Most come from Georgia, South Carolina, Tennessee, Florida, North Carolina, Mississippi, and Alabama.

A patient from South America was treated at JMS, but JMS personnel have consulted on burn cases throughout the world, including combat burn injuries.

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TON THE JOSEPH M. STILL BURN CENTER

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is an RN in Doctors Hospital’s Joseph M. Still Burn Unit. That means she spends every day treating patients who are suffering through what is probably the most painful of all reasons to wind up in a hospital. As tough as it is for patients, it’s no walk in the park for the nurses and other burn center staff, either.

“You either love it or hate it,” says Gray.

Having been in the burn unit for four years, she obviously loves it. Why?

For anyone who goes into nursing to help people, this is the place to be.

“You really get to know your patients and their families,” she says. “A lot our patients are here for months. You really get emotionally attached to patients and their families.”

But not always, at least when it comes to families.

“Some patients don’t get visitors. That makes it difficult” — for patients and staff alike.

It isn’t that some people don’t care that a family member is languishing in a hospital bed for months on end. It’s more like reality intrudes.

“We get patients from all over,” Gray says. “They may be from Mississippi or Alabama or beyond. They want to stay, but at some point they have to get back to their lives.”

Burn nurses become the new family for patients in their care. With limited visiting hours as part of infection control, even a family hovering just beyond the unit’s doors can spend only so much time with their loved one. (The exception being pediatric burn patients; their parents can

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Gray wraps new bandages on the leg of a patient who was seriously burned in a house fire that claimed the life of her husband.

Bathing and bedding changes are at minimum a daily event. Some procedures are done each shift, meaning twice per day. Daily dressing changes can consume lots of time. I watched Ronda go through her paces with one patient whose burns were extensive: her entire right arm and leg and to a lesser extent her left arm and leg were severely burned, as were her hands, face and shoulders. The culprit? a house fire that she survived; others in her family weren’t so fortunate.

Bedding and dressing changes are the least of the duties performed by burn nurses.

Hands are a frequent location of burn injuries. Those exquisite tools we use all day every day are bandaged and out of commission. As a result, says Gray, “we have to feed patients. We brush their teeth. We comb their hair. We shave them. We wipe their backsides.”

Yes, the relationship between burn patient and burn nurse is without a doubt the closest in all of medicine. Nurses are obviously a key component in burn treatment, but the overall program is all-encompassing. Depending on the individual case, Gray says treatment often includes numerous surgeries, skin grafts, extensive pharmaceutical intervention, occupational therapy, physical therapy, speech therapy, psychological care and counseling, respiratory therapy, sessions inside hyperbaric chambers to enhance oxygenation of tissues to speed healing, whirlpool treatments, even learning how to walk again.

Some might wonder who is more fortunate: those who perish in fires or those who survive. Recovering from a burn can be a marathon of agony, although people like Ronda Gray are in place to minimize the pain to the extent possible.

“Pain is one of the worst aspects, but there are drugs we use to make everything we do as pain-free as possible.”

Unfortunately, drugs enter the burn unit picture in other ways. There is nearly always at least one patient burned in a meth lab explosion, says Gray. They can be among the more challenging cases. Because their activity is illegal, victims are not exactly eager to immediately call 9-1-1. They may wait a day or two before seeking any medical attention, often in some hospital down the road.

Another drug-related challenge for the treatment team comes from drug addicts. Courtesy of their drug use, sometimes their activity is miles down the road, but sometimes that destination is miles down the road, but sometimes that destination is near enough to require assistance. They may wait a day or two before seeking any medical attention, often in some hospital down the road.

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One of the most painful aspects of the burn experience is the realization that the patient is going to do everything within their power to make sure they get better.”

It takes a special attitude like that to be a burn nurse. “You have to keep the mindset that you’re working toward a goal, to get them where they need to be.”

Sometimes that destination is miles down the road, but with dedicated burn nurses on the job, no patient has to make that long and painful journey alone.

Gray are up to the task.

Those aren’t easy cases to treat, but people like Ronda Gray are up to the task. “I want the sickest patient. I want that challenge. When those patients come in,” says Gray, “for me it’s game on. I am going to do everything within my power to make sure they get better.”

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