



Publications 2013

Following each paper is a statement about how we plan to take a 'TRIP' with these results i.e. Translate Research into Practice (TRIP).

1. [Screening for harmful alcohol use in Australian trauma settings.](#) Browne AL, Newton M, Gope M, Schug SA, Wood FM, Allsop S. *Injury Int. J. Care Injured* 44 (2013) 110–117.

TRIP: Regular excessive alcohol use was implicated in the injury up to 77% of trauma patients screened in this study. 60% of these were confirmed as drinking at harmful levels, a problem we need to address.

2. [Scald burns in children aged 14 and younger in Australia and New Zealand-An analysis based on the Bi-National Burns Registry \(BiNBR\).](#) Schricke DI, Jennings PA, Edgar DW, Harvey JG, Cleland HJ, Wood FM, Cameron PA. *Burns*. 2013 Jun 19. doi: pii: S0305-4179(13)00157-5. 10.1016/j.burns.2013.05.010.

TRIP: This work provides the statistics to drive targeted prevention and education campaigns in Australia and New Zealand - Scalds occur 4 times more in Aboriginal and Maori children compared to Caucasian children with 46% of injuries in the kitchen associated with someone cooking. Only 20% of children received immediate, adequate first aid and those that did spent 2.8 days less in hospital. All opportunities for improvement.

3. [Grip strength dynamometry: Reliability and validity for adults with upper limb burns.](#) Clifford MS, Hamer P, Phillips M, Wood FM, Edgar DW. *Burns*. 2013 May 10. doi: pii: S0305-4179(13)00097-1. 10.1016/j.burns.2013.03.020.

TRIP: We can accurately measure grip strength outcomes in burn patients after one-month post-burn. Important to use such measures to track change over time.

4. [Does the type of skin replacement surgery influence the rate of infection in acute burn injured patients?](#) Park JH, Heggie KM, Edgar DW, Bulsara MK, Wood FM. *Burns*. 2013 Apr 24. doi: pii: S0305-4179(13)00089-2. 10.1016/j.burns.2013.03.015.

TRIP: In WA, advancing age, larger area burns, and presence of diabetes increased the rate of post-burn infection.

5. [Determinants of burn first aid knowledge: Cross-sectional study.](#) Wallace HJ, O'Neill TB, Wood FM, Edgar DW, Rea SM. *Burns*. 2013 Apr 13. doi: pii: S0305-4179(13)00048-X. 10.1016/j.burns.2013.02.007.

TRIP: Accurate burn first aid knowledge was increased by 15% in those who attended a first aid course within 5 years, with compounded improvement if the person had experienced burn care in some way in the past. Community education remains a core activity.

6. [A modified Vancouver Scar Scale linked with TBSA \(mVSS-TBSA\): Inter-rater reliability of an innovative burn scar assessment method.](#) Gankande TU, Wood FM, Edgar DW, Duke JM, Dejong HM, Henderson AE, Wallace HJ. *Burns*. 2013 Feb 21. doi: pii: S0305-4179(13)00032-6. 10.1016/j.burns.2013.01.014.

TRIP: Combining burn scar area with traditional scar score is a way to look at the whole of scar measurement, trying to improve interpretation of scar outcomes.



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7. [In vivo assessment of human burn scars through automated quantification of vascularity using optical coherence tomography.](#) Liew YM, McLaughlin RA, Gong P, Wood FM, Sampson DD. J Biomed Opt. 2013 Jun;18(6):061213. doi: 10.1117/1.JBO.18.6.061213. Erratum in: J Biomed Opt. 2013 Jun;18(6):069801.

TRIP: The blood supply to the healing area is essential but it can be associated with an ongoing scarring process. The use of this unique measurement technique done without taking tissue samples is helpful in following changes as the scars mature.
8. [Changes in the plasma cytokine and growth factor profile are associated with impaired healing in paediatric patients treated with INTEGRA® for reconstructive procedures.](#) Nessler M, Puchala J, Wood FM, Wallace HJ, Fear MW, Nessler K, Drukala J. Burns. 2013 Jun;39(4):667-73.

TRIP: Inflammation continuing beyond the time of the injury is considered to be associated with poor scar. Integra is a dermal template which can assist skin replacement and its role in reduced scar may be due to the decrease in inflammation.
9. [Burn-injured adults with long term functional impairments demonstrate the same response to resistance training as uninjured controls.](#) Grisbrook TL, Elliott CM, Edgar DW, Wallman KE, Wood FM, Reid SL. Burns. 2013 Jun;39(4):680-6. doi: 10.1016/j.burns.2012.09.005. Epub 2012 Sep 26.

TRIP: Burn patients respond well to strength training and improve function 2+ years after their burn.
10. [In the media: Burns as a method of assault.](#) O'Halloran E, Duke J, Rea S, Wood F. Burns. 2013 Apr 22. doi: pii: S0305-4179(13)00078-8. 10.1016/j.burns.2013.03.004

TRIP: The mechanism of injury may have a significant influence on the holistic outcome highlighting the need for early interventions.
11. [Training general practitioners in remote Western Australia in a method of screening and brief intervention for harmful alcohol use: A pilot study.](#) Brennan C, Newton M, Wood F, Schug SA, Allsop S, Browne AL Aust J Rural Health. 2013 Apr;21(2):72-9. doi: 10.1111/ajr.12019.

