SAVING LIVES

SUPPORTING BURN SURVIVORS EVERY STEP OF THE WAY

“How do you thank someone for changing your life? Someone out there cared enough to make sure we don’t have to be alone. Thank you doesn’t seem like enough.” - KADE

The Newton Kids: Gage, Braegan, and Kade.

PureSkin
ALLOGRAFT SKIN FOR BURN MANAGEMENT

AS THE LARGEST SUPPLIER OF SKIN ALLOGRAFTS FOR BURNS, WE ARE READY TO HELP YOU HEAL YOUR PATIENTS!

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Private Practice Therapist
Allentown, PA

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Winnipeg Health Sciences Centre
Winnipeg, MT, Canada

PAST PRESIDENTS
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Crozer-Chester Medical Center
Upland, PA

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Arizona Burn Center
Phoenix, AZ

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EXECUTIVE DIRECTOR
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American Burn Association
Chicago, IL

FUTURE ABA MEETINGS

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
### PAST PRESIDENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Year</th>
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<tr>
<td>1969</td>
<td>Curtis P. Artz, MD*</td>
<td>1994</td>
<td>David N. Herndon, MD, FACS</td>
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<td>1970</td>
<td>Boyd W. Haynes Jr., MD, FACS*</td>
<td>1995</td>
<td>Robert H. Demling, MD, FACS</td>
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<td>1971</td>
<td>John A. Moncrief, MD*</td>
<td>1996</td>
<td>Andrew M. Munster, MD, FRCS, FACS*</td>
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<tr>
<td>1972</td>
<td>Robert M. McCormack, MD, FACS*</td>
<td>1997</td>
<td>William F. McManus, MD, FACS*</td>
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<tr>
<td>1973</td>
<td>Charles R. Baxter, MD, FACS*</td>
<td>1998</td>
<td>Edwin A. Deitch, MD, FACS</td>
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<td>1974</td>
<td>Bruce G. Macmillan, MD*</td>
<td>1999</td>
<td>Cleon W. Goodwin, MD, FACS</td>
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<tr>
<td>1975</td>
<td>John A. Boswick Jr., MD, FACS*</td>
<td>2000</td>
<td>John L. Hunt, MD, FACS</td>
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<td>1976</td>
<td>Basil A. Pruitt Jr., MD, FACS</td>
<td>2001</td>
<td>Ronald G. Tompkins, MD, ScD, FACS</td>
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<td>William W. Monafo Jr., MD, FACS*</td>
<td>2002</td>
<td>Jeffrey R. Saffle, MD, FACS</td>
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<td>1978</td>
<td>Alan R. Dimick, MD, FACS</td>
<td>2003</td>
<td>Marion H. Jordan, MD, FACS*</td>
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<td>1979</td>
<td>Duane L. Larson, MD, FACS*</td>
<td>2004</td>
<td>Lynn D. Solem, MD, FACS</td>
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<td>1980</td>
<td>Arthur D. Mason Jr., MD*</td>
<td>2005</td>
<td>Richard L. Gamelli, MD, FACS</td>
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<td>1981</td>
<td>Charles E. Hartford, MD, FACS</td>
<td>2006</td>
<td>Gary F. Purdue, MD, FACS*</td>
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<td>1982</td>
<td>John F. Burke, MD, FACS*</td>
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<td>David G. Greenhalgh, MD, FACS</td>
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<td>1983</td>
<td>Francis C. Nance, MD, FACS</td>
<td>2008</td>
<td>Richard J. Kagan, MD, FACS</td>
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<td>1984</td>
<td>P. William Curreri, MD, FACS</td>
<td>2009</td>
<td>G. Patrick Kealey, MD, FACS</td>
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<td>J. Wesley Alexander, MD, ScD, FACS*</td>
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<td>Robert L. Sheridan, MD, FACS</td>
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<td>1986</td>
<td>Martin C. Robson, MD, FACS</td>
<td>2011</td>
<td>Sidney F. Miller, MD, FACS*</td>
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<td>1987</td>
<td>Joseph A. Moylan, MD, FACS*</td>
<td>2012</td>
<td>Nicole S. Gibran, MD, FACS</td>
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<tr>
<td>1988</td>
<td>David M. Heimbach, MD, FACS*</td>
<td>2013</td>
<td>Tina L. Palmieri, MD, FACS, FCCM</td>
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<td>1989</td>
<td>C. Gillon Ward, MD, FACS</td>
<td>2014</td>
<td>Palmer Q. Bessey, MD, FACS, MS</td>
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<td>1990</td>
<td>Thomas L. Wachtel, MD, FACS*</td>
<td>2015</td>
<td>David H. Ahrenholz, MD, FACS</td>
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<td>Fred T. Caldwell Jr., MD, FACS*</td>
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<td>Edward E. Tredget, MD, MSc, FRCS(c)</td>
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<td>1992</td>
<td>Roger E. Salisbury, MD, FACS</td>
<td>2017</td>
<td>Michael D. Peck, MD, ScD, FACS</td>
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<tr>
<td>1993</td>
<td>Glenn D. Warden, MD, FACS</td>
<td>2018</td>
<td>Linwood R. Haith, MD, FACS, FCCM</td>
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</tbody>
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*Deceased

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**BOOTH #312**

Visit the ABA Resource Center to pick up your commemorative 2019 Annual Meeting pin
**PAST MEMBERSHIP OFFICERS (BOARD OF TRUSTEES)**

<table>
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<th>Year</th>
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<tr>
<td>1975–1977</td>
<td>Elizabeth Sheehy, RN, MEd</td>
<td>1997–2000</td>
<td>Jane Shelby, PhD</td>
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<tr>
<td>1980–1982</td>
<td>Peter A. Brigham, MSW*</td>
<td>2000–2004</td>
<td>Michele Gottschlich, PhD, RD</td>
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<td>1983–1985</td>
<td>Elizabeth A. Bayley, RN, PhD</td>
<td>2003–2007</td>
<td>Patricia W. Gillespie, RN, MS</td>
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<td>1986–1988</td>
<td>Beth Helvig, RN, MS, CETN</td>
<td>2006–2010</td>
<td>Mary Jo Baryza, PT, MS, PCS</td>
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**PAST 2ND VICE PRESIDENTS (BOARD OF TRUSTEES)**

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<tr>
<td>1996–1997</td>
<td>Sally Abston, MD, FACS</td>
<td>2014–2017</td>
<td>Ernest J. Grant, RN, BSN, MS, PhD, FAAN</td>
</tr>
</tbody>
</table>

*Deceased*
2019 ANNUAL MEETING HIGHLIGHTS

• Special SIG educational sessions with guest speakers and CEUs: 12 SIG meetings will be offering CEUs for attendees
• 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
• Fitness classes: Pilates and Yoga offered to help you keep active
• Disciplines, Topics & Educational Levels: Use the ABA mobile app or the online schedule to find sessions by discipline, topic and educational level
• New Member Welcome Breakfast & International Attendee Welcome Breakfast
• Presidential Plenary: Can the Dazed, Desperate, and Indigent Agree to Anything? Problems of Euvoluntarity
• Local Burn Center Tour
• ABA Business Meeting: Learn what is happening in the ABA

NEW THIS YEAR

• No tickets! No more getting closed out of sessions during registration, only to find that half the people with tickets didn’t show up. This year we are trying a first-come, first-served structure. Show up early for sessions you can’t miss!
• Medicine, Mentorship & Me Plenary Session—Learn tips for being a good mentor or finding and developing a mentoring relationship. Enjoy an opportunity for networking and refreshments.
• Friday Educational Lunch Forums—Grab a box lunch and head into one of seven options for more education!
• Closing Carnivale Celebration—New format! Come as you are for this casual, fun Carnivale-themed event. Enjoy fun entertainment, themed buffet stations, and dance the night away under the stars. The event will be held poolside at the Rio.
• Improved evaluation—The ABA is working to streamline the evaluation process. We want your feedback, but we want it to be easy for you to provide.
• Session recordings—We are piloting recording a few sessions this year. They will be available online after the meeting.

EXHIBIT HALL HOURS

Tuesday, April 2
3:00 pm–7:00 pm
5:00 pm–7:00 pm | Opening Reception

Wednesday, April 3
9:30 am–7:00 pm
5:30 pm–7:00 pm | Wine & Cheese Reception

Thursday, April 4
9:30 am–2:00 pm

REGISTRATION HOURS

Sunday, March 31
4:00 pm–6:00 pm

Monday, April 1
7:00 am–6:00 pm

Tuesday, April 2
7:00 am–6:00 pm

Wednesday, April 3
6:00 am–6:00 pm

Thursday, April 4
6:00 am–4:30 pm

Friday, April 5
7:00 am–4:30 pm

SPEAKER READY ROOM

The Speaker Ready Room is located in Conga C. 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 2
7:00 am–5:00 pm

Wednesday, April 3
7:00 am–5:00 pm

Thursday, April 4
7:00 am–5:00 pm

Friday, April 5
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: aba2019
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.

**Nursing CE**
American Burn Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

The American Burn Association designates this live activity for a maximum of 37 CNE contact hours. Nurses should only claim credit commensurate with the extent of their participation in the activity.

**Other Organizations**
This program has been submitted to the following organizations for approval to award contact hours:
- Commission on Dietetic Registration
- American Occupational Therapy Association, Inc.
- Nevada State Board of Physical Therapy Examiners
- National Association of Social Workers
- ABA Division 22 (Rehabilitation Psychology)

**OBTAINING CE CREDIT**

CE credit is awarded based on participation in the learning activities. CME credits can be claimed online at https://www.cteusa.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 2019, newly appointed committee members are invited to attend and observe the meetings. For a list of the 2019–2020 Committee members visit www.ameriburn.org.

<table>
<thead>
<tr>
<th>MONDAY, APRIL 1</th>
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<tbody>
<tr>
<td>Burn Prevention Committee</td>
<td>8:00 am–2:00 pm</td>
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<tr>
<td>MAC – Membership Advisory Committee</td>
<td>8:00 am–3:00 pm</td>
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<tr>
<td>BSAP – Burn Science Advisory Panel</td>
<td>9:00 am–12:00 pm</td>
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<td>Professional Certification Committee</td>
<td>9:00 am–12:00 pm</td>
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<tr>
<td>International Outreach Committee</td>
<td>10:00 am–12:00 pm</td>
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<tr>
<td>ODBC – Organization &amp; Delivery of Burn Care</td>
<td>1:00 pm–4:00 pm</td>
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<tr>
<td>Elderly Burn Care Committee</td>
<td>1:00 pm–3:30 pm</td>
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<tr>
<td>Ad Hoc Reconstructive Committee</td>
<td>1:00 pm–3:00 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>Quality &amp; Burn Registry Committee</td>
<td>1:00 pm–3:00 pm</td>
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<tr>
<td>Research Committee</td>
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<td>Government Affairs Committee</td>
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<td>Rehabilitation Committee</td>
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<td>Aftercare Reintegration Committee</td>
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<td>Ethics Committee</td>
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<td>Verification Committee</td>
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<td>Education Committee</td>
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<td>Archives Committee</td>
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<tr>
<td>JBCR Editorial Board Meeting</td>
<td>12:15 pm–1:45 pm</td>
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</table>

ABA’s new platform to participate in SIGs and connect with colleagues.

my.ameriburn.org
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.

MONDAY, APRIL 1
Federation of Burn Foundations SIG: How to Recruit, Train and Retain Volunteers * 6:00 pm–8:00 pm Tropical
Canadian SIG 6:00 pm–11:00 pm Palma

TUESDAY, APRIL 2
OT/PT SIG: Upper Extremity Burns: Seen Through the Lens of the Burn Therapist with Focus on Hand, Forearm and Elbow* 7:30 am–12:00 pm Amazon G
Nutrition SIG* 8:00 am–10:00 am Tropical G
Nursing SIG* 8:00 am–10:00 am Miranda 5
Research SIG: Specific Aims Workshop: Crafting Your NIH or DOD Proposal (Research Series) 8:00 am–10:00 am Miranda 7
Burn Camp SIG: Making the Case for Camp for the Youth of Today and Tomorrow* 8:00 am–11:00 am Tropical C
Reconstructive SIG * 8:00 am–11:00 am Amazon E
Burn Prevention/Epidemiology SIG: Data: Conquering Your Fear of Utilizing Databases for Burn Prevention Initiatives* 8:00 am–1:00 pm Miranda 3
Pediatric Burns SIG 10:00 am–12:00 pm Miranda 5
Pharmacy SIG: Updates in Burn Pharmacotherapy* 10:00 am–1:00 pm Tropical H
Burn Registry Users SIG 10:00 am–12:00 pm Tropical G
Burn Survivor and Reintegration/Psychosocial SIG: Adolescent Traumatic Burn Injuries: Identifying and Treating Substance Use and Suicidality* 11:00 am–1:00 pm Amazon E
Disaster SIG: Burn Disaster* 12:00 pm–2:00 pm Miranda 8
Fluid Resuscitation SIG 12:00 pm–2:00 pm Miranda 5
Fire Fighters SIG* 12:00 pm–5:00 pm Tropical A
APRN/PA SIG: Antibiotic Stewardship in Burns Across the Continuum: Pharmacy Review* 1:00 pm–3:00 pm Miranda 7
Bioengineering/Biophysics SIG 1:00 pm–3:00 pm Miranda 3
Anesthesiology/Respiratory SIG 2:00 pm–4:00 pm Tropical H
Burn Physicians SIG 3:00 pm–5:00 pm Tropical E

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FOUNDATION

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PROGRAM OVERVIEW

MONDAY, APRIL 1
7:30 am–5:00 pm  ABLS: Provider Course
7:30 am–5:00 pm  ABPC: Advanced Burn Provider Courses
7:30 am–5:00 pm  Committee Meetings
6:00 pm–10:00 pm  SIG Meetings

TUESDAY, APRIL 2
7:30 am–4:00 pm  ABLS: Instructor Course
8:00 am–5:00 pm  SIG Meetings
12:00 noon–1:30 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: Time Heals All Wounds, But the Right Technique Can’t Hurt
4:15 pm–5:30 pm  ABuRN Town Hall
5:00 pm–7:00 pm  Opening Reception & Networking in the Exhibit Hall
7:00 pm–8:30 pm  Sponsored Symposia: A Debate: Discussing the Journey Between Past, Current and Future Paradigms – Medline

WEDNESDAY, APRIL 3
6:15 am–7:00 am  Pilates
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: Contribution in Context
9:30 am–10:00 am  Break with Exhibitors
10:00 am–12:00 pm  Correlatives & Educational Forums
12:00 noon–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  Plenary: Medicine, Mentorship, and Me
5:30 pm–7:00 pm  Wine & Cheese Reception with Exhibitors
7:00 pm–8:30 pm  Sponsored Symposia: Laser Beams, Reimbursement Streams, and a New Standard for Post Acute Burn Care – Lumenis
7:00 pm–8:30 pm  Sponsored Symposia: Regeneration of functional skin with SkinTE – PolarityTE

THURSDAY, APRIL 4
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  Presidential Plenary
9:30 am–10:00 am  Break with Exhibitors
10:00 am–12:00 pm  Correlatives & Educational Forums
12:00 noon–2:00 pm  Lunch in the Exhibit Hall
12:15 pm–1:45 pm  JBCR Editorial Lunch
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
4:15 pm–6:00 pm  Burn Center Tours
5:30 pm–7:00 pm  Sponsored Symposia: VERSAJET II Exact Hydrosurgery System in the outpatient clinic: providing debridement outside of the operating room – Smith & Nephew
5:30 pm–7:00 pm  Sponsored Symposia: RECELL Hands On Symposia – Avita Medical

FRIDAY, APRIL 5
6:30 am–7:45 am  Top Sunrise Symposia
8:00 am–9:30 am  Best of the Best Abstracts
9:30 am–10:00 am  Break
10:00 am–12:00 pm  Correlatives
10:00 am–12:00 pm  Best in Category Posters
12:15 pm–1:45 pm  Lunch Educational Forums
2:00 pm–4:00 pm  Educational Forums
4:15 pm–5:30 pm  Business Meeting
7:00 pm–Midnight  Closing Carnivale Celebration
## DETAILED PROGRAM SCHEDULE

### MONDAY, APRIL 1

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<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>ABLS: Provider Course</td>
<td>7:30 am–5:00 pm</td>
<td>Palma</td>
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<tr>
<td>ABPC: Advanced Burn Provider Course</td>
<td>7:30 am–5:00 pm</td>
<td>Coco</td>
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<tr>
<td>Committee Meetings</td>
<td>8:00 am–8:00 pm</td>
<td>See page 6</td>
</tr>
<tr>
<td>SIG Meetings</td>
<td>6:00 pm–10:00 pm</td>
<td>See page 7</td>
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### TUESDAY, APRIL 2

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<tr>
<td>ABLS: Instructor Course</td>
<td>7:30 am–4:00 pm</td>
<td>Palma</td>
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<tr>
<td>SIG Meetings</td>
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<td>See page 7</td>
</tr>
<tr>
<td>Board and Committee Chair Luncheon</td>
<td>12:00 pm–1:30 pm</td>
<td>Miranda 1</td>
</tr>
<tr>
<td>Burn Center Leadership Boot Camp</td>
<td>1:00 pm–5:00 pm</td>
<td>Amazon G</td>
</tr>
<tr>
<td>Fundamentals of Burn Care: Time Heals All Wounds, But the Right Technique Can’t Hurt</td>
<td>1:00 pm–5:00 pm</td>
<td>Amazon A</td>
</tr>
<tr>
<td>Archives Committee</td>
<td>3:30 pm–5:00 pm</td>
<td>Miranda 1</td>
</tr>
<tr>
<td>ABuRN Town Hall</td>
<td>4:15 pm–5:30 pm</td>
<td>Palma</td>
</tr>
<tr>
<td>Opening Reception &amp; Networking in the Exhibit Hall</td>
<td>5:00 pm–7:00 pm</td>
<td>Rio Pavilion</td>
</tr>
<tr>
<td>Sponsored Symposia: A Debate: Discussing the Journey Between Past, Current and Future Paradigms – Medline</td>
<td>7:00 pm–8:30 pm</td>
<td>Miranda 1</td>
</tr>
</tbody>
</table>

