

~~SECURITY INFORMATION~~

SECURITY CLASSIFICATION

PROCESS REPORT (MC)

RESEARCH AND DEVELOPMENT PROJECT/CARD (NEW PROJECTS) ETC.		1. REPORT NUMBER: 6-59-08-01	
1. PROJECT TITLE Radiation and Thermal Burns		2. REPORT NUMBER: 6-59-08-01	
3. BASIC FIELD OR SUBJECT		7. SUB-FIELD OR SUBJECT SUB-GROUP	
4. COORDINATING AGENCY	12. CONTRACTOR AND/OR LABORATORY Dr. Everett I. Evens Medical College Hospital Richmond, Va.		CONTRACT NUMBER MD-99
6. DIRECTING AGENCY	13. RELATED PROJECTS		17. EST. COMPL. DATE
10. REQUESTING AGENCY	14. DATE APPROVED		RES.
11. PARTICIPATION AND/OR COORDINATION	15. PRIORITY		DEV.
19.		16.	TEST
20. REQUIREMENT AND/OR JUSTIFICATION		OR EVAL	
		FY 18. FISCAL ESTIM.	

21. BRIEF OF PROJECT AND OBJECTIVE Radiation and Thermal Burns

BRIEF This project was designed to investigate, separately and in combination, the radiation, traumatic, and thermal types of injuries, expected to result from atomic explosions, and to develop optimum and practical methods of treatment with emphasis on handling of mass casualties.

PROGRESS. Fluid and Electrolyte Requirements in Severe Burns. A simple formula for intravenous fluid therapy of the burned adult during the 1st 24 hours after injury has been tried. The extent of the burn, the presence of respiratory burn, the age of the patient, and the general state on admission are the chief factors affecting his recovery.

In burns of smaller extent (10-20%) the baby or very young child suffers burn shock earlier and more intensely than an adult with a burn of the same extent. Consequently, all babies and children with burns more extensive than 10% of the body surface are given shock therapy as soon as possible. A patient with a respiratory burn from inhalation of irritating gases may early show signs of pulmonary edema which itself can be fatal, despite shock therapy. Colloid and salt administration in these cases is restricted because they develop pulmonary edema quite readily soon after, during, or even before intravenous infusions of large amounts of these fluids. Patients over 50 must be examined carefully for cardiovascular renal disease, or overloading of heart and kidneys may occur. Patients seen the 1st time more than 1 or 2 days after severe burning may be in state of moderate to severe shock; prompt vigorous shock therapy is usually required.

22. JPRS SU.	FC.	IC & P.	E.	I.	C.
--------------	-----	---------	----	----	----

JRDB FORM 12, 1 APR 1947

WDGRD-

PAGE 1 OF 1

~~SECURITY INFORMATION~~

SECURITY CLASSIFICATION

172