HARBORVIEW MEDICAL CENTER
UW Medicine

BURN CENTER
UNIVERSITY of WASHINGTON

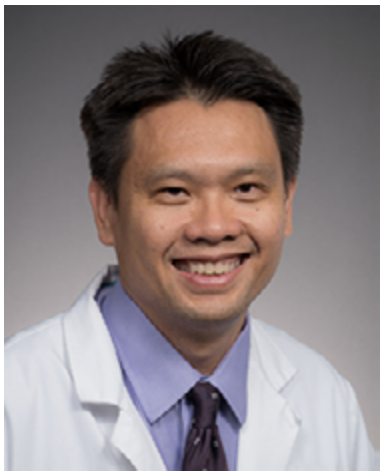
Northwest Regional Burn Model System

October 2018

UW Medicine Regional Burn Center Transition in Leadership

Dr. Tam N. Pham, Professor of Surgery, UW Medicine/Harborview Medical Center has accepted the position of Director of the UW Medicine Regional Burn Center. Dr. Pham earned his bachelors and MD degree from the University of San Diego. He completed general surgery and research training at UC Davis. In 2005, Dr. Pham came to the University of Washington for fellowship training in Burns, Trauma and Critical Care. He is a Fellow of the American College of Surgeons. Dr. Pham has been an attending surgeon in Burns and Trauma here at Harborview since 2007. His primary research efforts focus on injury response in older adults with burns, development of a regional telemedicine program for the UW Burn Center, and methods to improve access to care. Dr. Pham has also been a long-standing supporter of our Northwest Regional Burn Model System (NWRBMS) research, both as a collaborator on BMS National Database studies and currently as the PI of our research study, 'Virtual-Environment Home Rehabilitation: A Randomized Controlled Study'.

Congratulations Dr. Pham on your new appointment as our Director!



NIDILRR
National Institute on Disability, Independent Living, and Rehabilitation Research

Returning to work is an important phase of recovery after burn injury. Working has many rewards besides income, it can give you a sense of purpose and confidence, provide social opportunities, help your physical and emotional recovery, and improve your overall quality of life and sense of well-being.

Now that you are thinking about returning to work there are many issues to consider. The website link below is a tool to help you think about, get ready for and return to or find a work situation that is comfortable for you.