### WEDNESDAY, APRIL 3

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilates</td>
<td>6:15 am–7:00 am</td>
<td>Tango</td>
</tr>
<tr>
<td>Sunrise Symposia</td>
<td>6:30 am–7:00 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>Tropical</td>
</tr>
<tr>
<td>Opening Ceremony &amp; Presidential Address: Contribution in Context</td>
<td>8:00 am–9:30 am</td>
<td>Brasilia</td>
</tr>
<tr>
<td>Break with Exhibitors</td>
<td>9:30 am–10:00 am</td>
<td>Rio Pavilion</td>
</tr>
<tr>
<td>Correlative I - Critical Care: Clinical I</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon G</td>
</tr>
<tr>
<td>Correlative II - Nursing</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon R</td>
</tr>
<tr>
<td>Correlative III - Public Health / Prevention / Ethics</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon N</td>
</tr>
<tr>
<td>Correlative IV - Quality Improvement</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon E</td>
</tr>
<tr>
<td>Correlative V - Wounds: Translation Science</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon L</td>
</tr>
<tr>
<td>Fire Fighter I: Fundraising for Foundations</td>
<td>10:00 am–12:00 pm</td>
<td>Tropical</td>
</tr>
<tr>
<td>Rehabilitation Workshop: Upper Extremity Burns, Seen Through the Lens of the Burn Therapist with Focus on Elbow and Shoulder</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon A</td>
</tr>
<tr>
<td>Lunch in the Exhibit Hall</td>
<td>12:00 pm–2:00 pm</td>
<td>Rio Pavilion</td>
</tr>
<tr>
<td>Poster Rounds</td>
<td>12:30 pm–1:30 pm</td>
<td>Rio Pavilion</td>
</tr>
<tr>
<td>Burn Reconstruction: Part 1 (2-day)</td>
<td>2:00 pm–4:00 pm</td>
<td>Amazon A</td>
</tr>
<tr>
<td>Brief Psychological Interventions for the Multidisciplinary Team: Part 1 (2-day)</td>
<td>2:00 pm–4:00 pm</td>
<td>Tropical</td>
</tr>
<tr>
<td>Animal Models for Burn Wound Healing &amp; Scar Research</td>
<td>2:00 pm–4:00 pm</td>
<td>Amazon L</td>
</tr>
<tr>
<td>Phoning It In: Telemedicine in Burn Care</td>
<td>2:00 pm–4:00 pm</td>
<td>Amazon E</td>
</tr>
</tbody>
</table>
Per Protocol: A Standardized, Interdisciplinary Approach to Medication Management of Burn Patients 2:00 pm–4:00 pm Amazon N

Controversies in Acute Fluid Resuscitation of the Burn Patient 2:00 pm–4:00 pm Amazon G

Plenary: Medicine, Mentorship, and Me 4:15 pm–5:30 pm Amazon A

Wine & Cheese Reception with Exhibitors 5:30 pm–7:00 pm Rio Pavilion

Sponsored Symposia: Laser Beams, Reimbursement Streams and a New Standard for Post Acute Burn Care – Lumenis 7:00 pm–8:30 pm Miranda 5

Sponsored Symposia: Regeneration of functional skin with SkinTE – PolarityTE 7:00 pm–8:30 pm Miranda 1

THURSDAY, APRIL 4

Yoga 6:15 am–7:00 am Tango

Sunrise Symposia 6:30 am–7:45 am See page 28

International Attendee Breakfast 7:00 am–7:45 am Tropical

Presidential Plenary: Can the Dazed, Desperate, and Indigent Agree to Anything? Problems of Euvoluntarity 8:00 am–9:30 am Brasilia

Break with Exhibitors 9:30 am–10:30 am Rio Pavilion

Correlative VI - Critical Care: Clinical II 10:00 am–12:00 pm Amazon G

Correlative VII - Reconstruction 10:00 am–12:00 pm Amazon L

Correlative VIII - Psychosocial / Pain, Agitation and Itch 10:00 am–12:00 pm Amazon N

Correlative IX - Quality Improvement/Outpatient Burn Management 10:00 am–12:00 pm Amazon E

Correlative X - Critical Care: Translation Science 10:00 am–12:00 pm Amazon R

Fire Fighter II: All Hazard All Risk 10:00 am–12:00 pm Tropical

Prevention Workshop: How to Build, Grow and Strengthen Your Burn Prevention Activities and Programs 10:00 am–12:00 pm Amazon A

Lunch in the Exhibit Hall 12:00 pm–2:00 pm Rio Pavilion

Poster Rounds 12:30 pm–1:30 pm Rio Pavilion

ECMO in Burns - Ready for Prime Time? 2:00 pm–4:00 pm Amazon L

Burn Reconstruction: Part 2 (2-day) 2:00 pm–4:00 pm Amazon A

Brief Psychological Interventions for the Multidisciplinary Team: Part 2 (2-day) 2:00 pm–4:00 pm Tropical

Recent Advances in Burn Wound Healing 2:00 pm–4:00 pm Amazon G

Funding Your Burn Research With NIDILRR 2:00 pm–4:00 pm Amazon R

Acute Pain Management: Managing Burn Pain in an Opioid Crisis Environment 2:00 pm–4:00 pm Amazon E

Reaching for the Sky: Early End of Range Splinting to Prevent Axilla Contracture in Pediatrics 2:00 pm–4:00 pm Amazon N

The Year in Review: The Top Journal Publications 4:15 pm–5:30 pm Amazon A

Changing Places 4:15 pm–6:00 pm Amazon G

Burn Center Tour 4:15 pm–6:00 pm Conference Center Entrance
### Detailed Program Schedule

**Sponsored Symposia: VERSAJET II Exact Hydrosurgery System**
in the outpatient clinic: providing debridement outside of the operating room – Smith & Nephew

5:30 pm–7:00 pm  Miranda 1

**Sponsored Symposia: RECELL Hands On Symposia – Avita Medical**

5:30 pm–7:00 pm  Miranda 5

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**FRIDAY, APRIL 5**

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Symposium: Comprehensive Care of Face and Neck Burns</td>
<td>6:30 am–7:45 am</td>
<td>Miranda 1</td>
</tr>
<tr>
<td>Top Symposium: Topically Speaking: Burn Dressing Techniques and Topical Considerations</td>
<td>6:30 am–7:45 am</td>
<td>Miranda 3</td>
</tr>
<tr>
<td>Top Symposium: Achieving Quality Care: What Should We Be Measuring and How?</td>
<td>6:30 am–7:45 am</td>
<td>Miranda 5</td>
</tr>
<tr>
<td>Best of the Best Abstracts</td>
<td>8:00 am–9:30 am</td>
<td>Amazon G</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>Amazon G</td>
</tr>
<tr>
<td>Correlative XII - Public Health/ Epidemiology</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon E</td>
</tr>
<tr>
<td>Correlative XIII - Rehabilitation</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon L</td>
</tr>
<tr>
<td>Correlative XIV - Wounds: Clinical</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon A</td>
</tr>
<tr>
<td>Correlative XV - Nutrition/ Metabolism</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon R</td>
</tr>
<tr>
<td>Correlative XVI - Psychosocial II</td>
<td>10:00 am–12:00 pm</td>
<td>Amazon N</td>
</tr>
<tr>
<td>Best in Category Posters</td>
<td>10:00 am–12:00 pm</td>
<td>Tropical</td>
</tr>
<tr>
<td>Achieving Burn Therapist Certification: The Ins and Outs</td>
<td>12:15 pm–1:45 pm</td>
<td>Amazon R</td>
</tr>
<tr>
<td>Benevolent Parentalism: The Ethics of Doing</td>
<td>12:15 pm–1:45 pm</td>
<td>Amazon G</td>
</tr>
<tr>
<td>Good for Burn Patients</td>
<td>12:15 pm–1:45 pm</td>
<td>Amazon E</td>
</tr>
<tr>
<td>Being an Effective Burn Advocate</td>
<td>12:15 pm–1:45 pm</td>
<td>Amazon A</td>
</tr>
<tr>
<td>Laser Workshop: Biophotonics and Burn Scar Remodulation</td>
<td>12:15 pm–1:45 pm</td>
<td>Tropical</td>
</tr>
<tr>
<td>ABA Verification: Common Reasons for Burn Centers to Fail Verification and How to Overcome Them</td>
<td>12:15 pm–1:45 pm</td>
<td>Tropical</td>
</tr>
<tr>
<td>It’s Not All About the Patient, What About the Staff? Part II</td>
<td>12:15 pm–1:45 pm</td>
<td>Amazon N</td>
</tr>
<tr>
<td>Research on Burn Injury and the Modulation of the Host Microbiome: We Need to Catch Up</td>
<td>12:15 pm–1:45 pm</td>
<td>Amazon L</td>
</tr>
<tr>
<td>Burns of the Hand in Children and Adults</td>
<td>2:00 pm–4:00 pm</td>
<td>Amazon G</td>
</tr>
<tr>
<td>Aftercare Programs: Survivor Perspectives on Why these Programs are Critical, What Works, and How the Burn Team Can Help!</td>
<td>2:00 pm–4:00 pm</td>
<td>Amazon L</td>
</tr>
<tr>
<td>MAC Forum: Disaster Roles and Responsibilities: Who Really Does What?</td>
<td>2:00 pm–4:00 pm</td>
<td>Amazon N</td>
</tr>
<tr>
<td>Burn Care in the Elderly</td>
<td>2:00 pm–4:00 pm</td>
<td>Amazon R</td>
</tr>
<tr>
<td>Controversies in Modern Burn Care: The Pro-Con Debates</td>
<td>2:00 pm–4:00 pm</td>
<td>Amazon A</td>
</tr>
<tr>
<td>International Outreach Forum: Progress Across the Globe</td>
<td>2:00 pm–4:00 pm</td>
<td>Amazon E</td>
</tr>
<tr>
<td>Business Meeting</td>
<td>4:15 pm–5:30 pm</td>
<td>Tropical</td>
</tr>
<tr>
<td>Closing Carnivale Celebration</td>
<td>7:00 pm–Midnight</td>
<td>Poolside</td>
</tr>
</tbody>
</table>
COMMITTEE MEETINGS
See page 6.

SIG MEETINGS
See page 7.

COURSES

ABLS: PROVIDER COURSE
7:30 am–5:00 pm | Palma

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.

ABPC: ADVANCED BURN PROVIDER COURSE
7:30 am–5:00 pm | Coco

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 one-day course 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.

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

• Assess and apply basic wound dressings skills.
• Define common causes of failed resuscitation in burn care.
• Perform an escharotomy and basic wound care on a burn simulator.
Solutions for their journey

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Focused products:
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SIG MEETINGS
See page 7.

COURSES

ABLS: INSTRUCTOR COURSE
7:30 am–4:00 pm | Palma

The Advanced Burn Life Support Instructor Course is a five-hour course for physicians, and seven-hour course for 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.

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.

EDUCATIONAL FORUMS

FUNDAMENTALS OF BURN CARE: TIME HEALS ALL WOUNDS, BUT THE RIGHT TECHNIQUE CAN’T HURT | F-094
1:00 pm–5:00 pm | Amazon A

Course Directors: Vimal K. Murthy, MD; Angela Whitley, RN

We’ve come a long way from dressing burns and wounds in vinegar and tanning solutions. Today there are myriad burn and wound care dressings available to practitioners. This session will review the current research on wound treatments and clarify their appropriate use. Smaller breakout sessions will allow more individualized and hands-on learning.

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

• Describe normal wound healing.
• List the different wound treatments available and their benefits and short comings.
• Explain burn and wound care treatment options.
• List advanced wound healing treatments and identify when their use is appropriate.

1:00 pm–1:15 pm Introduction and Course Description
Vimal K. Murthy, MD

1:15 pm–1:45 pm Antimicrobial Discussion
Emily Schwantke, PA-C

1:45 pm–2:20 pm Elemental Discussion
Anne Wagner, MD

2:20 pm–2:55 pm Breakout Group

2:55 pm–3:10 pm Break

3:10 pm–3:45 pm Skin Substitute Discussion
Claudia C. Malic, MD

3:45 pm–4:25 pm Breakout Group

4:25 pm–5:00 pm Panel Discussion
Vimal K. Murthy, MD; Emily Schwantke, PA-C; Anne Wagner, MD; Claudia Malic, MD
BURN CENTER LEADERSHIP BOOT CAMP | F-095
1:00 pm–5:00 pm | Amazon G
Course Directors: David T. Harrington, MD; J. Bradley 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 sufficient 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 and describe teamwork principles.
• Apply leadership and communication skills.
• Describe and apply principles of quality improvement and assessment.

1:00 pm–1:10 pm Introduction
David T. Harrington, MD; Brad Wiggins, RN, BSN

1:10 pm–1:45 pm  Leadership and Management Resources
Kathleen A. Hollowed, RN, MSN

1:45 pm–2:20 pm  Starting and Maintaining a Research Program in your Burn Center
Jeffrey W. Shupp, MD

2:20 pm–2:55 pm  Implementing Quality Improvement Programs that Foster Change
Jamie Heffernan, MSN, RN, CCRN-K

2:55 pm–3:30 pm  Resiliency: Practical Strategies to Help you and your Teams Bounce Back
Megan Call, PhD

3:30 pm–3:40 pm  Break

3:40 pm–4:15 pm  Teamwork – The 7 Habits of Highly Effective Teams
Scott Hultman, MD, MBA

4:15 pm–4:50 pm  Outpatient Care – The New Frontier
David T. Harrington, MD

4:50 pm–5:00 pm Questions & Answers

ABuRN TOWN HALL | F-096
4:15 pm–5:30 pm | Palma
Director: James H. Holmes IV, MD

The ABuRN group of the American Burn Association is a multidisciplinary group of ABA members 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.

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.

SPONSORED SYMPOSIA

A DEBATE: DISCUSSING THE JOURNEY BETWEEN PAST, CURRENT AND FUTURE PARADIGMS – MEDLINE
7:00 pm–8:30 pm | Miranda 1
Speakers: Timothy Pittinger, MD; John A. Griswold, M.D., FACS; Ram Velamuri, MD, MS, DNB, MRCS

Through several decades of seeking improved burn patient outcomes, burn surgeons have been enhancing the standard of care.
• Do surgeons feel that recent tools are changing the paradigm of the last 20 or 30 years?
• What are the triggers to change therapies when surgeons have been using the current ones for years?
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COCKTAIL RECEPTION 7:00 PM
DINNER & DANCING 8:00 PM

Celebrate the close of the 51st ABA Annual Meeting with old friends and new! Come as you are and enjoy the energetic and global atmosphere of a Carnivale themed evening, matching our host hotel, the Rio.

Visit food stations with a South American flair and try the signature celebration cocktail during the reception from 7:00 pm–8:00 pm.

Congratulations to the ABA’s Burn Therapist – Certified (BT-C)

Trudy Boulter, OTR/L, CHT, BT-C
Annick Chouinard, B.Sc., BT-C
Lisa Forbes, MSc, OT Reg(MB), BT-C
David Lorello, DPT, BT-C
Derek Murray, MSPT, BT-C
Bernadette Nedelec, PhD, BSc OT (c), BT-C
Jonathan Niszczak, MS, OTR/L, BT-C

Ingrid Parry, MS, PT, BT-C
Reg Richard, MS, PT (ret.), BT-C
Marla Robinson, MSc, OTR/L, BCPR, FAOTA, BT-C
Michael Serghiou, OTR, MBA, BT-C
Scott Ward, PT, PhD, FAPTA, BT-C

Special congrats to our newest BT-C Burn Therapists

Renee Warthman, OTR/L, BT-C
Alison Garlock, MS, OTR/L, BT-C
Miranda L. Yelvington, MS, OTR/L, BT-C
SUNRISE SYMPOSIA

6:30 am–7:45 am

S-101 Barriers to Burn Prevention and How to Overcome Them
Moderators: Stephanie Campbell, RN, BSN; Annette F. Matherly, MS, RN
Miranda 1

S-102 Therapy Presence in the Operating Room
Moderators: David J. Lorello, DPT; Jeffrey W. Shupp, MD
Miranda 2

S-103 Nutrition in Pediatric Burns - To Infinity & Beyond!
Moderators: Jennifer Hall, RD; Elizabeth Lu, RD, LD
Miranda 3

S-104 Knowledge Translation: Writing Education Materials that Patients and Families Can Understand
Moderators: Gretchen J. Carrougher, RN, MN; Cindy Cai, PhD
Miranda 4

S-105 Engaging the Patient and Family Throughout the Lengthy Rehabilitation Process
Moderators: Kimberly Roaten, PhD; Matthew Godleski, MD
Miranda 5

S-106 Learning From Scar: Contracture-Free Grafting
Moderators: Gary M. Fudem, MD; Tina L. Palmieri, MD; Beth A. Costa, OT
Miranda 6

S-107 Burn and Radiation Injury During Disasters: Are We Ready?
Moderators: James C. Jeng, MD; Judy L. Placek, APRN
Miranda 7

S-108 America’s Opioid Crisis: Burn Care and Ethics
Moderators: Callie M. Thompson, MD; Monica Gerrek, PhD
Miranda 8

S-109 Community Reintegration
Moderators: Dana Y. Nakamura, OT/L; Rebekah R. Allely, OTR/L
Palma A

S-110 Achieving Quality Care: What Should We Be Measuring and How?
Moderators: David T. Harrington, MD; Cynthia L. Reigart, RN, MSN, BSN
Palma C

S-111 Global Burn Care Development: Breaking It Down and Building It Up
Moderators: James J. Gallagher, MD; Debra A. Reilly Culver, MD
Palma E

S-112 DOD and NIH Funding Mechanisms: Matching Your Proposal to an RFA and Strategizing Your Submission (Research Series)
Moderators: Deborah L. Carlson, PhD; Lauren Moffatt, PhD
Palma G
FIRST TIME ATTENDEE & NEW MEMBER WELCOME BREAKFAST
7:00 am–7:45 am | Tropical
New ABA members and first time attendees are invited to attend this informal breakfast to learn tips on navigating the meeting and network with colleagues and ABA leadership. Learn more about the educational opportunities, projects, activities, Committees and Special Interest Groups (SIGs) of the ABA, how to make the most of your experience in Las Vegas and then meet others from around the country and the world who do what you do. Over 200 new members attended last year—JOIN US!

