn from Trifluoroacetic Acid: A Case Report

R-235 Wounds: Translational II

Moderators: Bonnie Carney, BS; Joseph Molnar, MD

521 Non-Invasive Imaging Device for Detection of Non-Healing Burns: An Initial Clinical Case Series

522 Omega-3 Rich Fish Skin Grafts Reduce Donor Skin Requirements for Full Thickness Burns

523 Testing of Negative Pressure Capillary Dressing to Improve Wound Healing

524 A Multi-functional Liquid Skin Substitute in Wound Healing

525 PEG-Plasma Hydrogels Increase Epithelialization Using a Human Ex Vivo Skin Model

526 Non-Cytotoxic Ultrathin Antimicrobial Hydrogel Dressings Containing Ionic and Metallic Silver

527 Targeting Lysyl Oxidase (LOX) Activity to Improve Scar Appearance

528 Combination Topical Therapy in Burns and Wounds May Not be as Symbiotic as Once Thought

529 Evaluating Clinical Observation, Spatial Frequency Domain Imaging (SFDI) and Laser Speckle Imaging (LSI) for the Assessment of Burns
R-236 Wounds: Translational III
Moderators: Abdulnaser Alkhaili, PhD, PharmD; Marc Jeschke, MD, PhD

530 Debridement of Sulfur Mustard Burns: Comparison of 3 Methods
531 The Role of Big Data in Burns Care of the Future
532 The Use of Topical Steroids for the Treatment of Burn-Related Hypertrophic Granulation Tissue and Unstable Scar
533 Effects of Topically Applied Morphine-Loaded Keratin Hydrogels on Wound Healing in a Porcine Burn Model.
534 Assessment of the First 30 Hours of Burn Progression in a Porcine Burn Model
535 Porcine Infected Partial-Thickness Burn Wound Model
536 Glucocorticoid Prevents Apoptosis of Heat-injured Fibroblast Cells in Vitro Experiment Model
537 Burn Clinical Trials: A Systematic Review of Registration and Publications
538 Prioritizing Target Genes from Large Clinical Datasets Using Watson Drug Discovery (WDD)
539 Only Micrograft/CEA vs Cuono’s Method: A Review
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