http://burnrehab.washington.edu/work

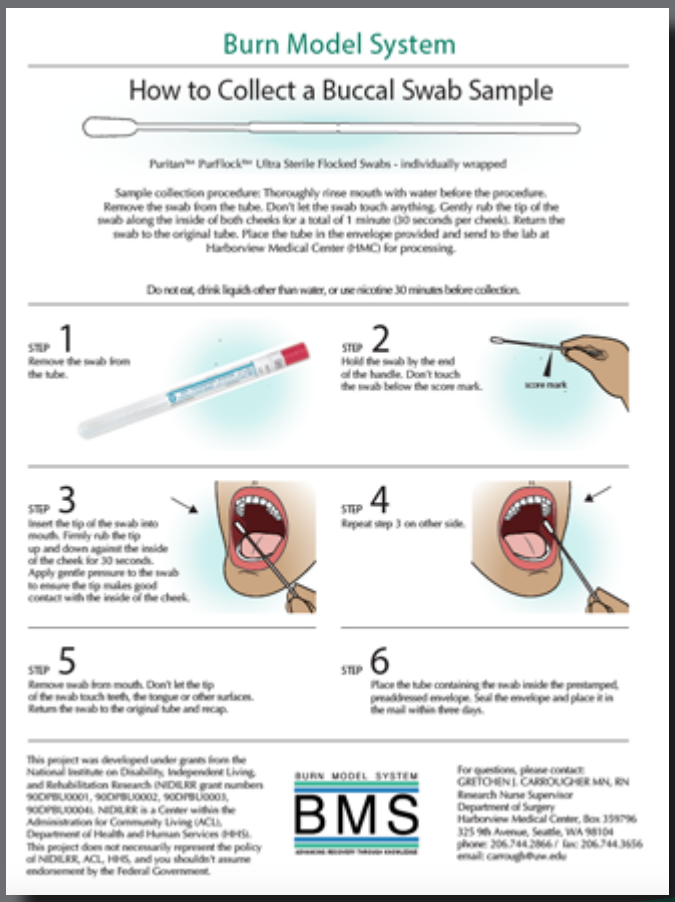
RECOVERY AFTER BURN INJURY: GENETIC RISK FACTORS

Understanding genetic risk factors for patients living with burn injuries might facilitate prediction of recovery trajectories including development of hypertrophic scars, neuropathic pain, depression or post-traumatic stress. Evolving evidence that DNA mutations alter pain perception, depression, and PTSD after injury supports our attempt to develop personalized medicine approaches to individuals with burn injuries.

Image credit: Vectorarte / Freepik

NWRBMS launches new study

'Genomic predictors of functional outcomes after burn injury'. The goal of this study is to learn more about genetic factors that influence long-term physical and emotional recovery after burn injury. If you are interested in providing a cheek swab sample for DNA, contact Gretchen Carrougher at carrough@uw.edu or 206-744-2866.



Burn Model System

How to Collect a Buccal Swab Sample

Puritan™ Purflock™ Ultra Sterile Flocked Swabs - individually wrapped

Sample collection procedure: Thoroughly rinse mouth with water before the procedure. Remove the swab from the tube. Don't let the swab touch anything. Gently rub the tip of the swab along the inside of both cheeks for a total of 1 minute (30 seconds per cheek). Return the swab to the original tube. Place the tube in the envelope provided and send to the lab at Harborview Medical Center (HMC) for processing.

Do not eat, drink liquids other than water, or use nicotine 30 minutes before collection.

STEP 1 Remove the swab from the tube.

STEP 2 Hold the swab by the end of the handle. Don't touch the swab below the score mark.

score mark

STEP 3 Insert the tip of the swab into mouth. Firmly rub the tip up and down against the inside of the cheek for 30 seconds. Apply gentle pressure to the swab to ensure the tip makes good contact with the inside of the cheek.

STEP 4 Repeat step 3 on other side.

STEP 5 Remove swab from mouth. Don't let the tip of the swab touch teeth, the tongue or other surfaces. Return the swab to the original tube and recap.

STEP 6 Place the tube containing the swab inside the prestamped, preaddressed envelope. Seal the envelope and place it in the mail within three days.

This project was developed under grants from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant numbers 90DPBU0001, 90DPBU0002, 90DPBU0003, 90DPBU0004). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). This project does not necessarily represent the policy of NIDILRR, ACL, HHS, and you shouldn't assume endorsement by the Federal Government.

BURN MODEL SYSTEM BMS

For questions, please contact: GRETCHEN J. CARROUGHER MN, RN Research Nurse Supervisor Department of Surgery Harborview Medical Center, Box 359796 325 9th Avenue, Seattle, WA 98104 phone: 206.744.2866 / fax: 206.744.3656 email: carrough@uw.edu

Injury Prevention Tips

- Children are more than twice as likely to be hit by a car and killed on Halloween than on any other day of the year. If children are allowed out after dark, give them glow sticks for greater visibility
- For burn injury prevention on this day, all costumes, wigs and accessories should be fire-resistant

Visit *https://www.nsc.org/home-safety/tools-resources/seasonal-safety/autumn/halloween* for some 'Ghoulishly Good Practices".

BURN MODEL SYSTEM
BMS
ADVANCING RECOVERY THROUGH KNOWLEDGE

Visit us online and social media

The NWRBMS maintains an active social media presence on both Facebook and Twitter. To follow/join us on Facebook, search "Northwest Regional Burn Model System". From Twitter, search "@NWRBMS" or go to https://twitter.com/nwrbms.

Please visit our website for more information: burnrehab.washington.edu