PILATES
6:15 am–7:00 am | Tango
Get your day moving with this stretching and strength building exercise class. It’s a great way to get the blood flowing and get your mind focused to prepare for all the great education to come.

PLENARY
OPENING CEREMONY & PRESIDENTIAL ADDRESS: CONTRIBUTION IN CONTEXT | P-191
8:00 am–9:30 am | Brasilia
Presented by: Steven E. Wolf, MD, ABA President
Each of us are part of the burn community because we want to make a contribution towards improving the lives of those affected by burn injury. Whether increasing education and awareness to prevent future injuries, caring for critical injuries in a way that will lead to the best possible outcomes, or working with survivors on rehabilitation and reintegration—we share a common goal. How do we define the contribution we are making to ensure it has a direct impact on improved burn patient outcomes? This session will help attendees understand what it means to contribute and show how this contribution can be seen in the context of the burn care continuum. Historical observations about people who have contributed will be shared and contributions that still need to be made will be discussed.

As a result of attending this activity, the learner should be able to:
- Define contribution in the context of burn care and rehabilitation.
- Explain contributions that have been made to burn care historically.
- Describe what contributions are still needed to improve patient outcomes.

CORRELATIVES
C-154 CORRELATIVE I - CRITICAL CARE: CLINICAL I
10:00 am–12:00 pm | Amazon G
Moderators: Robert C. Cartotto, MD; Cynthia L. Reigart, RN, BSN, MSN
1 Tumescence Associated with Significant Hypertension in Pediatric Burn Patients
2 Examining 1:1 Versus 4:1 Packed Red Blood Cell to Fresh Frozen Plasma Ratio Transfusion During Pediatric Burn Excision
3 Comparative Usefulness of Sepsis-3, Burn Sepsis, and Conventional Sepsis Criteria in Patients with Major Burns
4 Evaluation of a Weight-Based Enoxaparin Dosing Protocol for Venous Thromboembolism Prophylaxis in Burn Patients
5 Trajectories of Survivors versus Non-Survivors Post-Burn Injury
6 Potential Clinical Implications of Pharmacogenetics on Drug Metabolism in Burned Pediatric Patients
7 Implementation of a Nurse-Driven Fluid Resuscitation Protocol Reduces Total Fluid Given for Resuscitation of Large Pediatric Burns
8 An Institutional Protocol - A Five Year Retrospective Analysis of a Treatment Algorithm for Severe Frostbite Injury

C-155 CORRELATIVE II - NURSING
10:00 am–12:00 pm | Amazon R
Moderators: J. Bradley Wiggins, RN, BSN; Jody Rood, RN
9 Burn Surge: Preparing a Community for Disaster
10 A Comparison of Injuries Caused by Extremes in Temperature
11 A Retrospective Review Evaluating the Institution of a Burn Dressing Algorithm for the Treatment of Patients Being Managed at Home
12 Burn Nursing Consults—Providing Burn and Wound Competency throughout an Institution
13 Prevention of Occipital Pressure Injuries in Mechanically Ventilated Burn Patients with the Use of a Conformational Occipital Positioning Device
14 The Path to Burn Nurse Specialty Certification: An Update
15 Trends in Pediatric Acuity at a Single Verified Burn Center
16 A Framework for a Successful Pressure Injury Prevention Program in a Regional Burn Center
### C-156 CORRELATIVE III - PUBLIC HEALTH / PREVENTION / ETHICS

10:00 am–12:00 pm | Amazon N

**Moderators:** Phillip J. Tammaro, FF; Victor C. Joe, MD

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<th>Session</th>
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<td>17</td>
<td>A Health Equity Framework for Telemedicine at a Regional Burn Center</td>
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<td>18</td>
<td>Fire Fighter Burn Injury Analysis using ABA NBR Data: Partnership to Improve Education and Outcomes</td>
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<td>19</td>
<td>Nationwide Assessment of Fire and Burn Safety Education Programs and Evaluation Procedures</td>
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<td>20</td>
<td>Bringing Burn Referral Criteria into the 21st Century: A Structured Expert Consensus Project to Update and Refine Recommendations for Transfer and Consultation</td>
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<td>21</td>
<td>A Case-Controlled Retrospective Review of Burn Patients Meeting American Burn Association’s Verified Burn Center Referral Criteria</td>
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<td>22</td>
<td>Minority Pediatric Burn Patients are Different than their Caucasian Counterparts and have Different Outcomes</td>
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<td>23</td>
<td>Burns in Octogenarians: 80 is the New 60</td>
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<td>24</td>
<td>Burn Prevention Engagement: Little Ambassadors of Health</td>
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</table>

### C-157 CORRELATIVE IV - QUALITY IMPROVEMENT

10:00 am–12:00 pm | Amazon E

**Moderators:** Linwood R. Haith Jr., MD; Kathe M. Conlon, BSN, RN, MSHS

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<th>Session</th>
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<td>Overutilization of Helicopter Transport in Smaller Burns - A Healthcare System Problem that Should be Corrected</td>
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<td>26</td>
<td>The Influence of Laser Doppler Imaging on the Clinical Judgment of Different Health Professionals on the Management of Indeterminate Depth Burn Wounds Images</td>
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<td>27</td>
<td>Prescribing Patterns of Pharmacologic Sleep Agents Following the Implementation of a Sleep Protocol in Adult Burn Patients</td>
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<td>28</td>
<td>A Quality Improvement Project to Tighten Discharge Opioid Prescribing</td>
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<td>29</td>
<td>The True Incidence of Inhalation Injury in Patients Referred To A Regional Burn Center</td>
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<td>30</td>
<td>Reliability and Validity of Proxy and Self-Report Scales to Measure Pediatric Itch Interference</td>
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<td>31</td>
<td>Implementation of Provincial Adult Burn Clinical Practice Guidelines and their Impact on Patient Outcomes</td>
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<tr>
<td>32</td>
<td>A Burn Team Notification Protocol Improves Emergency Department to Burn Center Admission Times</td>
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### C-158 CORRELATIVE V - WOUNDS: TRANSLATION SCIENCE

10:00 am–12:00 pm | Amazon L

**Moderators:** Kuzhali Muthumalaiappan, PhD; Anju Saraswat, MD

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<thead>
<tr>
<th>Session</th>
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<td>Automated Burn Assessment using Deep Learning and Computer Vision</td>
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<td>34</td>
<td>Direct Comparison of Different Porcine Thermal Injury Models - Is it Apples to Apples?</td>
</tr>
<tr>
<td>35</td>
<td>Sildenafil Prevents Adverse Cardiac Remodeling and LV Dysfunction in an In Vivo Model of Burn Injury</td>
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<tr>
<td>36</td>
<td>A Novel Polysaccharide Derivative to Enhance Wound Healing in MRSA-Infected Porcine Partial-Thickness Burn Wound Model</td>
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<td>37</td>
<td>Differentiation of Merkel Cells Precedes Innervation in Engineered Skin Substitutes after Grafting</td>
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<td>38</td>
<td>Engineered Rete Ridges Enhance Epidermal Thickness and Establishment of Barrier Function in Skin Substitutes</td>
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<tr>
<td>39</td>
<td>Oral Tadalafil Speeds Reepithelialization and Reduces Erythema of Partial Thickness Burns in Swine</td>
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<tr>
<td>40</td>
<td>M2 Macrophages May Mitigate Burn Inflammation and Promote Wound Healing</td>
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WEDNESDAY & THURSDAY

BURN RECONSTRUCTION: PART 1 & 2 | F-163/F-263

2:00 pm–4:00 pm | Amazon A

Course Directors: Sigrid Blome-Eberwein, MD; Daniel N. Driscoll, MD

Reconstruction after burns is a challenging task few ever master; requiring a lifetime of study. Due to the challenging nature of the discipline, competence requires constant training, evaluation, and development. Pursuit and maintenance of competence in reconstruction never ends. Reconstructive burn surgery will be taught including problem analysis, pre-surgical planning, specific techniques, and post-operative protocols.

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

- Analyze reconstructive needs in the burn patient.
- Describe reconstructive techniques in detail.
- Manage perioperative care that optimizes outcomes and prevents complications.

**Wednesday Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
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</thead>
<tbody>
<tr>
<td>2:00 pm–2:20 pm</td>
<td>Overview, Non-surgical Treatment of Scars, Reconstructive Ladder, Statistics, Timing, Most Common Problems</td>
<td>Sigrid Blome-Eberwein, MD</td>
</tr>
<tr>
<td>2:20 pm–2:40 pm</td>
<td>Z-plasty</td>
<td>Debra A. Reilly Culver, MD</td>
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<tr>
<td>2:40 pm–3:00 pm</td>
<td>Expanders</td>
<td>Pirko Maguina, MD</td>
</tr>
<tr>
<td>3:00 pm–3:40 pm</td>
<td>Facial Burn Reconstruction: Strategies and Tactics</td>
<td>Matthias B. Donelan, MD; Dan Driscoll, MD</td>
</tr>
<tr>
<td>3:40 pm–4:00 pm</td>
<td>Breast</td>
<td>Daniel N. Driscoll, MD; Nelson Piccolo</td>
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**Thursday Agenda**

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>2:00 pm–2:20 pm</td>
<td>How to Shoot That Video</td>
<td>Timothy Zoltie, BA</td>
</tr>
<tr>
<td>2:20 pm–2:40 pm</td>
<td>Nerve Reconstruction</td>
<td>Scott Hultman, MD, MBA</td>
</tr>
<tr>
<td>2:40 pm–3:00 pm</td>
<td>Neck Reconstruction and Perforator Supercharged Flaps</td>
<td>Rei Ogawa, MD, PhD</td>
</tr>
<tr>
<td>3:00 pm–4:00 pm</td>
<td>Special Considerations in Pediatric Burn Reconstruction Panel Discussion</td>
<td>Matthias B. Donelan, MD; Ludwik Branski, MD; MMS; Debra A. Reilly, MD; William Norbury, MD</td>
</tr>
</tbody>
</table>
# Brief Psychological Interventions for the Multidisciplinary Team: Part 1 & 2

**Wednesday, April 3**

**2:00 pm–4:00 pm | Tropical**

**Course Directors:** Shelley Wiechman, PhD, ABPP; Ingrid Parry, MS, PT, BT-C

This two-day session is designed for the multidisciplinary burn team. Managing distress (e.g. pain, low mood, sleep, treatment adherence, behavioral issues) can be daunting for the burn care team member. Inability to address this distress can interfere with treatment. The first day we will discuss the many nonpharmacological interventions for distress that are available to the bedside staff and appropriate implementation will be illustrated. The second day will provide more advanced information about specific brief interventions to minimize symptoms of distress and offer strategies for in-depth practice.

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

- Discuss the two major coping styles (approach vs. avoidance) and to assess which coping style a patient is primarily using in the healthcare setting.
- Explain strategies to enhance treatment adherence.
- Apply brief interventions for common symptoms that impact quality of life and interfere with care, such as low mood, PTSD, sleep issues, and treatment adherence.

### Wednesday Agenda

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>2:00 pm–2:05 pm</td>
<td>Introduction</td>
<td>Shelley Wiechman, PhD, ABPP</td>
</tr>
<tr>
<td>2:05 pm–2:20 pm</td>
<td>Coping Style: The Approach Avoidance Continuum:</td>
<td>Shelley Wiechman, PhD, ABPP</td>
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<tr>
<td></td>
<td>(a) Quick Assessment of Coping Style</td>
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<td></td>
<td>(b) Matching Coping Style to Different Nonpharmacological Interventions</td>
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<tr>
<td>2:20 pm–2:45 pm</td>
<td>Verbal First Aid—Choice of Words and the Power of Language</td>
<td>Ingrid Parry, MS, PT, BT-C</td>
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<tr>
<td>2:45 pm–3:15 pm</td>
<td>Emotion Regulation—Mindfulness/Breathing/Image</td>
<td>Mikki J. Rothbauer, MSW, LICSW</td>
</tr>
<tr>
<td>3:15 pm–3:45 pm</td>
<td>The Importance of a Multidisciplinary Approach for Nonpharmacological Techniques to Reduce Distress, Improve Healing and Minimize Medications</td>
<td>Jill L. Sproul, RN, MS</td>
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<tr>
<td>3:45 pm–4:00 pm</td>
<td>Discussion &amp; Questions</td>
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### Thursday Agenda

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<tr>
<th>Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>2:00 pm–2:30 pm</td>
<td>Enhancing Motivation for Therapy Adherence (a) Control/Motivational Interviewing/The Quota System (b) Behavior Plans for Nonadherence</td>
<td>Kimberly Roaten, PhD</td>
</tr>
<tr>
<td>2:30 pm–3:00 pm</td>
<td>Use of Technology and Gaming (a) Programs for Distraction (b) Programs to Enhance Physical and Occupational Therapy</td>
<td>Ingrid Parry, MS, PT, BT-C</td>
</tr>
<tr>
<td>3:00 pm–3:30 pm</td>
<td>Brief Interventions for Symptom Management (a) ASD/PTSD-related nightmares and flashbacks (b) Panic Attacks (c) Behavioral Activation for Low Mood/Depressed Mood (d) Delirium</td>
<td>Shelley Wiechman, PhD, ABPP</td>
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<tr>
<td>3:30 pm–3:50 pm</td>
<td>Burn Survivor Perspective on Enhancing Motivation—Self Compassion</td>
<td>Elizabeth Dideon Hess, LCSW</td>
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<tr>
<td>3:50 pm–4:00 pm</td>
<td>Questions &amp; Discussion</td>
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**EDUCATIONAL FORUMS**

**FIRE FIGHTER I: FUNDRAISING FOR FOUNDATIONS | F-160**

10:00 am–12:00 pm | Tropical  
Course Directors: Chris Bowles, FF  

In this session our speakers will discuss various aspects of raising funds for non-profit organizations. The speakers will lead a panel discussion covering fundraising do’s and don’ts, grant writing and how to involve your burn centers/hospitals in your fundraising efforts.

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

- Explain what a 501(c)3 is.
- Describe fundraising pitfalls.
- Identify opportunities to involve the burn center in the fundraising efforts.

10:00 am–10:05 am | Introductions  
Chris Bowles, FF

10:05 am–10:55 am | Fundraising for Fire Service Foundations  
Mike Daw, FF

10:55 am–11:40 pm | Grant Writing for Non-Profit Foundations  
Jody Towman

11:40 am–12:00 pm | Questions & Answers

**REHABILITATION WORKSHOP: UPPER EXTREMITY BURNS, SEEN THROUGH THE LENS OF THE BURN THERAPIST WITH FOCUS ON THE SHOULDER | F-161**

10:00 am–12:00 pm | Amazon A  
Course Directors: Katherine G. Siwy, MS, OTR/L; Jeffrey C. Schneider, MD

This workshop will be on the management of the shoulder complex through the acute, intermediate and long-term phases of healing, from a burn therapist’s perspective. We will discuss: outcome metrics, an interdisciplinary approach, and intervention strategies as they pertain to commonly seen consequences secondary to burns to the shoulder complex.

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

- Analyze the shoulder complex through the acute, intermediate and long-term phases of healing.
- Recognize and describe treatment interventions to the shoulder complex through the acute, intermediate and long-term phases of healing for the most optimal functional patient outcomes.

10:00 am–10:45 am | The Shoulder Mechanism  
Walter Anayan, MPT

10:45 am–11:05 am | Inpatient Case Study  
Danielle Shashoua, B.Sc, PT

11:05 am–11:25 am | Outpatient Case Study  
Courtney Condon, Med, OTR/L

11:25 am–11:45 am | Shoulder from the Lens of the M.D.  
Matthew Godleski, MD

11:45 am–12:00 pm | Questions and Answers

**ANIMAL MODELS FOR BURN WOUND HEALING & SCAR RESEARCH | F-162**

2:00 pm–4:00 pm | Amazon L  
Course Directors: Dorothy M. Supp, PhD; Heather Powell, PhD

Animal models are used in research to study disease mechanisms and investigate novel therapies. There are several different animal models used for studying burns and scarring, and each has its benefits and limitations. This session will give an overview of different types of animal models currently used for studying burn wound healing and scar development and will outline the pros and cons of each model.

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

- Compare the different animal models available for burn wound healing research and determine which models are appropriate for specific types of studies.
- Describe the physiological differences between humans and animals that complicate use of animals for wound healing research.
- Critically evaluate animal research studies.

2:00 pm–2:20 pm | Animal Models for Keloid Scarring  
Dorothy M. Supp, PhD

2:20 pm–2:50 pm | Mouse and Human Hypertrophic Scar Models  
Edward E. Tredget, MD, MSc

2:50 pm–3:20 pm | Evaluation of Burn Scar Therapies Using a Porcine Model  
Heather Powell, PhD

3:20 pm–3:50 pm | Animal Models for Studying Burn Wound Progression  
Adam J. Singer, MD

3:50 pm–4:00 pm | Discussion & Questions/Answers

**PHONING IT IN: TELEMEDICINE IN BURN CARE | F-165**

2:00 pm–4:00 pm | Amazon E  
Course Directors: Joshua S. Carson, MD; Amalia Cochran, MD

This course explores how burn centers can use telemedicine to drastically improve quality of care, cost efficiency and patient satisfaction through use of digital technologies that are already readily available and affordable. Early adopters of telemedicine in burn care will describe how they use telemedicine in their practices both to triage acute burn referrals to their regional centers and to facilitate follow-up of outpatients from discharge to long-term surveillance.
As a result of attending this activity, the learner should be able to:

- Identify how telemedicine can be used to effectively triage acute burn referrals prior to transfer.
- Describe how telemedicine can be used to improve the quality and efficiency of post-discharge and long-term follow up in burn patients.
- Discuss the challenges involved in introducing telemedicine practices in the context of large health care institutions, and strategies for overcoming these challenges.