TRIP: New alcohol screening and brief intervention packages for rural GP's in WA remained in use in 88% of cases at 6 months post-training.
12. [Paediatric medical trauma: The impact on parents of burn survivors.](#) McGarry S, Girdler S, McDonald A, Valentine J, Wood F, Elliott C. Burns. 2013 Mar 2. doi: pii: S0305-4179(13)00012-0. 10.1016/j.burns.2013.01.009.

TRIP: Investigating the impact of a child's trauma on the parents can help us lessen that trauma into the future.
13. [Is the length of time in acute burn surgery associated with poorer outcomes?](#) Lim J, Liew S, Chan H, Jackson T, Burrows S, Edgar DW, Wood FM. Burns. 2013 Jul 19.

TRIP: Shortening the time in surgery by 30 mins is associated with a 13% reduction in hospital bed days. Increasing the burn by 10% of the total body surface area increased time in surgery by 60%.



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14. [The influence of advancing age on quality of life and rate of recovery after treatment for burn.](#) Edgar DW, Homer L, Phillips M, Gurfinkel R, Rea S, Wood FM. Burns. 2013 Sep;39(6):1067-72.

TRIP: In WA adults, with each year of age, physical function post-burn recovers 3.7% slower. However, increasingly the elderly survive burn injury.
15. [Effectiveness of a topical local anaesthetic spray as analgesia for dressing changes: A double-blinded randomised pilot trial comparing an emulsion with an aqueous lidocaine formulation.](#) Desai C, Wood FM, Schug SA, Parsons RW, Fridlender C, Sunderland VB. Burns. 2013 Jun 26.

TRIP: We are always exploring new methods to improve pain treatments, especially related to dressing changes.
16. [Sexuality following burn injuries: a preliminary study.](#) Connell KM, Coates R, Wood FM. J Burn Care Res. 2013 Sep-Oct;34(5): e282-9

TRIP: At one-year post-burn, 17-20% of burn patients continue to have sexual relationship dysfunction and 30-45% have body image disturbances. An area we need to understand in order to improve treatments.
17. [Paediatric health care professionals: relationships between psychological distress, resilience and coping skills.](#) McGarry S, Girdler S, McDonald A, Valentine J, Lee S, Blair E, Wood F, Elliott, C. The Journal of Paediatrics and Child Health. 2013, 49 (9), 725-732.

TRIP: Caring for the carers is essential in maintaining a healthy workforce into the future.
18. [Paediatric burns: from the voice of the child.](#) McGarry S, Elliott C, McDonald A, Valentine J, Wood F, Girdler S. Burns 2013, pii: S0305-4179(13) 00271-4. doi: 10.1016/j.burns.2013.08.031

TRIP: We need to listen to the patient which may be difficult in children but is vital in improving lifelong outcomes.
19. [Enhancing the clinical utility of the Burn Specific Health Scale-Brief: Not just for major burns.](#) Finlay V, Phillips M, Wood F, Hendrie D, Allison GT, Edgar D. 2013, pii: S0305-4179(13)00208-8. doi: 10.1016/j.burns.2013.07.005

TRIP: Measuring the results of the injury and interventions in non-major burns is a significant part of the work we need to do, having a measure that is realistic is key.
20. [A literature review to determine the impact of sexuality and body image changes following burn injuries.](#) Connell, K., Coates, R., Doherty, M., Wood, F. 2013, 31(4).403-412. doi 10.1007/s11195-013-9321-9

TRIP: The holistic approach to care needs to acknowledge the impact burn injury has on sexuality.
21. [Trends in hospital admissions for sunburn in Western Australia, 1988 to 2008.](#) Duke J, Wood F, Semmens J, Edgar DW, Rea S. Asia Pac J Public Health; 2013, 25(1): 102-109.

TRIP: Despite all our efforts sunburn so severe that the patient needs to be hospitalized is important information to refocus our prevention efforts



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22. [Developing a burn injury severity score \(BISS\): Adding age and total body surface area burned to the injury severity score \(ISS\) improves mortality concordance.](#) Cassidy JT, Phillips M, Fatovich D, Duke J, Edgar DW, Wood FM. Burns. 2013, Published ahead of print, Dec 2013

TRIP: Quantifying the risk of mortality can direct service delivery and improve patient management.

23. [Measurement of localised tissue water – clinical application of bioimpedance spectroscopy in wound management.](#) Ward LC, Sharpe K, Edgar D, Finlay V, Wood F. 2013 Journal of Physics: Conference Series. 434 012043

TRIP: Accurate assessment of swelling using electrical currents will assist better wound management and help improve patient outcome.

24. [Is the length of time in acute burn surgery associated with poorer outcomes?.](#) Lim J, Chan H, Liew, Edgar D, Wood F. Burns. Published ahead of print, Jan 2014.

TRIP: Regardless of total burn surface area and type of surgery, time in surgery predicts outcome and length of stay in hospital.

25. [Sexuality, body image and relationships following burns: Analysis of BSHS-B outcome measures.](#) Burns. Connell K, Phillips M, Coates R, Doherty-Poirier M, Wood F. Published ahead of print, Feb 2014.

TRIP: Burn survivors experience adverse psychological and psychosocial changes in sexuality, body image and relationship participation. These changes did not improve over time, regardless of good physical recovery.