

## Part one

## Part two

## Part three

## Part four

## Part five

- (b) and (d). There is no excuse for delay: Mark needs to have the pain of his burned area eased as soon as possible. Intravenous fluids are not needed unless the area burned is greater than 10% of his skin surface. This is not the case.
- (a), (d), and (e). It is important to know the extent of a burn: the dorsum of the foot occupies less than 1% of the body surface area. If you need to know more about how to assess burn surface areas, look up Lund and Browder charts for children and Wallace's rule of nines for adults.
- (c) and (e). Although this seems a superficial burn, and too small for specialist care, it is on a critical site – the foot – and should be made a priority. An overnight stay is needed in case he goes into shock in the first 24 hours.
- (a), (b), (c), (d) and (e). All are possible complications and good reasons for the need for close follow-up.
- (d) and (e). Burns in children need particular care. Scarring and changes in pigmentation can be serious in children, and of course will be more noticeable as the child grows. In particular, toxic shock, although relatively rare, can easily be missed, and is the commonest cause of death in children after even small burns like this one.

Happily, Mark recovered quickly from the acute episode, and was able to go home to be looked after by a visiting nurse for the next 10 days while the burn healed. He has been left with a patch of pink skin on the surface of his foot, but no serious scarring.

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**Welcome to the Africa Health web site, the home of practical and relevant information for the busy health professional.**

For over 30 years Africa Health has been a leading source of clinical and managerial information for health professionals from across Africa. Incorporating the old Medicine Digest title in 2002 for a few years it appeared as a part of Mera (Medical Education Resource Africa) journal which also incorporated the excellent African Health Sciences journal as well as our sister journals, the African Journal of Diabetes Medicine, and the African Journal of Respiratory Medicine.

Africa Health was relaunched as a stand alone title in September 2009, and this development of a bespoke web site has followed closely behind.

Issues surrounding the continuing professional development needs of Africa's health workforce are central to Africa Health Journal. The human resources for health crisis is not going to be resolved until the health workforce is properly trained, remunerated and motivated. Health system strengthening in Africa is not going to be achieved without the right people on the ground to make it happen, be they physicians, nurses, community health workers, para health professionals or managers.

The site is work in progress at the moment, but we intend that in due time it will not only provide free on line access to current and past editions of Africa Health, but also act as a portal to help you quickly find quality and reliable resources on matters of interest to you elsewhere on the world wide web.

Much is planned. We just have to find the time - and the funds - to achieve it!

Feedback or comments are welcome to [bryan@fsg.co.uk](mailto:bryan@fsg.co.uk)

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