2:00 pm–2:40 pm  Remote Triage of the Acutely Injured Burn Patient  
Joshua S. Carson, MD

2:40 pm–3:20 pm  Establishing a Telemedicine Program in the Context of Larger Health Care Institutions and Systems  
Amalia Cochran, MD

3:20 pm–4:00 pm  Telemedicine as an Adjuvant to Short- and Long-term Follow-up  
Amalia Cochran, MD

PER PROTOCOL: A STANDARDIZED, INTERDISCIPLINARY APPROACH TO MEDICATION MANAGEMENT OF BURN PATIENTS | F-166

2:00 pm–4:00 pm | Amazon N
Course Directors: Todd A. Walroth, PharmD; Brett C. Hartman, DO

Variation exists in practice nationally regarding management of burn patients, as current guidelines do not provide formalized recommendations for pharmacologic management of burn sequelae. Interdisciplinary protocols are needed to drive the medication use process (e.g., dosing, administration, monitoring), with consideration of issues across the continuum of care. A standardized approach to protocol development allows for multi-site research, optimized patient outcomes, and enhanced training for burn practitioners. The purpose of this interactive session is to share medication management practices and an interdisciplinary, protocol-based approach to common burn injuries (e.g., resuscitation, inhalation injury, frostbite, SJS/TEN, electrical injury, etc.).

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

- Summarize findings from a national survey of burn centers regarding medication management and protocol development.
- Discuss components needed to ensure a standardized approach to protocol development and given a patient scenario, formulate a medication management plan.
- Explain the role of the multidisciplinary team in protocol development.

2:00 pm–2:15 pm  Introduction/Background & Interactive Activity #1

2:15 pm–2:25 pm  A Nurse-Driven Approach to Fluid Resuscitation  
Debra Madrzyk, RN, BSN

2:25 pm–2:40 pm  How Much Fluid Should a Patient with an Electrical Injury Receive?  
Allison Boyd, PharmD

2:40 pm–2:50 pm  Interactive Activity #2 - Part One

2:50 pm–3:05 pm  Using Nebulized Heparin for Inhalation Injury  
Todd A. Walroth, PharmD

3:05 pm–3:20 pm  Standardizing the Management of Acute Dermatologic Disorders  
Brett Hartman, DO

3:20 pm–3:35 pm  When is Alteplase Indicated for Frostbite?  
Sarah Zavala, PharmD, BCPS, BCCCP

3:35 pm–4:00 pm  Interactive Activity #2 - Part Two

CONTROVERSIES IN ACUTE FLUID RESUSCITATION OF THE BURN PATIENT | F-167

2:00 pm–4:00 pm | Amazon G
Course Directors: Robert C. Cartotto, MD; David G. Greenhalgh, MD

This session will address controversial areas in the acute fluid resuscitation of burn patients. Topics will include use of albumin, FFP, high dose vitamin C, and endpoints including semi-invasive monitoring and status of fluid creep.

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

- Assess the utility of colloids in acute burn resuscitation.
- Describe benefits and risks of high dose vitamin C in acute burn resuscitation.

2:00 pm–2:20 pm  Albumin  
David Greenhalgh, MD

2:20 pm–2:40 pm  Fresh Frozen Plasma  
Robert C. Cartotto, MD

2:40 pm–3:00 pm  High-dose Ascorbic Acid (Vitamin C)  
Steven A. Kahn, MD

3:00 pm–3:20 pm  Considerations in the Complicated Patient: Heart Failure, Renal Failure and the Obese Patient  
David T. Harrington, MD

3:20 pm–3:35 pm  Conventional Endpoints: Urine Output, Lactate, Base Deficit  
Kevin K. Chung, MD

3:35 pm–3:50 pm  Newer Resuscitation Endpoints: Transpulmonary Thermodilution (TPTD) and Point-of-care Ultrasound (POCUS)  
Laura S. Johnson, MD

3:50 pm–4:00 pm  Panel and Questions
PLENARY

MEDICINE, MENTORSHIP, AND ME | P-192

4:15 pm–5:30 pm | Amazon A
Course Directors: Victor C. Joe, MD; Bernadette Nedelec, PhD, BSc, OT, BT-C

Medical education focuses on the transmission of scientific knowledge and acquisition of technical skills. It revolves around comprehensive curricula, rigorous testing, and hierarchical relationships which define advancement and achievement. The benefits of mentorship are well documented in higher education and business and now increasingly recognized in health care. Unlike traditional relationships which permeate the current health care environment, mentorship is more intimate and organic with the purpose of enhancing personal and professional growth. This session will emphasize the characteristics of successful mentorship and encourage the initiation of individual and collective action toward developing mentoring relationships in our burn centers and the ABA.

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

- Recognize the importance of informal and formal mentorship for personal growth and program posterity.
- Summarize the characteristics of successful mentor-mentee relationships.
- Formulate a plan of action for personal and collective mentorship efforts.

4:15 pm–4:20 pm Welcome & Introduction
4:20 pm–4:30 pm Mentorship: What it Is and What it Isn’t  
Victor C. Joe, MD
4:30 pm–4:40 pm Mentorship Perspectives in the Allied Health Professions  
Bernadette Nedelec, PhD, BSc, OT, BT-C
4:40 pm–5:10 pm Panel Discussion  
Gretchen J. Carrougher, RN, MN; Amalia Cochran, MD; Bernadette Nedelec, PhD, BSc, OT, BT-C; Kathleen S. Romanowski, MD; Jeffrey W. Shupp, MD; Steven E. Wolf, MD
5:10 pm–5:30 pm Networking and Refreshments

CELEBRATE THE ABA’S 51ST ANNIVERSARY WITH WINE & CHEESE IN THE EXHIBIT HALL.

5:30 pm–7:00 pm Exhibit Hall Rio Pavilion

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.

Ameriburn eLearn

We’ve launched our new online educational platform, Ameriburn eLearn, where you can access our new ABLS NOW Online Course designed to provide burn care professionals with knowledge for immediate care of the burn patient up to the first 24-hours post injury.

Learn more at ameriburn.org/education/abls-program
SPONSORED SYMPOSIA

LASER BEAMS, REIMBURSEMENT STREAMS AND A NEW STANDARD FOR POST ACUTE BURN CARE – LUMENIS
7:00 pm–8:30 pm | Miranda 5
Speaker: William Norbury MD, UTMB/SHRINERS Galveston
- Updates on the latest laser advancements for treating burn and traumatic scars.
- Experience a Burn Survivor’s firsthand account of their post-acute journey with laser scar remodeling.
- Latest updates on reimbursement and collaborative discussion.

REGENERATION OF FUNCTIONAL SKIN WITH SkinTE – PolarityTE
7:00 pm–8:30 pm | Miranda 1
Speaker: Stephen Milner, MD, DDS, DSc, FRCSE, FACS
SkinTE is a first-of-its-kind entirely autologous, homologous product for skin repair, reconstruction, replacement, supplementation and regeneration. SkinTE has resulted in regenerative full-thickness healing of skin with all its layers (epidermis, dermis and hypodermis) and its appendages (hair follicles, glands, etc.).

PHOENIX SOCIETY FOR BURN SURVIVORS
Uniting the voice of the burn community across the globe to profoundly advance lifelong healing, optimal recovery, and burn prevention.

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@PSBURNSurvivors
@PHOENIXSOCIETY
SUNRISE SYMPOSIA

6:30 am–7:45 am

S-201 Utilizing Social Media in Burn Prevention Education  Miranda 1
Moderators: Rebecca A. Coffey, RN, MSN, CNP; Karla Ahrens-Klas, RN, BSN, CCRP

S-202 Comprehensive Care of Face and Neck Burns  Miranda 2
Moderators: Kristen Ause-Ellias, PT, MPT; Leigh Ann Price, MD

S-203 Tube Feeding Controversies and Pitfalls  Miranda 3
Moderators: Katherine Wallace, MS, RD; Stephen M. Clarke, MS, RD

S-204 Topically Speaking: Burn Dressing Techniques and Topical Considerations  Miranda 4
Moderators: Asia N. Quan, PharmD, BCPS, BCCCP; Sandra Fletchall, MPA, OT, CHT

S-205 Meeting the Needs of the Adolescent Burn Survivor  Miranda 5
Moderators: Kristen C. Quinn, MEd, LPC, CCLS; Mona Krueger, MSW, MA

S-206 Beginning Research for the Non-Physician: Concept to Completion, Tips for the New Burn Researcher  Miranda 6
Moderators: D’Ann Hershel, PTA, MSG; Bernadette Nedelec, PhD, BSc, OT; Brad Johanson, RN

S-207 Have We Moved the Needle Forward with New Frostbite Protocols  Miranda 7
Moderators: Anne L. Lambert Wagner, MD; William J. Mohr, MD

S-208 Long-Term Management of Electrical Burns  Miranda 8
Moderators: Karen J. Kowalske, MD; Marta Rosenberg-Cavozos, PhD

S-209 Sweet Dreams: Non-Pharmacologic Interventions and Medications for Sleep in Burn Patients  Palma A
Moderators: Todd A. Walroth, PharmD; Kaitlyn Libraro, RN

S-210 Advances in Measuring Social Participation Outcomes: LIBRE and Beyond  Palma C
Moderators: Jeffrey C. Schneider, MD; Colleen M. Ryan, MD

S-211 What Have We Learned from BQIP?  Palma E
Moderators: Palmer Q. Bessey, MD, MS; Deborah Bandanza

S-212 Everyone Benefits from a Partnership between the Burn Center and the Fire Department  Palma G
Moderators: Chris Bowles, FF; Amber Lizotte, RN
INTERNATIONAL ATTENDEE WELCOME BREAKFAST
7:00 am–7:45 am | Tropical
All International attendees at the ABA Annual Meeting are invited to this informal breakfast session where they can get to know ABA leadership and learn more about ABA educational opportunities and initiatives. Over 100 International registrants attended last year. We welcome you!

YOGA
6:15 am–7:00 am | Tango
Enhance your learning experience by stretching and relieving stress. This 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

PRESIDENTIAL PLENARY | P-291
8:00 am–9:30 am | Brasilia
Course Director: Steven E. Wolf, MD
This plenary session will begin with the presentation of awards to those who received them for Annual Meeting Papers. This will be followed by:

Present Progress, Challenges and Hopes for the Near Future
Everett Idris Evans Memorial Lecture: Folke B. Sjoberg, MD, PhD
Can the Dazed, Desperate, and Indigent Agree to Anything? Problems of Euvoluntarity
Keynote Speaker: Michael C. Munger, PhD
The problem of voluntary consent has aspects of information (understanding what is being agreed to) and bargaining (having viable alternatives that allow a genuine choice). Prof. Michael Munger, a political economist at Duke, has been investigating the problem of “euvoluntary,” or truly voluntary agreements. The problems of voluntary consent will be explored, focusing on both the ethical and practical difficulties. The bottom line question is easily asked, but difficult to answer: Are all non-euvoluntary “choices” exploitative?

CORRELATIVES

C-254 CORRELATIVE VI - CRITICAL CARE: CLINICAL II
10:00 am–12:00 pm | Amazon G
Moderators: Kevin K. Chung, MD; Laura S. Johnson, MD
41 Q4-Hour Oral Chlorhexidine for Burn Patients Reduces VAP
42 Is Acid Suppressve Therapy Still Necessary in Burn Patients?
43 Computed Tomography (CT) Measurements of Sarcopenia Predict Length of Stay but not Mortality in Elderly Burn Population
44 Inhalation Injury Does Not Increase Blood Transfusion Requirements Following Burn Injury in Adults
45 A Retrospective Review of the Use of Continuous Renal Replacement Therapy in the Treatment of Burn Patients
46 Using Specific Patterns of Postoperative Temperature Elevations to Predict Blood Infection in Pediatric Burn Patients
47 Relationship Between Burn Wound Location and Outcomes in Severely Burned Patients: More than Meets the Size
48 Analysis of Factors Impacting Mortality in Thermal or Inhalation Injury

C-255 CORRELATIVE VII - RECONSTRUCTION
10:00 am–12:00 pm | Amazon L
Moderators: Ingrid Parry, MS, PT, BT-C; Derek Bell, MD
50 3D Printing of Dermal ECM Hyfrogel Enhances the Therapeutic Effects of Split Thickness Skin Grafting in Full-thickness Skin Wound Repair
51 Patient Reported Outcomes Following Rehabilitative Surgery in Burn Survivors
52 SCAR-Q, A Patient-Reported Outcome Measure for Scars, Field-Test of Individuals with Burn Scars
53 Pulsed Dye Laser Photothermolysis versus Fractional CO2 Laser Ablation for the Treatment of Hypertrophic Burn Scars: Results from a Large, Rater-Blinded, before-after Cohort Study
54 Current Management of Established Perineal Burns
55 The Advantages of Fasciocutaneous Free Tissue Transfers for the Management of Post-Burn Scar Contractures
56 Treating Hypertrophic Burn Scar with 2940 nm Erbium: YAG Laser Fractional Ablation Improves Scar Characteristics as Measured by Noninvasive Technology

C-256 CORRELATIVE VIII - PSYCHOSOCIAL/PAIN, AGITATION AND ITCH
10:00 am–12:00 pm | Amazon N
Moderators: Jennifer L. Brandt, PharmD; Vincent A. Gabriel, MD, MSc
57 Association of Head and Neck Burns with Long-term Patient-reported Dissatisfaction with Appearance: A Burn Model System National Database Study
58 CAGE Substance use Scores and Trajectories Over Time Following Burn Injury: A Burn Model System National Database Study

59 Adverse Childhood Experiences (ACEs) in Burned Children and Impact on Burn Outcomes

60 Timing of Trauma Psychology Consultation and Hospital Length of Stay for Inpatient Burn Patients

61 The Use of Methadone Plus Gabapentin as a Multimodal Pain Regimen Compared With Traditional Pain Management Protocols in Burn Patients: A Retrospective Study

62 Social Skills Training for Burn Survivors: Needs Assessment and Program Evaluation

63 Characterizing Fentanyl Variability using Population Pharmacokinetics in Pediatric Burn Patients

64 The Effects of a Trauma Recovery Program for Burn Patients on the Acute Phase

C-257 CORRELATIVE IX - QUALITY IMPROVEMENT / OUTPATIENT BURN MANAGEMENT

10:00 am–12:00 pm | Amazon E
Moderators: Charles J. Yowler, MD; Kelli Yukon, RN

65 Impact of a Multidisciplinary Teleburn Program in a Large Rural Geographical Area

66 Laser Treatments for Burn Scars - 6 year Experience

67 Inter-Hospital Variation of Inpatient versus Outpatient Pediatric Burn Treatment after Emergency Department Evaluation

68 The Role of Social Work in U.S. Burn Centers

69 Variation In Acute Resuscitation Among Pediatric Burn Centers

70 Use of Tailored Feedback Improves Accuracy of Delirium Documentation in the Burn ICU: Results of a Performance Improvement Initiative

71 Standardized Suicide Screening in Adult Burn Patients to Determine Risk

72 Eradicating CLABSI in the Burn Center Through Nursing Education Interventions

C-258 CORRELATIVE X - CRITICAL CARE: TRANSLATION SCIENCE

10:00 am–12:00 pm | Amazon R
Moderators: Charles Wade, PhD; Angela Gibson, MD, PhD

73 Establishment of New Cellular Model Supportive of Burn-Induced Perturbation in Mitophagy Response

74 Adipose Tissue from Burn Patients is Proinflammatory, Lipolytic and a Key Initiator of Hepatic Dysfunction

75 Inhibition of GRK2 Suppressed TNFa-Induced Inflammatory Signaling and Pro-Fibrotic Factor in Cardiomyocytes

76 Nebulized Epinephrine Attenuates Lung Alveolar and Interstitial Edema Compared to Phenylephrine and Albuterol in Ovine Burn and Smoke Inhalation-Induced Acute Lung Injury

77 Microtubule Network Disturbance is Likely the Target of Oxidative-Stress-Induced Mitophagy Perturbation

78 Intravenous Resuscitation Attenuates Gut Microbiome and Intestinal Changes after 40% TBSA Burn Injury in Swine

79 Burn Injury Alters Pulmonary Neutrophil Extracellular Trap (NET) Formation

80 Early Hyperbaric Oxygen Treatment Attenuates Burn-Induced Neuroinflammation by Inhibiting the Galectin-3-Dependent Toll-Like Receptor-4 Pathway

EDUCATIONAL FORUMS

FIRE FIGHTER II: ALL HAZARD ALL RISK | F-260

10:00 am–12:00 pm | Tropical
Course Director: Chris Bowles, FF

From mud slides to raging wildfires and various other incidents in between, today’s fire fighters face more challenges than fire fighters in the past. As a result, fire fighters are more highly trained in various aspects of the job other than traditional firefighting activities. This session will discuss the challenges and dangers facing fire fighters today as they are called upon to mitigate a wide range of hazards in addition to fighting traditional structure/building fires.

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

• Identify new challenges for the fire fighters.
• Describe the potential danger to the fire fighter.
• Explain the training required to face these new challenges.

10:00 am–10:05 am  Introduction
Chris Bowles, FF

10:05 am–10:40 am  Electrical Emergencies for Firefighters
Luis Nevarez, FF

10:40 am–11:10 am  The Evolving Environment for the Wildland Firefighter
Howard Orr, FF

11:10 am–11:40 am  After the Fires: The California Mud and Debris Flow
Howard Orr, FF

11:40 am–12:00 pm  Questions & Answers
PREVENTION WORKSHOP: HOW TO BUILD, GROW AND STRENGTHEN YOUR BURN PREVENTION ACTIVITIES AND PROGRAMS | F-261

10:00 am–12:00 pm | Amazon A
Course Directors: Stephanie Campbell, RN, BSN; Rebecca A. Coffey, MSN, PhD, CNP

The Burn Prevention Committee has been working on a new Burn Prevention Framework for burn centers and organizations looking to build, grow and/or strengthen their burn prevention education activities and programs. This new framework covers a comprehensive list of items to consider when building, growing or strengthening one’s prevention efforts including: Common Burn Prevention Education language, Step-by-Step Guide to Building a Prevention Program, Measuring Outcomes, Ethical Considerations, Securing Funding and more. Participants will be able to learn more about the new framework developed by the Burn Prevention Committee and take away with them real world tools and tips for their own burn prevention education efforts.

As a result of attending this activity, the learner should be able to:
• Describe the fundamental components of a burn prevention program.
• Propose examples of burn prevention education programs that utilize the Burn Prevention Education Framework developed by the Burn Prevention Committee.
• Compare evaluation techniques for burn prevention activities and initiatives.

10:00 am–10:40 am   Essential Components for Burn Prevention Programs
Karla Ahrns-Klas, RN, BSN, CCRP
10:40 am–11:15 am   Using Your Resources: Examples & Inspiration
Stephanie Campbell, RN, BSN
11:15 am–11:45 am   Evaluation Techniques
Rebecca A. Coffey, RN, MSN, CNP
11:45 am–12:00 pm  Questions & Answers

ECMO IN BURNS - READY FOR PRIME TIME? | F-262

2:00 pm–4:00 pm | Amazon L
Course Directors: Kevin K. Chung, MD; Lisa Rae, MD, MS

This multi-disciplinary educational session will be directed at burn providers who have an interest in exploring the risks and benefits of Extracorporeal Life Support (ECLS or ECMO) in the management of severe Acute Respiratory Distress Syndrome (ARDS) in burns. The session will cover various techniques, anticoagulation strategies, pharmacologic implications, and therapy’s impact on surgical care of burns.

As a result of attending this activity, the learner should be able to:
• Recognize the criteria for initiation and management considerations to include outcomes regarding ECMO in the burn population.
• Differentiate the multi-disciplinary implications and various risks and benefits of ECMO.
• Identify the nuances of surgical care of burn wounds in the setting of ECMO therapy.

RECENT ADVANCES IN BURN WOUND HEALING | F-264

2:00 pm–4:00 pm | Amazon G
Course Directors: Edward E. Tredget, MD, MSc; Dorothy M. Supp, PhD

This forum is designed to update burn care providers with recent advances in the understanding of how burn wounds heal. The topics range from insights gained in the evolution of zones of injury in the acute wound, to increased understanding of the interactions of keratinocytes and dermal fibroblasts in regeneration and scarring of the remodeling wound. The role of adipocyte derived stem cells in scarring and healing will be reviewed. New animal and human models of healing and regeneration will be introduced.

As a result of attending this activity, the learner should be able to:
• Explain recent advances in keratinocyte biology and their influence on the underlying dermis as strategy to regenerate healing wounds.
• Examine the potential role of adipocyte derived stem cells from eschar and other sources for regeneration of burn wound healing.
• Describe zones of burn injury, new methods of wound care to influence their healing and models to test therapies.
ACUTE PAIN MANAGEMENT: MANAGING BURN PAIN IN AN OPIOID CRISIS ENVIRONMENT | F-267

2:00 pm–4:00 pm | Amazon E

Course Directors: Samuel P. Mandell, MD, MPH; Gretchen J. Carrougher, RN, MN

Burn pain management in patients with opioid use disorder, as well as the risk of developing opioid use disorder following acute burn treatment will be discussed. Participants will also learn about regional analgesic options and non-pharmacologic pain management techniques.

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

- Define strategies for effective pain management that reduce the risk of opiate misuse or abuse after burn injury.
- Identify issues of concern for patients with a known opiate misuse/abuse history.
- Describe the benefits of an organized treatment protocol for burn pain management to include regional analgesia and non-pharmacologic strategies.

2:00 pm–2:05 pm  Introductory Comments
  Samuel P. Mandell, MD, MPH

2:05 pm–2:40 pm  Prescribing Opioids: What is the Risk of Addiction?
  Katherine Dawn Travnicek, MD

2:40 pm–3:15 pm  Non-opioid Pain Medications and Regional Anesthesia
  Paul Bhalla, MD

3:15 pm–3:45 pm  Motivational Interviewing: How to Engage in Conversations with Patients Who are Hesitant or Resistant to Change
  Brendan Ross

3:45 pm–4:00 pm  Panel Discussion
  Gretchen J. Carrougher, RN, MN

REACHING FOR THE SKY: EARLY END OF RANGE SPLINTING TO PREVENT AXILLA CONTRACTURE IN PEDIATRICS | F-268

2:00 pm–4:00 pm | Amazon N

Course Directors: Stephanie Wicks, PT, BaAppSc; Michael A. Serghiou, OTR, MBA, BT-C; Jonathan Niszczak, MS, OTR/L, BT-C

Traditionally splints designed to stretch the axilla have been limited to positioning at mid-range shoulder abduction to minimize the risk of neural compromise. Splinting the axilla towards end of range abduction from the acute stage of wound healing and continuing through all stages of scar development and maturation will be presented as an alternate option to traditional splinting. Outcome data related to the efficacy and
safety of this splint in a pediatric cohort will be presented and attendees will have the opportunity to learn how to fabricate the splint and prescribe a splinting regime to prevent axilla contracture.

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

• Describe the current evidence related to management of contracture of the axilla region and list important design and safety considerations when splinting this area.
• Design and fabricate an end of range axilla splint for use in pediatric patients.
• Describe a splinting regime using the end of range axilla splint to prevent contracture while minimizing risk of complications.

2:00 pm–2:05 pm  Introduction to the Session and Welcome
Stephanie Wicks, PT, BaAppSc

2:05 pm–2:20 pm  Historical Perspective on Use of Orthoses and Indications for Management of Shoulder Burns
Jonathan Niszczak, MS, OTR/L, BT-C; Michael Serghiou, ORT, MBA, BT-C

2:20 pm–2:40 pm  A 10-year Review of Safety and Efficacy for Use of an End of Range Axilla Splinting Protocol in a Tertiary Paediatric Burns Centre
Stephanie Wicks, PT, BaAppSc

2:40 pm–3:00 pm  How to Fabricate an End of Range Axilla Orthosis
Claire Roose, PT, BaAppSc

3:00 pm–3:45 pm  Breakout Session: Fabrication of an End of Range Axilla Orthosis
All Presenters

3:45 pm–4:00 pm  Developing a Protocol for Use of the End of Range Axilla Orthosis—Case Studies
Stephanie Ball, PT, BaAppSc; Stephanie Wicks, PT, BaAppSc; Claire Toose, PT, BaAppSc

YEAR IN REVIEW: THE TOP JOURNAL PUBLICATIONS | F-269

4:15 pm–6:00 pm | Amazon A
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; Burns; and Burns Open.

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  Course Director
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–5:00 pm  Wound Repair and Regeneration
David Greenhalgh, MD

5:00 pm–5:10 pm  Journal of Trauma and Acute Care Surgery
David Harrington, MD

5:10 pm–5:30 pm  Burns Open
David Greenhalgh, MD

5:20 pm–5:30 pm Questions & Answers

CHANGING PLACES | F-270

4:15 pm–6:00 pm | Amazon G
Course Director: Jason Woods, FF
Speaker: Jesse Gomez, FF

In today’s world of constantly evolving threats, the fire service has become an all hazards force. Our fire fighters are asked to continue to adapt to whatever threats poses a life hazard to those whom they serve. On October 1, 2017 the world watched as once again another mass shooting played out in Las Vegas leaving 59 people dead and another 422 injured by gunfire. In this year’s Changing Places, we will discuss the response by Las Vegas fire fighters and medical personnel who responded to a horrific mass causality event that played out as the entire world watched.

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

• Explain the logistics of the Las Vegas shooting.
• Describe the emergency response.
• Discuss the impact of the medical professionals.

BURN CENTER TOUR

4:30 pm–6:00 pm | Conference Center Entrance

The tour of Lions Burn Center at University Medical Center will be offered on a first-come, first-serve basis this year. Line up early to assure your seat on the bus.
VERSAJET II EXACT HYDROSURGERY SYSTEM IN THE OUTPATIENT CLINIC: PROVIDING DEBRIDEMENT OUTSIDE OF THE OPERATING ROOM – SMITH & NEPHEW
5:30 pm–7:00 pm | Miranda 1
Speaker: Dr. Steven Norman

VERSAJET II has been used by surgeons in the operating room with great success and is considered by many to be an invaluable debridement tool. The use of VERSAJET II in the outpatient setting may offer clinicians and their patients many advantages over more standard outpatient debridement procedures.

RECELL HANDS ON SYMPOSIA – AVITA MEDICAL
5:30 pm–7:00 pm | Miranda 5
Interactive Hands on Experience With the Newly Approved RECELL® System for HCPs

The Richard M. Fairbanks Burn Center at Eskenazi Health combines intensive patient-centered care with the most advanced medical techniques and equipment available. It is verified by the American Burn Association and the American College of Surgeons and is the only verified adult burn center in Indiana.
MOST POPULAR SYMPOSIA

6:30 am–7:45 am

S-301  Comprehensive Care of Face and Neck Burns
Moderators: Leigh Ann Price, MD; Kristen Ause-Ellias, PT, MPT
Miranda 1

S-302  Topically Speaking: Burn Dressing Techniques and Topical Considerations
Moderators: Asia N. Quan, PharmD, BCPS, BCCCP; Sandra Fletchall
Miranda 3

S-303  Achieving Quality Care: What Should We Be Measuring and How?
Moderators: David T. Harrington, MD; Cynthia L. Reigart, RN, MSN, BSN
Miranda 5

PLENARY

BEST OF THE BEST ABSTRACTS | P-391

8:00 am–9:30 am | Amazon G
Moderators: Lucy Wibbenmeyer MD; Steven Wolf MD

The correlating 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 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 results of current scientific research as presented in the top five abstracts from the Annual Meeting selected by the Program Committee.

• Identify opportunities to improve care of the burn patient.

8:00 am–8:18 am  Measuring Burn Scar Contracture: Challenging the Standard
Ingrid Parry, MS, PT

8:18 am–8:36 am  Fractional CO2 Laser Treatment Outcomes for Pediatric Hypertrophic Burn Scars
Sagar Patel, BA

8:36 am–8:54 am  Evaluation of Pediatric Population Treated for Burn Injuries Using an Autologous Skin Cell Suspension
Jeffrey Carter, MD

8:54 am–9:12 am  Mechanistic Insights on Late Stage Erythropoiesis in Burn Patients Treated with Propanolol
Pravesh Saini, BS

9:12 am–9:30 am  What Happens after a Positive Screen for Depression and Acute Stress Disorder/Post Traumatic Stress Disorder?
Melissa Carmean, DPT
C-354 CORRELATIVE XI - CRITICAL CARE:  
CLINICAL III  
10:00 am–12:00 pm | Amazon G  
Moderators: Leopoldo Cancio, MD; Sheila A. Giles, BSN, RN  

81 Cell Free DNA as a Prognostic Factor in Pediatric Burns - Preliminary Results  
82 Incidence and Long-Term Outcomes of Dysphagia after Inhalation Injury  
83 Sex Dimorphisms After Thermal Injury: Female Sex Confers Decreased Complication Rates  
84 Acute Burn Care May Reduce Future Vascularized Composite Allotransplantation Candidacy: Anti-HLA Immune Sensitization Effects of Allograft & Blood Transfusion  
85 Patient with Combined Thermal and Intra-Abdominal Injuries are More Salvageable than Not  
86 Incidence and Patient Characteristics for the Development of Venous Thromboembolic Events within the Adult Burn Center Population and an Evaluation of the Caprini Risk Assessment Model  
87 The Development of Acute Kidney Injury in Burn Patients Undergoing Computed Tomography with Intravenous Contrast  
88 A Retrospective Review of the Use of Airway Pressure Release Ventilation (APRV) in the Burn Operating Room  

C-355 CORRELATIVE XII - PUBLIC HEALTH/  
EPIDEMIOLOGY  
10:00 am–12:00 pm | Amazon E  
Moderators: William L. Hickerson, MD; Jennifer Radics-Johnson, MBA, CFRE  

89 Felony Legislation and the Shifting Epidemiology of Butane Hash Oil Burns  
90 Stimulant Abuse in Burn Patients: Clinical Outcomes Linked with Comorbidity  
91 Intoxication and Flame Burn Injuries in Young Adults in the United States  
92 The Association of Hospital Volume with Patient Safety Indicators and Mortality in Burn Patients  
93 The BMI Paradox in Burn Patients  
94 Evaluating Quality in Burn Care: Limitations of the Nationwide Readmission Database  
95 Opioid Prescription Patterns for Burn Injury: Before and After Changes in State Law  
96 Drug Use on the Rise for Older Adult Burn Patients  

C-356 CORRELATIVE XIII - REHABILITATION  
10:00 am–12:00 pm | Amazon L  
Moderators: Lisa Forbes, MSc, OT, BT-C; Rebekah R. Alley, OTR/L  

97 Six Months of Exercise Training and Aerobic Capacity in Well-Healed Burn Survivors: Effect of Body Surface Area Burned  
99 Are Custom Fabricated Pressure Garments Applying Adequate Pressure?  
100 Post-Acute Care Setting is Associated with Employment After Severe Burn Injury  
101 Effect of Ablative Fractional Carbon Dioxide Laser Treatment on Improving Sleep Quality in Adult Scar Patients: A Prospective before after Cohort Study  
102 The Impact of Discharge Contracture on Rates of Return to Work after Burn Injury  
103 The Use of 3D Printed Devices to Address Scar Management of the Mouth, Nose, and Ear  
104 This is How We Do It: Rehabilitation Following the Use of an Autologous Cell Harvesting Device  

C-357 CORRELATIVE XIV - WOUNDS: CLINICAL  
10:00 am–12:00 pm | Amazon A  
Moderators: Steven Kahn, MD; William G. Cioffi Jr., MD  

105 Scar Quality of Skin Graft Borders: A Prospective Randomized Double Blinded Evaluation  
106 A Low-Cost Simulation Model and Instructional Video for Escharotomy Training  
107 Post-Operative Wound Management Following the Use of an Autologous Cell Harvesting Device in the Treatment of Patients with Life-Threatening Injuries: A Single Center's Experience  
108 Therapeutic Drug Monitoring (TDM) Revealed Alarming Rate of Subtherapeutic Drug Concentration in Burn Patients Treated with Beta-Lactam (BL) Antimicrobials  
109 Evaluation of Autologous Skin Cell Suspension for Healing of Burn Injuries of the Hand  
110 Fighting A New Front on An Old Battlefield: Examining the Development of Topical Antimicrobial Care to Control Burn Wound Sepsis  
111 10 Years of Clinical Experience Using Point of Care Non-Cultured Autologous Skin Cell Suspension  
112 Microangiography: An Alternative Tool for Assessing Severe Frostbite Injury  

Daily Schedule of CE Offerings | Friday, April 5
C-358 CORRELATIVE XV - NUTRITION / METABOLISM
10:00 am–12:00 PM | Amazon R
Moderators: Alisa Savetamal, MD; Katherine Wallace, RD
113 Effects of Exendin-4 on Pancreatic Islets Function in Treating Hyperglycemia Post Severe Scald Injury in Rats
114 Hypercoagulation and Hypermetabolism of Fibrinogen in Severely Burned Adults
115 Burn-induced Microglia Activation is Associated Motor Neuron Degeneration and Muscle Wasting in Mice
116 Redefining Refeeding Syndrome in Burn Patients
117 Serum Level of Musclin Is Elevated Following Severe Burn
118 Sarcopenia is Associated with Worse Postoperative Outcomes in Burn Patients
119 Risk Factors Associated with the Development of Transaminitis in Oxandrolone Treated Adult Burn Patients
120 Muscle Homeostasis is Disrupted in Burned Adults

C-359 CORRELATIVE XVI - PSYCHOSOCIAL II
10:00 am–12:00 pm | Amazon N
Moderators: Elizabeth Dideon Hess, LCSW; Michael D. Peck, MD, ScD
122 The Efficacy of Community Reintegration Programming in the Physical and Psychosocial Recovery of Pediatric Burn Survivors
123 Social Media and Burns: A Staged Informational Program for Burn Care Specialists to Support Safe and Effective use for Burn Patients
124 Coping with Pediatric Burn Injury - Challenges from the Survivor Point of View
125 Methamphetamine-Positive Patients: The Same but Different from Other Burn-Injured Patients
126 Brief Motivational Interviewing Increases Participation in the Take Charge of Burn Pain Self-Management Program
127 PHQ-4 for Detection of Psychological Stress in the Outpatient Setting Following Burn Injury: Findings for Effective Use
128 A Comparison of Self-inflicted versus Unintentional Burns in the U.S. Inpatient Pediatric Population
121 Risk Factors for Acute Stress Disorder and Post-Traumatic Stress Disorder in Burn Survivors

BEST IN CATEGORY POSTERS | F-360
10:00 am–12:00 pm | Tropical
Moderators: Lucy A. Wibbenmeyer, MD; Kathe M. Conlon, BSN, RN, MSHS; 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. During the poster rounds professors will award one poster for each category as “Best in Category.” These top posters will be presented in a more formal setting during this session and judged by the Chairs of the Program Committee, Research Committee, and Membership Advisory Committee. At the conclusion of the session, the judges will award the three top posters of the meeting.
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.

LUNCHEON EDUCATIONAL FORUMS
New this year! All Friday sessions will have box lunch included. Please go to the room for the session you plan to attend, and you will be able to grab a box lunch. Try to get settled as quickly as possible so the sessions can start on time.

ACHIEVING BURN THERAPIST CERTIFICATION: THE INS AND OUTS | F-361
12:15 pm–1:45 pm | Amazon R
Course Directors: Ingrid Parry, PT, BT-C; Bernadette Nedelec, PhD, BSc, OT, BT-C; Lisa Forbes, MSc, OT, BT-C
ABA offers the only certification for physical and occupational therapists who have specialized in burn rehabilitation. The Burn Therapist Certification (BT-C) is an online portfolio process that has been in place for one year. Come learn about the application process, certification objectives and gain practical tips on how to prepare a successful application.
As a result of attending this activity, the learner should be able to:
• Define the minimal criteria for achieving burn therapist certification.
• Explain components of the online application for burn therapist certification.
• Describe the specialty practice objectives that must be achieved to receive burn therapist certification.

12:15 pm–12:45 pm  Define the Minimal Criteria, Online Application Process and Objectives for Achieving Burn Therapist Certification (BT-C)  Ingrid Parry, PT, BT-C

12:45 pm–1:15 pm  Describe Common BT-C Applicant Mistakes and Provide Tips and Tricks to Strengthen an Application  Lisa Forbes, MSc, OT, BT-C

1:15 pm–1:45 pm  Provide Strategies for Conveying Clinical Reasoning and Expertise in the BT-C Written Case Presentations  Bernadette Nedelec, PhD, BSc, OT, BT-C

BENEVOLENT PARENTALISM: THE ETHICS OF DOING GOOD FOR BURN PATIENTS | F-362

12:15 pm–1:45 pm | Amazon G

Course Directors: Todd Huzar, MD; Monica Gerrek, PhD

Burn providers often struggle ethically with decision making for patients who want to refuse treatment. In particular, it is difficult for providers to accept a refusal of treatment when the expected outcome is thought to be good. Yet, overruling a patient’s refusal of treatment, i.e., acting paternalistically, is considered ethically unacceptable because it violates the principles of nonmaleficence and respect for autonomy. However, there are times when a provider needs to employ benevolent parentalism to ensure that the patient’s best interests are served. This session will examine the difference between paternalism and benevolent parentalism and discuss situations in which the latter is ethically acceptable.

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

• Define “benevolent parentalism” and “paternalism”.
• Examine the differences between “benevolent parentalism” and “paternalism”.
• Discuss cases in which benevolent parentalism is ethically acceptable.

12:15 pm–12:30 pm  Introduction to the Ethics Benevolent Parentalism  Todd Huzar, MD; Monica Gerrek, PhD

12:30 pm–12:45 pm  Octogenarians with Severe thermal Injury  Gary Vercruysse, MD

12:45 pm–1:20 pm  Lacking Capacity: Can a Schizophrenic with Frostbite Refuse Care?  Callie M. Thompson, MD

1:20 pm–1:40 pm  “Please Let Me Go”: The Severely Burned Patient without Family and Refusing Care  Todd Huzar, MD; Monica Gerrek, PhD

1:40 pm–1:45 pm  Question & Answer

BEING AN EFFECTIVE BURN ADVOCATE | F-363

12:15 pm–1:45 pm | Amazon E

Course Directors: Amalia Cochran, MD; Juvonda Hodge, MD

Advancing the field of burn care requires petitioning administration and legislative bodies for policy changes. Physicians and other members of the healthcare team, however, are often not well educated regarding how to effectively advocate. This session will help attendees to become effective advocates for administrative and legislative issues at the state and national level by using interactive classroom techniques.

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

• Formulate a personal strategy for legislative advocacy with their federal elected officials.
• Design a plan for addressing administrative/policy issues with appointed officials.
• Evaluate peer performance in role play/simulation advocacy activities.

12:15 pm–12:30 pm  Basic Data on Citizen Advocacy and its Importance with our Legislators  Juvonda Hodge, MD

12:30 pm–12:45 pm  Find your Legislators - Who Represents you and How to Find Them  Amalia Cochran, MD; Juvonda Hodge, MD

12:45 pm–1:20 pm  Building your Pitch - How to Communicate with Legislators and Staffers  Amalia Cochran, MD

1:20 pm–1:40 pm  Role Play Advocating an Issue with a Partner or Within a Small Group  Amalia Cochran, MD; Juvonda Hodge, MD

1:40 pm–1:45 pm  Questions & Answers

LASER WORKSHOP: BIOPHOTONICS AND BURN SCAR REMODULATION | F-364

12:15 pm–1:45 pm | Amazon A

Course Directors: Renee E. Edkins, DNP, NP-C; Amita Shah, MD, PhD; Jonathan S. Friedstat, MD

Scar tissue development is an all too common component of recovery from burn and traumatic injuries. For some patients wound healing progresses in an orderly fashion, however, many experience symptomatic fibrotic changes with prolonged inflammation, fibroblast proliferation, and over expression of collagen. This program presents a review of the emerging field of Biophotonics specific to scar tissue remodulation with radiant energy and heat transference. The program is presented from three perspectives: Physics – harnessing photons with laser/light devices and radiofrequency technology; Molecular Biology – identifying components of wound healing, scar tissue formation and the changes
occurring with heat induced tissue regeneration and remodeling; and lastly Application – choosing appropriate devices, controlling delivery methods for optimum treatment and understanding the evolving opportunities for pharmaceutical delivery.

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

• Define electromagnetic radiation and its ability to effect tissue change.
• Discuss selective photothermolysis using laser hair removal as a model.
• Describe the biomolecular changes occurring in scar tissue exposed to photonic induced heat transfer.
• Identify appropriate pharmaceutical adjuncts to facilitate tissue remodulation.

12:15 pm–12:35 pm    Introduction
Renee E. Edkins, DNP , NP-C

12:35 pm–12:55 pm   Biophotonics & Energy Transformation
Renee E. Edkins, DNP , NP-C

12:55 pm–1:15 pm    Biomolecular Components of Scar Tissue Development and Remodulation
Amita Shah, MD, PhD

1:15 pm–1:35 pm    Application; Putting it All Together in Practice
Jonathan S. Friedstat, MD

1:35 pm–1:45 pm  Question & Answer

ABA VERIFICATION: COMMON REASONS FOR BURN CENTERS TO FAIL VERIFICATION AND HOW TO OVERCOME THEM | F-365

12:15 pm–1:45 pm | Tropical
Course Directors: Sharmila Dissanaike, MD; Gretchen J. Carrougher, RN, MN

An interactive forum to simplify the verification process, highlight recent changes including upgrades to the online system and changes in criterion deficiencies, focus on common reasons for non-verification and how centers can avoid these pitfalls, and answer questions from burn centers about verification.

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

• Explain recent updates to the verification system.
• Explain the most common reasons for centers to be denied verification.
• Discuss performance improvement and loop closure, which are essential elements of successful verification.
• Describe current nursing requirements for verification.

12:15 pm–12:16 pm    Introduction and Welcome
Sharmila Dissanaike, MD

12:16 pm–12:31 pm    Recent Changes in Online Information, Timeline and CDs
Maureen Kiley

12:31 pm–12:41 pm    Common Reasons to Fail Verification
Sharmila Dissanaike, MD

12:41 pm–12:56 pm    Performance Improvement and Loop Closure Tips
David T. Harrington, MD

12:56 pm–1:11 pm    Nursing Requirements
Gretchen J. Carrougher, RN, MN

1:11 pm–1:21 pm    Burn Quality Platform Update/PRQ
Maureen Kiley

1:21 pm–1:45 pm  Question & Answers

IT’S NOT ALL ABOUT THE PATIENT, WHAT ABOUT THE STAFF? PART II | F-366

12:15 pm–1:45 pm | Amazon N
Course Directors: Anjay Khandelwal, MD; Tammy L. Coffee, MSN, RN, ACNP

Although much is written about resiliency and communication, most staff members are not able to discuss tools or discern how to cultivate resiliency or improve communication. This session will examine individual, team and institutional factors contributing to resiliency in the work place. An interactive workshop will focus on cultivating skills, habits and attitudes that will promote resiliency. Additional group workshops will address barriers to communication in the workplace.

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

• Discuss factors contributing to resiliency and poor communication.
• Explain realistic tools to improve resiliency.
• Demonstrate techniques for effective communication.

12:15 pm–1:45 pm    Communication Breakdown and Workshop
Tammy L. Coffee, MSN, RN, ACNP; Anjay Khandelwal, MD

1:00 pm–1:45 pm    Communication and Resiliency
Robert Smith, PhD

RESEARCH ON BURN INJURY AND THE MODULATION OF THE HOST MICROBIOME: WE NEED TO CATCH UP | F-367

12:15 pm–1:45 pm | Amazon L
Course Directors: Lauren Moffatt, PhD; Jeffrey W. Shupp, MD

There is a gap in knowledge regarding the role of the microbiome(s) in burn patient pathophysiology. With a better understanding of these processes, we may be able to better target therapeutics, especially antimicrobials, as well as understand the interactions of multiple systems and environment in primary issues of concern for burn patients including shock, burn progression, wound healing, scar outcomes, and other inflammatory processes. In order to determine an approach for research priorities, we propose to systematically evaluate our current state of understanding as well as the currently
available tools we have to be able to study a complex set of systems in this complex patient demographic. Experts in various disciplines will speak on the state of the science in their fields and what the future holds.

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

- Define microbiome and discuss the need for its research in burn patients.
- Apply current concepts in microbiome research to burn care.
- Recognize our limitations in understanding host: pathogen interactions as related to thermal injury.

12:15 pm–12:40 pm  An Overview of the Human Microbiome(s) in Health and Disease
Michael J. Morowitz, MD

12:40 pm–1:05 PM    Technology, Laboratory Modeling, and Data Analysis Approaches
Regina Lamendella, PhD

1:05 pm–1:30 PM    Cutaneous Microbiomes and Wound Healing
Katherine Radek, PhD

1:30 pm–1:45 PM   Panel Discussion and Q&A

EDUCATIONAL FORUMS

BURNS OF THE HAND IN CHILDREN AND ADULTS | F-368

2:00 pm–4:00 pm | Amazon G
Course Directors: Roger L. Simpson, MD, MBA; William Scott Dewey, PT, CHT

Management of the burned hand in adults and children will be presented through acute and reconstructive principles. These surgical principles and clinical cases will provide insight into proper timing of early management, surgery, and advanced rehabilitation of all burn depth injuries. The burned hand will require the multidisciplinary team of the burn surgeon, therapist, and nurses to assure maximum functional return in a timely fashion.

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

- Identify all degrees of acute thermal and electrical burns of the hand and extremity.
- Describe optimal burn reconstruction procedures to increase extremity function.
- Explain the role and limitations of therapy in burn management.

2:00 pm–2:05 pm  Introduction of Course and Faculty
Roger L. Simpson, MD, MBA

2:05 pm–2:25 pm  The Acutely Burned Hand
Scott Hultman, MD, MBA

2:25 pm–2:45 pm  Pediatric Hand Burns - Why Are They Different?
Jonathan S. Friedstat, MD

2:45 pm–3:00 pm  Optimum Wound Care Will Maximize Outcomes
Reuben Salinas, LVN

3:00 pm–3:20 pm  Burned Hand Therapy: Tissue Issues and Plateaus
William S. Dewey, PT, CHT

3:20 pm–3:40 pm  Functional Reconstruction of the Burned Hand
Roger L. Simpson, MD, MBA

3:40 pm–4:00 pm  Discussion and Questions

AFTERCARE PROGRAMS: SURVIVOR PERSPECTIVES ON WHY THESE PROGRAMS ARE CRITICAL, WHAT WORKS, AND HOW THE BURN TEAM CAN HELP! | F-369

2:00 pm–4:00 PM | Amazon L
Course Directors: Karen L. Badger, PhD, MSW; Pam Peterson, BSN, RN

Social and community integration following burn injury is an important recovery outcome for which aftercare resources and support is essential. Burn care professionals—no matter their role on the burn team—can help educate survivors and their families about available aftercare resources and assist in connecting them to these supports. However, burn care professionals may not be aware of aftercare services that are available, their value in recovery, or the mechanisms through which survivors can access these services. This forum is designed to assist burn team members in addressing the social and community reintegration needs of burn survivors and their families by providing an overview of the essential components of psychosocial aftercare and its role in burn recovery. Aftercare resource and support options that are available for survivors and family members will be shared from the perspective of burn survivors and family who have utilized them, supplemented by findings from the literature, and expectations purported via burn verification standards. Also reviewed will be aftercare assessment and planning strategies appropriate for various burn team roles to practice a wrap-around approach in identifying and meeting aftercare support needs of survivors and their families. Burn care professionals will be provided with information about resources and assessment and referral strategies they can use in their daily practice and share with other team members to support the burn survivor and family members in their aftercare and reintegration efforts.

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

- Describe the components and impact of psychosocial aftercare and its role in burn recovery.
- Discuss aftercare resource and support options and ways in which burn survivors/family members have utilized them to support burn recovery.
• Explain how to develop an aftercare assessment and planning strategy appropriate for burn team role (e.g., provider, survivor, family, supporter, or evaluator) to identify and meet needs of survivors and their families.

2:00 pm–2:20 pm  Introduction to Aftercare and Why it Matters: Perceptions, Attitudes, and Practice
Karen L. Badger, PhD, MSW

2:20 pm–3:20 pm  Burn Survivor and Family Perspectives: Aftercare Options and Roles in Recovery
Facilitators: Cindy Rutter, RN, BSN, MS, Associate MFT, James A. Bosch, MA, LMFT
Burn Survivor and Family Panelists: Scott Denman, Victoria Eagan, Niki Acton

3:20 pm–3:35 pm  How the Burn Team Can Help: Assess Aftercare Planning—Is it Enough?
Elizabeth Dideon, LCSW, MSW

3:35 pm–3:50 pm  How the Burn Team Can Enhance Access to Aftercare: Networking, Education, and Referrals
Rebekah R. Allely, OTR/L

3:50 pm–4:00 pm  Questions and Evaluation
Karen L. Badger, PhD, MSW; Pam Peterson, BSN, RN

MAC FORUM: DISASTER ROLES AND RESPONSIBILITIES: WHO REALLY DOES WHAT? | F-370

2:00 pm–4:00 pm  | Amazon N
Course Directors: Kathe M. Conlon, BSN, RN, MSHS; Annette F. Matherly-Newman, MS, RN, CCRN

Burn mass casualties require orchestrated effort among burn centers and first responders. This course will review the integration of procedures related to triage and/or transport in a (burn) mass casualty incident. Additionally, the scope of practice between different pre-hospital and hospital disciplines will be illustrated.

As a result of attending this activity, the learner should be able to:
• Develop or modify existing burn mass casualty plans.
• Coordinate with other burn centers and response agencies to expand existing plans.
• Implement protocols in accordance with local, regional or national procedures.

2:00 pm–2:05 pm  Introduction
Annette F. Matherly, MS, RN, CCRN

2:05 pm–2:25 pm  Fire & Emergency Medical Services: Challenges Establishing an Organized Triage & Transport Process
Syed F. Saquib, MD

2:25 pm–2:45 pm  Dealing with Law Enforcement Agencies: Evidence Preservation, Information & Line of Duty Injuries and Deaths
Christopher K. Lake, PhD

2:45 pm–3:05 pm  Nursing & Healthcare Providers: Scope of Practice versus Incident & Patient Care Needs
Kathe M. Conlon, BSN, RN, MSHS

3:05 pm–3:25 pm  Physician Response: Providing Quality Care with Limited Resources
Syed F. Saquib, MD

3:25 pm–3:45 pm  Taking Care of the Care-takers: Addressing Occupational and Disaster-related Stress Conditions
Jason Woods, FF

3:45 pm–4:00 pm  Panel Discussion

BURN CARE IN THE ELDERLY | F-371

2:00 pm–4:00 pm  | Amazon R
Course Directors: Marc G. Jeschke, MD, PhD; Herbert A. Phelan III, MD

Concerningly, elderly burn patients represent the fastest growing population. However, little or almost no progress has been made over the last several decades to improve outcomes in the elderly. Not only is acute survival an issue for the elderly burn population, but so is maintaining quality of life, independence, and acceptable long-term outcomes. This session will focus on how to improve acute and long-term outcomes of elderly burn patients. We will present and discuss several new trials and studies that were initiated over the last year by the Elderly Care Committee.

As a result of attending this activity, the learner should be able to:
• Identify which areas of elderly burn care have substantial gaps of knowledge.
• Recall new insights on challenges and needs in elderly burn care.
• Develop new protocols and definitions in elderly burn care.

2:00 pm–2:15 pm  Predictors of Outcomes in Elderly
Kathleen S. Romanowski, MD

2:15 pm–2:30 pm  The Best Case—Worst Case Communication Tool
Herbert A. Phelan III, MD

2:30 pm–2:45 pm  What do we Know about Nutrition in Elderly?
Alisa Savetamal, MD

2:45 pm–3:00 pm  What are the Biochemical and Clinical Markers during Acute Hospitalization Differentiating Good from Poor Outcomes in Elderly?
Sarah Rehou, MS

3:00 pm–3:15 pm  Delirium in Elderly
Alisa Savetamal, MD

3:15 pm–3:30 pm  Rehabbing the Elderly—Best Practices and Challenges
Karen J. Kowalske, MD
CONTROVERSIES IN MODERN BURN CARE: THE PRO-CON DEBATES | F-372

2:00 pm–4:00 pm | Amazon A

Course Directors: Robert C. Cartotto, MD; Christopher W. Lentz, MD

Burn care providers often disagree about various therapeutic interventions for the burn patient. In this session, experts from the burn team will debate four resolutions:

1. A pharmacologic intervention (e.g. IVIG, steroids, etanercept, cyclosporine) should be used in patients with SJS/TEN admitted to a burn unit;

2. Transpulmonary thermodilution should be used to guide acute fluid resuscitation for major burns;

3. Following successful grafting, splints should be applied preventatively before a limitation in range of motion is present;

4. Silver sulfadiazine is the topical antimicrobial of choice for deep burn wounds among inpatients.

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

• Identify the advantages and disadvantages of two opposing therapeutic approaches to the same clinical problem.

• Choose the most appropriate evidence-based therapeutic approach to a clinical problem.

2:00 pm–2:30 pm A Pharmacologic Intervention (e.g. IVIG, Steroids, Etanercept, Cyclosporine) Should be Used in Patients with SJS/TEN Admitted to a Burn Unit

PRO: Warren L. Garner, MD
CON: Robert C. Cartotto, MD

2:30 pm–3:00 pm Transpulmonary Thermodilution Should be Used to Guide Acute Fluid Resuscitation for Major Burns

PRO: Craig R. Ainsworth, MD
CON: David Greenhalgh, MD

3:00 pm–3:30 pm Following Successful Grafting, Splints Should be Applied Preventatively before a Limitation in Range of Motion is Present

PRO: Karen J. Kowalske, MD
CON: Lisa Forbes, MSc, OT, BT-C

3:30 pm–4:00 pm Silver Sulfadiazine is the Topical Antimicrobial of Choice for Deep Burn Wounds Among Inpatients

PRO: Victor C. Joe, MD
CON: Philip E. Fidler, MD

INTERNATIONAL OUTREACH FORUM: PROGRESS ACROSS THE GLOBE | F-373

2:00 pm–4:00 pm | Amazon E

Course Directors: James J. Gallagher, MD; Michael D. Peck, MD, ScD

Over the years, ABA members have generously donated their time overseas to improve the care of burn patients in resource-limited settings. This session provides both an update on the activities of other international organizations, and also, the work of ABA members abroad.

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

• Identify activities of other organizations (such as the World Health Organization, ISBI, ACS, and Interburns) which provide education and program support for burn health care providers abroad.

• Compare different approaches to improving the quality of burn care, such as educational courses, traveling fellowships, and institutional partnerships.

• Describe the difference between surgical missions for burn reconstruction and building acute burn care quality and capacity.

2:00 pm–2:20 pm Improving Burn Care in Bhutan
Tam N. Pham, MD

2:20 pm–2:40 pm Working within an Academic Institution’s Overseas Mission Program
James J. Gallagher, MD

2:40 pm–3:00 pm Interburns and the Centre for Global Burn Injury Policy and Research
Tom Potokar, MD

3:00 pm–3:20 pm ISBI Educational Courses for Burn Care
Gretchen J. Carrougher, RN, MN

3:20 pm–3:40 pm Activities of the World Health Organization, including the Global Burn Registry
Michael D. Peck, MD, ScD

3:40 pm–4:00 pm Panel Question & Answer

ABA BUSINESS MEETING

4:15 pm–5:30 pm | Tropical

The Business Meeting provides an update on the activities of the ABA. This is your opportunity to hear about new programs and the future direction of the ABA. All members are encouraged to attend!
POSTER SESSIONS

Exhibit Hall – Rio Pavilion

POSTER SESSION I: ABSTRACTS # 200–367
Critical Care: Clinical I
Critical Care: Clinical II
Nursing I
Nutrition / Metabolism I
Pain, Agitation, Delirium and Itch
Prevention/Public Health/Ethics
Psychosocial I
Psychosocial II
Public Health / Epidemiology I
Quality Improvement I
Quality Improvement II
Reconstruction I
Rehabilitation I
Wounds: Clinical I
Wounds: Clinical II
Wounds: Translational I
Wounds: Translational II

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

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

Rounds with Professors and Authors
Wednesday, April 3 | 12:30 pm–1:30 pm

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

POSTER SESSION II: ABSTRACTS # 368–528
Critical Care: Clinical III
Critical Care: Clinical / Wounds: Clinical
Critical Care: Translational Science
Nursing II
Nutrition/Metabolism II
Outpatient Burn Management
Psychosocial III
Public Health / Epidemiology II
Public Health / Epidemiology III
Quality Improvement III
Quality Improvement IV
Reconstruction II
Rehabilitation II
Wounds: Clinical III
Wounds: Clinical IV
Wounds: Translational III
Wounds: Translational IV

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

Poster Viewing Hours
Wednesday, April 3 | 4:00 pm–7:00 pm
Thursday, April 4 | 9:30 am–2:00 pm

Wine & Cheese Reception with Authors
Wednesday, April 3 | 5:30 pm–7:00 pm

Rounds with Professors and Authors
Thursday, April 4 | 12:30 pm–1:30 pm

Poster Dismantle
Thursday, April 4 | 2:00 pm–3:00 pm

BEST IN CATEGORY POSTERS

Tropical
Friday, April 5 | 10:00 am–12:00 pm

Course Directors: Lucy A. Wibbenmeyer, MD; Kathe M. Conlon, BSN, RN, MSHS; Lauren Moffatt, PhD

Best in Category posters will be selected by the poster moderators. All posters with blue ribbons should be left in the exhibition hall. Staff will move them to the poster boards near Tropical. The Best in Category presentation will be done in the Tropical room on Friday at 10:00 am using the electronic poster that was submitted. Each presenter will stand at the podium and have 2 minutes to present the overview of the poster. The top three will be selected by the Chairs of the Program, Research and Membership Advisory Committees.
POSTER SESSION I: ABSTRACTS # 200-367

R-120 Critical Care: Clinical I
Moderators: Howard G. Smith, MD; Carolyn B. Blayney, RN, BSN
200 Monitoring Intra-ocular Pressure in Burn Patients Undergoing Fluid Resuscitation: A Survey of Practice Patterns
202 Fluconazole for Fungal Prophylaxis in a Burn Intensive Care Unit
203 The Impact of Admission Hemoglobin A1c on Infection in Burn Patients
204 Diagnostic Performance of Plasma and Urine Neutrophil Gelatinase-Associated Lipocalin, Cystatin C, and Creatinine for Acute Kidney Injury in Burn Patients: A Prospective Cohort Study.
205 Diagnosis of Sepsis in Steven's-Johnson Syndrome and Toxic Epidermal Necrolysis
206 Electrical Burns During Fruit Harvesting
207 Relationship of Total Body Surface Area Burn and Length of Stay to Multidrug Resistant Bacterial Infections
208 Perioperative Thermoregulation using an Esophageal Heat Exchange Device

R-121 Critical Care: Clinical II
Moderators: Pablo Aguayo, MD; Michelle Hughes, RN
210 The Use of Humidified High Flow Nasal Cannula Post-Extubation to Decrease the Incidence of Reintubations in Adult and Pediatric Patients Treated in a Burn Center
211 Stable Neonates with Burns: Are they a Vulnerable Population?
212 Risk Factors for the Development of Early Pneumonia in Patients with Large TBSA Burns: A Single-Center Study
213 Evaluation of Vasopressor Use During Acute Burn Fluid Resuscitation
214 Effect of a Bundled Approach on Procedural Pain Management in Burn Patients
215 Including TBSA in Cardiac Risk Stratification in Inpatient Adult Burns May Guide Cardiac Workup and Anticipate Cardiac Events
216 Risk Stratification of Orbital Compartment Syndrome: A Comparison of Intra-ocular Pressure and the Baux Score
217 Role of Hydrocortisone Therapy in Critically Ill Burn Patients with Hemodynamic Instability
218 Hydroxocobalamin Does Not Prevent a Dysregulated Acute Inflammatory Response to Burn Injury and Associated Shock State
219 Quantifying the Effects of Wound Healing Risk and Potential on Clinical Measurements and Outcomes of Severely Burned Patients: A “Big Data” Approach

R-122 Nursing I
Moderators: Karen J. Richey, RN; Brad Johanson, RN, BSN, CMSRN
220 Supporting Burn Nurse Competencies with Education
221 Implementation of a Burn Champion Workgroup in a Mixed Medical-Surgical Pediatric Intensive Care Unit
222 Decreasing Hospital Acquired Pressure Injuries (HAPI) with the Implementation of a Two Registered Nurse (RN) Skin Check during Hydrotherapy
223 The Use of the IPASS Handoff Communication Tool to Increase Nursing Satisfaction during Handoff on a Burn and Pediatric Unit
224 Creating a Burn Unit Orientation Manual Using the ABA Burn Nurse Competencies
225 The Bridle: Optimizing Enteral Nutrition and Decreasing Costs
226 Book Club Live! Utilizing a Mixed Model of Learning in the Burn Center
227 Reducing the Incidence of Hospital Acquired Pressure Ulcers in the Burn Unit
228 Situational Simulation Training Course for New Nurses
229 Application of Burn Nurse Competencies to Burn Center Education
R-123 Nutrition/Metabolism I
Moderators: Caran Graves, RD, MS; Sara Foresman, RD, CNSC

230 Factors Affecting Gastric Intolerance to Enteral Nutrition in Burn Patients
231 Underweight Patients have an Increased Mortality Following Burn Injury: Clinical Outcomes Reported in the National Burn Repository
232 Volume Based Enteral Feeding in Burn Patients
234 A Multi-center Survey of Vitamin D Monitoring and Supplementation in Patients with Thermal Injuries
235 No Association of Oxandrolone Administration and the Development or Severity of Heterotopic Ossification Following Burn Injury
236 Nutrition Support through Sedative Procedures: A Retrospective Comparison of Feeding Methods in Pediatric Burn Patients
237 Safety of Oxandrolone Administration in Severely Burned Adults

R-124 Pain, Agitation, Delirium and Itch
Moderators: Tam N. Pham, MD; Annemarie O’Connor, RN, MSN, APN, FNP-BC

239 Intraoperative Liposomal Bupivacaine for Skin Graft Donor Site Analgesia
240 A Randomized Controlled Trial of Hypnosis for Pain and Itch Following Burn Injury
241 Effect of Methamphetamine Abuse on Discharge Opioid Requirements in Burn Injured Patients
242 Predictors and Correlates of Post-Burn Pruritus in Infants and Toddlers
243 The Role of Drug-Gene Testing in Pediatric Burns with ADHD
244 Sedation and Analgesia during Pediatric Burn Dressing Change: A Survey of American Burn Association Centers
245 An Investigation of Pain Responses Among Burn Injured Children

R-125 Prevention/Public Health/Ethics
Moderators: Julie A. Caffrey, DO; Sarah Bernardy, RN

249 Smoking and Use of Home Oxygen: A Problem Left Unresolved
250 The Effective Elimination of Nosocomial Burn Wound Infections with Daily Wound Care
251 Prevention Efforts Related to Pavement Burns
252 Fumes and Flames in the Operating Room: A Hidden Peril
253 Increasing Incidence and Severity of Electronic Cigarette Burns: Two Year Experience at a Single Verified Burn Center
254 The Ethics of Treating the Medically and Socially Complicated Patient
255 Outcomes of Eight Years of International Outreach to Improve Burn Care through Prevention, Education, and Clinical Intervention: A Model for Optimization in a Resource-Constrained Environment
256 Trends and Key Factors in Treating Elderly Patients with Burns: A Retrospective Cohort Study
257 Burn Care in World War One (WW1)
258 Racial and Ethnic Disparities in Discharge to Rehabilitation Following Burn Injury

R-126 Psychosocial I
Moderators: Karen L. Badger, PhD, MSW; Paul I. Schwartzman, MS, LMHC

259 Case Series of Deceptive and Intentional Self-Burning for Narcotics: A Hidden Problem within the Opioid Epidemic
260 Mediation Models of Pain, Mental Health, and Daily Functioning in Individuals with Burn
261 The Benefits of a Standardized Burn Support Program: A Ten Year Retrospective Review
262 Young Adult Burn Survivors Burned as Children Self-Report on Wellbeing - How are they Faring?
Poster Sessions

263 Behavioral Principles as Part of a Summer Pediatric Burn Camp: Implications for Practice, Counselor Training, and Important Lessons Learned
264 Burn Support Group: Improving the Aftercare Journey of Burn Survivors Through Established Relationships and a Structured Curriculum
265 Impact of Firefighter Participation in Burn Survivor Community Reintegration: A Qualitative Analysis
266 Developing a Screening Tool to Assess Acute Stress Disorder in Burn Patients

R-127 Psychosocial II
Moderators: Pam Peterson, RN, BSN; Lori Snyder, LMSW
268 Incorporation of a Medical Spa in the Burn Center
269 Effectiveness of Social Skills Trainings for the Adult Burn Patients in Korea
270 Long-Term Outcomes for Survivors of Childhood Burns; A Comparison of Honduran and US Samples
271 Support for Burn Survivors: Influential Factors in the Recovery Process
272 Creative Adult Centered Activities in The Hospital Setting
274 Occurrence of Psychiatric Illness and Problematic Substance Use among Frostbite Patients in an Urban Verified Burn Center

R-128 Public Health/Epidemiology I
Moderators: Sharmila Dissanaike, MD; Stephanie L. Farquhar, RN, CCRN
278 A Comprehensive Legislative Framework to Address Chemical Assault
279 Association of Personal Protective Equipment Use and Maintenance with Burn Injury: A Pilot Survey of Firefighters
280 Implementation of a State Wide Burn Care and Mass Casualty Course (BCMCC)
281 Developing LIBRE Profile Levels: Providing Clinical Meaning for Scores
282 Revisions in the National Burn Repository Improve Firefighter Injury Data Capture
283 A Comparison of Population Characteristics and Outcomes for Acid and Alkaline Skin Burn Injuries in the National Burn Repository
284 Resurgence of Electronic Cigarette Explosions Despite Regulation
285 In Hot Water: Cooking Related Burn Injuries in the ED
286 Comparative Cost Effective Analysis for the Use of Allograft in Second Degree Burns

R-129 Quality Improvement I
Moderators: Mary Lou Patton, MD, FACS; Nicholas Faoro, RN
288 Potential Organism Transfer in a Pediatric Burn Unit, Pre- and Post-UV-C Implementation
289 Reduction of Hospital-Acquired Methicillin Resistant Staphylococcal Aureus Bacteremia in a High Volume Adult Burn Center
290 Improving International Burn Care: A Collaborative Institutional Model
291 Less is More: Utilization of Peripherally Inserted Central Catheters (PICC) and Midline Catheters in a Burn Unit
292 Use of Fibrin Sealant for Split Thickness Skin Graft Fixation Decreases Post-Operative Pain when Compared to Staple Fixation
293 Techniques for Patient Positioning During Burn Surgery: A Systematic Review
294 Designing a New Comprehensive Burn Center Around the Patient Experience
295 Predictors of Pediatric Burn Mortality from Admission Variables
296 Quality Improvement: Multidisciplinary Splinting Resources in the Burn Unit
R-130 Quality Improvement II
Moderators: Robin Lee, MD; Ralph Burgos, RN

298 The Pediatric Injury Quality Improvement Collaborative (PIQIC): A Quality Improvement Initiative between Five Pediatric Burn Centers.

299 Technical Solutions for a Growing Burn Performance Improvement (PI) Program

300 A Review Following Implementation of a Valid Alcohol Withdrawal Monitoring Scale and Order Set Protocol

301 Charlie’s Legacy: A Preliminary Report on Burn Shock Resuscitation Using BQIP Data

302 Sleep Quality in the Burn ICU

303 The Challenge of Maintaining Zero Preventable Infections

304 A One-Year Review of Routine Social Work Evaluations for Children Less Than Twenty-Four Months of Age with Burn Injury

305 A Novel Multidisciplinary Electronic Resource for Burn Care Education

R-131 Reconstruction I
Moderators: Miranda L. Yelvington, MS, OTR/L, BT-C, BCPR; Anthony Papp, MD, PhD

308 Acute Effects of Varying Negative Pressure Wound Therapy on Human Split-Thickness Autografts

309 Patient Experience with Laser Treatment of Burn Scars

310 Evaluation of Patient Reported Outcomes Before and After Burn Reconstruction

311 Bilayer Dermal Regeneration Matrix Use in Burn Patients: A Systematic Review

312 First Vascularized Composite Allotransplantations in Rats after 6 Hours of Ex Vivosubnormothermic Machine Perfusion Using an Hemoglobin Oxygen Carrier: A Proof of Concept Study

313 Supercharged Transposition Flap for Reconstruction of Burned Neck Scar Contracture

314 Inflammatory and Infectious Complications of Laser Therapy in Treatment of Hypertrophic Burn Scars: Correlations in Literature Review and Case Reports

316 Coverage of Bilateral Lower Extremity Burns with Autologous Homologous Skin Construct

R-132 Rehabilitation I
Moderators: Lynne Benavides, OTR/L, CHT; Debra A. Reilly Culver, MD

318 Efficacy of Whole Scar Ablative Fractional Carbon Dioxide Laser Treatment in Patients with Large Area of Burn Scar: A Prospective Cohort Study

319 Clinical Observations Using 3D Printed Hand and Finger Devices in Pediatric Burn Rehabilitation

320 A National Survey Regarding Utilization of the Burn Therapist in the Operating Theater

321 Perceived Value of Knowledge Translation Intervention Designed to Facilitate Burn Survivors’ Work Reintegration

322 Using a Learning Module to Improve Nursing Knowledge of Positioning and Splint Application in the Burn Unit

323 Considerations for the Development of an App to Measure Burn Patient Outcomes: An International IT Perspective

324 Head-Neck Helmet Cast for Neck Burns: A Case Report

325 Inpatient Rehabilitation Program Specializing in Burn Rehabilitation: One Center’s Outcomes

326 Early Therapy Experience with NovoSorb™ BTM

R-133 Wounds: Clinical I
Moderators: Felicia N. Williams, MD; Sheila A. Giles, BSN, RN

329 Prognostic Indicators for Upper and Lower Extremity Amputations in a Verified Burn Center

330 Automating the Characterization of Burn Injuries for Pre-Hospital Care

331 Delineating the Role of Serum Immunoglobulin Titers in Burn Patients at High Risk for Herpes Simplex Virus Infection
Poster Sessions

332  Topical Steroids for Suppression of Granulation Tissue in Burns: Results of an ABA Member Survey
333  The First Twenty: The Use of Synthetic Dermal Substitute in Significant Burns; Outcomes and Lessons Learned.
334  Injury Pattern from Electronic Cigarettes (e-Cigs): A Multicenter Experience
335  Contact Burns: A Retrospective Analysis of Etiology and Demographics
336  Outcomes Following Use of Negative-Pressure Wound Therapy Over Autologous Meshed and Non-Meshed Skin Grafts
337  New Technologies for Precision Repair of Refractory Wounds Post Burn and Trauma

R-134 Wounds: Clinical II
Moderators: Keturah Sloan, ARNP; William B. Hughes, MD
338  Thrombolytic Salvage of Threatened Frostbitten Extremities: A Systematic Review
339  The Use of an Autologous Cell Harvesting and Processing Device in Two Burn Patients at an Urban Pediatric Burn Center
340  The Use of an Autologous Cell Harvesting Device in the Treatment of Thermal Burns: A Case Study
341  Effectiveness of Corticosteroid Tapes for Hypertrophic Scars and Keloids
342  Minimizing Intraoperative Hemorrhage in Wound Debridement using a Novel Topical Hemostatic Agent
343  Versatility of a Synthetic Polyurethane Dermal Substitute
344  The Cooling Effect of a Bacterial Nanocellulose-Based Wound Dressing on a Burn Injury
345  Operative Requirements of Friction Injuries
346  Silver Impregnated Silicon Foam Dressing Leads to Fewer Donor Site Infections Compared to Petroleum Gauze: A Retrospective Review

R-135 Wounds: Translational I
Moderators: Peter P. Kwan, BScE, MD, PhD; Susan Smith, PhD, FNP, ACNP
348  The Role of Inflammation, Platelets, and Microparticles/Nanoparticles in Burn Wounds
349  Macrophage Elastase is Elevated in Wounds after Burn Injury
350  Combinatorial Use of CEAs with Dermal Substitutes Containing Dermal Papilla-Like Structures
351  Phenotypic Modulation of Adipose-Derived Stem Cells Within 3D Scaffolds; Applications in Skin Bioengineering
352  Cryopreserved Gal-Knockout Xenografts Provide Efficacious Temporary Coverage of Full-Thickness Wounds: Good Laboratory Practice-Compliant Studies in Non-Human Primates
353  Burn Eschar Derived Pericytes Display Elevated Inflammatory Associated Genes
354  The IL-6, TNF-alpha, and TGF-ß Levels in Serum and Tissue in Children with Treated by Different Burn Dressings
355  Establishing Ovine Model of Burn Wounds Grafted with Cadaver Skin
356  Investigation of the Variable Histopathology of Burn Eschar
357  Wound Chambers for Porcine Wound Healing Research

R-136 Wounds: Translational II
Moderators: David Greenhalgh, MD; Benjamin Levi, MD
358  Silk-Elastin Sponge is Effective for Burn Therapy after Tangential Excision
359  Burn Wound Severity Prediction in a Porcine Model using Spatial Frequency Domain Imaging & Machine Learning
360  In Vivo Characterization of Burn Wound and Skin Graft Healing in a Porcine Model using Spatial Frequency Domain Imaging
361  Bioactive Nanoparticles for Improved Wound Healing
362  Non-Severe Burn Injury has a Long-Term Impact on Immune Function in Pediatric Patients
POSTER SESSION II: ABSTRACTS # 368-528

R-220 Critical Care: Clinical III
Moderators: Ludwik K. Branski, MD, MMS; Alicia Lintner, MSN, CRNP-BC, CCRN
368  Hypoglycemic Encephalopathy Secondary to Vitamin C Infusion in Burn Resuscitation
369  Rapid tPA Therapy for Treatment of Severe Frostbite of the Upper Extremity
370  Evaluating the Efficacy and Safety of Intraoperative Enteral Nutrition in Critically Ill Burn Patients: A Systematic Review and Meta-Analysis
371  Retrospective Analysis of Ocular Involvement and Outcomes following a Novel Approach to Application of Amniotic Membrane Graft in the Management of Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis at a Level One Burn Center
372  Fusarium in a Burn Center: Lessons Learned
373  Injury Patterns in Combined Trauma and Burn Patients

R-221 Critical Care: Clinical/Wounds: Clinical
Moderators: Damien W. Carter, MD; Anupama Mehta, MD
376  Review of Ceftolozane-Tazobactam (C/T) Use in Burn Patients
377  Burn Intensive Care Unit Mock Code: Training that Makes a Difference
378  Successful Implementation of ECMO Therapy in a Patient with Extensive Burns, Inhalation Injury and Blunt Chest Trauma
379  Challenging Pediatric Cases Resulting from Train Injuries
380  Bromelain Based Rapid Enzymatic Debridement - Comparing Pediatric and Adult Clinical Trial Results
381  Budget Impact of Autologous Cell Harvesting Device (ACHD) Use versus Standard of Care (SOC) for Treatment of Severe Burns: A Case Study

R-222 Critical Care: Translational Science
Moderators: Radha K. Holavanahalli, PhD; J. Kevin Bailey, MD
386  Monocyte Dysfunction Following Pediatric Thermal Injury May Predict the Development of Nosocomial Infections
387  Hyperspectral Imaging in Burn Evaluation from Bench to Bedside: A Case Report
388  Novel Anti-infectives Against Intestinal Barrier Derangement Following Burn - Site Infection
389  Limited Volume Resuscitation with 5% Albumin Exacerbates Liver Injury in a 40% TBSA Swine Burn Model
390  CCL2/CCR2 Signaling Axis Involving Activated Monocyte-Derived Macrophages Causes Spinal Cord Neuroinflammation and Nerve-Motor Pathology after Burn Injury
391  Cutaneous Host Metabolic Alterations after Burn Injury in a Murine Model
392  Increased Mitochondrial Respiration and ROS Production From Adipose-Derived Stem Cells is Passage Dependent
393  Validation of a Rodent Model for Studying Metabolomic Response to Burn Injury
R-223 Nursing II
Moderators: Carrie Cox, RN, MS; Holly Moynihan, RN
396  Improved Communication and Staff Satisfaction Result from Structured Partnered Rounding on the Burn Unit
397  Preventing CLABSI when Standard Practice is Non-Viable
398  Mold Infection Leads to Process Improvement
399  Building the Case for Improved Nurse Staffing
400  Changing Course: A Comprehensive Approach to Ensuring Burn Nurse Competency
401  Improved Patient Outcomes with an Absorbent Dressing Over Central Lines in Burn Patients
402  Burn Care Practices of Nurses: Results of a Cross-Sectional Survey of Burn Centers in the United States
403  HAPU Incidence Reduction
404  Evolving the Role of the Charge Nurse on the Burn Unit
405  Can Prevention Strategies Increase Risk for Pressure Injuries?

R-224 Nutrition/Metabolism II
Moderators: Wendy Rowsell, RDN, LD; Deborah Hutsler, MS, RD/LD
407  Variations in Practice Among Registered Dietitians at Pediatric Verified Burn Centers
408  The Effect of Hypoglycemia and Glucose Control on Patient Outcomes after Burn Injury
409  Early Feeding Tube Placement in Burn Patients and the Impact on Nutritional Outcomes
410  Alterations of the Plasma Lipidome in Response to Severe Burn Injury
411  Procalcitonin Levels to Predict Severity and Prognosis in Severe Burn Patients During Shock Period
412  Pre-Burn Malnutrition: Does it Make a Difference?
413  Metabolomic Changes in Mice Serum after Burn Injury

R-225 Outpatient Burn Management
Moderators: Jenny Ziembicki, MD; Linda Leonard, BSN, RN, CCRN
415  Development of a Comprehensive Clinical Outreach Coordinator Role at an ABA Verified Burn Center
416  Effects of Transcranial Direct Current Stimulation on Pain and Itch after Burn Injury
417  The Novel Use of Lateral Femoral Cutaneous Nerve Blocks with Deep Sedation for Outpatient Split Thickness Skin Grafts to Avoid General Anesthesia and Decrease Opioid Requirements
418  Burn Outpatient, Patient Dressing/Medication Assistance
419  Uptake of PHMB in a BNC-Based Wound Dressing
420  Improved Outpatient Follow Up Compliance of Patients Discharged to Long Term Care and Rehabilitation Facilities Achieved by Initiating Multidisciplinary Caregiver Communication upon Discharge
421  Stage One Touch Burn Treatment for Pediatric Patients with DACC (Dialkylcarbamoyl Chloride)
422  Medical Photography: The Need for a Clinical Practice Guideline
423  Identifying Burn Patient Challenges with Implementation of Follow-Up Phone calls
424  Safety of Outpatient Management of Pediatric Hand Burns in an Urban Burn Center

R-226 Psychosocial III
Moderators: Mikki J. Rothbauer, MSW, LICSW; Carisa Perry-Parish, PhD
425  Assessing Demographics in Patients Screening Positive for Post-Traumatic Stress Disorder following Burn Injury
426  Are we our own Worst Enemies? PTSD Symptoms Secondary to Intrahospital Course
427  Prevalence and Risk Factors for Posttraumatic Stress Disorder after Burn Injury
428  Bitter Cold: The Impact of Frostbite on Vulnerable Populations
The Positive Benefits and Impacts on Social Engagement of Hospitalized Burn Patients Outside of their Hospital Room
Empowering Burn Survivors with Social Reintegration Events
Through the Eyes of Burn-Injured Youth - How Burn Camp Helps Survivors Thrive
Feasibility and Implementation of the YP Face IT Online Program for Youth Recovering from Burn Injuries

**R-227 Public Health/Epidemiology II**
Moderators: Jamie Heffernan, MSN, RN, CCRN-K; Brett D. Arnoldo, MD

A 54-Year Retrospective Review of Deaths at a Pediatric Burn Unit
Streets of Fire - Revisited
The Epidemiology and Prognosis of Patients with Massive Burns: A Multicenter Study of 2,483 Cases
The Relationship Between County Income Levels and Burn Fatality Rates
Child Abuse Rates Among Genital Burn Victims Significantly Higher than in Unstratified Pediatric Burn Patients: An Aggregate Data Analysis
Lessons from a Decade of Burn Disaster Planning
Nonmedical Factors Influencing Early Deaths in Burns: a Study of the National Burn Repository
Epidemiological Review of the Progression of Burn Wound Colonization in Pediatric Burn Patients
Social Complexity and Risk for Paediatric Burn Injury: A Systematic Review
Assault by Burn, a Retrospective Analysis

**R-228 Public Health/Epidemiology III**
Moderators: Elizabeth L. Dale, MD; Monica Lamb, RN

Predicting Mortality in Burns: What are the Implications of the Prevalent Comorbidities?
Dangerous Foods: Etiology of Cooking-Related Burn Injuries Requiring Admission to a Burn Unit
Acuity is not Seasonal in a Tertiary Care Burn Center
Fireworks and Crawfish: The Epidemiology of Burns in Louisiana
Identifying Burn Surgery Resources in Low-Resource Settings
Differences in Patient and Burn Characteristics between the National Burn Registry and the Healthcare Cost and Utilization Project
Pediatric Instant Noodle-Related Scalds, a Surprisingly Frequent Occurrence: A Single-Center 8-Year Retrospective Analysis of Comparative Outcomes
Representation of Women Physicians at the American Burn Association’s (ABA) 50th Annual Meeting

**R-229 Quality Improvement III**
Moderators: Giavonni M. Lewis, MD; Jacqueline Laird, BSN, RN

Avoiding Avoidable Days in a Burn Center
A Simplified Quality Improvement Indicator for Burn Center Mortality.
A Novel Alert System for Burn Team Response to the Emergency Department (ED)
Timely Debriefing Facilitates Real-Time Communication and Feedback, Improves Team Performance, and Provides Data Clarity for Quality Improvement
The Tabletop Exercise: A Useful Strategy for Practicing Your Institution’s Burn Mass Casualty Response Plan
Maintaining Low Healthcare Associated Device Driven Infections in a Regional Burn Center
Identification of Characteristics of Patients Admitted to the Burn Unit for One Day
Improving On-Time First Surgical Case Starts at a Pediatric Burn Facility
The Effect of Pre-Existing Seizure Disorders on Mortality, Intensive Care Unit and Hospital Length of Stay Following Burn Injury
Determination of Selenium, Copper, and Zinc Deficiency in Pediatric Burn Patients: Quality Improvement Project
Poster Sessions

**R-230 Quality Improvement IV**
Moderators: Abraham P. Houng; Elizabeth Young, MSN, ARNP

- Improving Pediatric Medication Safety in the Burn Unit
- The Impact of a Multi-Disciplinary Burn Education Course
- Development of an Acute Kidney Injury Evaluation Tool
- Pressure Injury Prevention in a High Pressure World
- Surgical Fires and Burns: A 5-year Analysis of Medico-legal Cases
- Treatment of Non-Life Threatening Burns: Where Does Your Partner Prefer Your Donor Site?
- The Advanced Burn Provider Course: Early Results from an Evidenced-Based Curriculum
- Impact of a Therapy Dog Program on Burn Center Patients and Staff
- Clinical Evidence of Burn Wound Infection in the Pediatric Population: A Quality-Improvement Initiative

**R-231 Reconstruction II**
Moderators: Michael Feldman, MD; Sarvesh Logsetty, MD

- The Application of Biodegradable Temporizing Matrix in Burn Reconstructive Surgery: Preliminary Results of 36 Cases
- Cyanoacrylate Glue for Sheet Graft Fixation in Patients with Burn Injuries
- Acute and Reconstructive Burn Surgery with a Bilaminate Polyurethane Skin Substitute: A Case Series
- Reconstruction of Complex Lower Extremity Wounds with a Hyaluronic Acid Based Skin Substitute and Split Thickness Skin Grafting: A Case Series
- A New Era of Reconstruction Options Following Necrotising Fasciitis: A Case Series Using a Synthetic Dermal Substitute
- Complex Burn Reconstruction with Venous Flaps
- Vacuum-Assisted Closure Therapy in Split-Thickness Skin Graft on the Wound on the Contours of the Body
- Elastography-Based Quantification of Burn Scar Stiffness
- Orthognathic Surgery in Pediatric Burn Patients

**R-232 Rehabilitation II**
Moderators: Katherine G. Siwy, MS, OTR/L; J. Suzanne Bailey, PT

- Therapy Standards for the Critically Ill Burn Patient
- Application of Adhesive Hydrocolloid Dressing for Management of Hypertrophic Burn Scars in Pediatric Patients
- Impact of Serial Casting on Surgical Reconstruction in Pediatric Hand Burns
- The Role of Burn Rehabilitation on Burn Patients Receiving Extracorporeal Membrane Oxygenation
- The Matching Assessment using Photographs with Scars (MAPS) App: Reliability Testing
- A Unique Transparent Face Orthosis to Manage Facial Scars and Prevent Microstomia
- Bivalve Spica Casting for Hip Flexion Contractures in Pediatric Burns
- Outcomes of End of Range Axilla Splinting in Children Following Burn Injury
- Examining the Cross-Cultural Validity of the Spanish Young Adult Burn Outcome Questionnaire
R-233 Wounds: Clinical III
Moderators: Kathleen S. Romanowski, MD; Kari M. Gabehart, RN, MSN, CNP

492  Regeneration of Full-Thickness Skin using a Novel Autologous Homologous Skin Construct (AHSC) for Acute Burn Injury

493  The Intraoperative Esophageal Warming Device is Effective at Maintaining Optimal Core Temperature during Burn Surgery

494  A Concentrated Surfactant Gel, with and without a Pical Antimicrobial, in the Management of Burns: A Real-Life Study

495  Factors Affecting Optimal Outcome in Pediatric Skin Grafts

496  Use of Polylactic Membranes as Dressing for Sprayed Keratinocytes- Retrospective Review Over 103 Cases

497  Evaluation of Outcomes Following Surgical Treatment of Hidradenitis Suppurativa

498  Healing of Donor Sites with an Autologous Skin Cell Suspension for Large TBSA Burn Injuries: A Prospective Evaluation

499  Shifting to 1% Chlorhexidine Gluconate Burn Wound Bathing: And Evidence-Informed Change Project

500  Treatment of Burns over 10%TBSA with Natural Silk

R-234 Wounds: Clinical IV
Moderators: Alice Fagin, MD; Barbara R. Birmingham, CRNP

502  Treatment of Erythromelalgia and Frostbite: A Case Report

503  Use of a Biodegradable Polyurethane Dermal Matrix to Treat a Facial Burn in a Patient with 90% TBSA Burns

504  A Novel Hemostatic Agent Improves Split-Thickness Skin Graft Donor Site Healing

505  A Five-Year Review of Pavement Burns from a Desert Burn Center

506  A Burn Center’s Four Year Experience with a Cerium Nitrate & Silver Sulfadiazine Burn Cream

507  The Acute Development of Donor Site Squamous Cell Carcinoma: A Case Report and Review of the Literature

508  The Unique Challenge of Road Rash Injuries: A Systematic Literature Review and Case Series Addressing A Poorly Understood Mechanism of Burn Injury

509  Evaluation of Autologous Skin Cell Suspension for Definitive Closure of Extensive Burn Injuries in Adult Population

R-235 Wounds: Translational III
Moderators: Latha Satish, PhD; Linda E. Sousse, PhD

512  Use of Artificial Dermis as a Wound Bed for Cultured Keratinocyte Sheet Cultured Using Temperature Response Dishes in an Ovine Burn Wound Healing Model

513  A Survey of Bacterial Microbiome Dysbiosis in Burn ICU Patients

514  Effect of Topical Platelet Rich Plasma on Burn Healing After Partial Thickness Burn Injury

515  A Novel Hand-Held Bioprinter Enhances Skin Regeneration and Wound Healing in a Burn Porcine Model

516  Determination of Adequate Debridement of Burn Wounds via Laser Speckle Imaging

517  Evaluation of the Novel Antifribotic Agent Nefopam using the Dermal Scratch Model in Human Volunteers

518  Investigation of the Mechanisms Underpinning Increased Incidence of Cancer after Burn Injury Using Animal Models

519  Development and Use of an Intraoperatively Usable Hand-Held Bio-Printer Delivering Mesenchymal Stem Cells In-situ

520  Micro/Nanobubbles: A Novel Modality for Burn Oxygenation and Healing

521  Adipose Derived Stem Cells Populated Matrix Promotes Wound Healing in Mice
Poster Sessions

R-236 Wounds: Translational IV
Moderators: Jeffrey E. Carter, MD; Alan D. Rogers, MBChB, Mmed, FC Plast Surg, FRCSI, MSc

522 Influence of Secondary Dressings on the Effect of a Bacterial Derived Cellulose Dressing: Results of an Animal Study

523 Changes in Fibroblast Phenotype and Matrix Turnover in Established Scar Tissue

524 Effect of Mesenchymal Stem Cells of Mice on Lymphocyte Function In Vitro

525 Clinical Impact of Cryopreservation on Split Thickness Skin Grafts in the Porcine Model

526 Pirfenidone Inhibits Epithelial-Mesenchymal Transition (EMT) Genes in Keloid Keratinocytes

527 Promoter CpG Methylation Status in POMC and its Role in Dyspigmented Burn Hypertrophic Scar

528 Does Split Thickness Graft Grow from bottom up in Large Burn Injury?
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