

This factsheet is a quick reference on demographics, length of hospital stay, and the health and well-being of people with burn injury.

The data in this factsheet are from the Burn Model Systems National Database, a prospective, longitudinal, multicenter research study that examines functional and psychosocial outcomes following burns.

As of Dec. 2016, the database included information on 3,757 adults aged 18 and older with burn injury. For more information, visit <http://www.msktc.org/burn>

The majority of individuals in the database are men and White/Caucasian. The most common cause for burn is fire or flame.

The yearly average total body surface area burned for adults varies, and has ranged from 15% to 22% since 1994.

Demographics at Time of Injury

Sex



Average Age

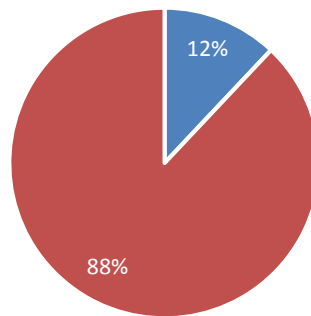
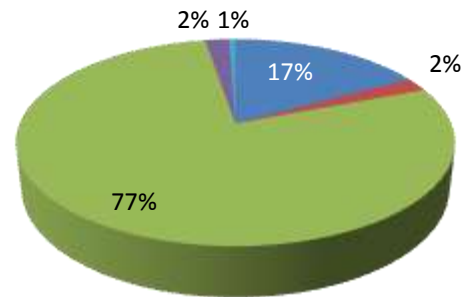


Average Age by Gender



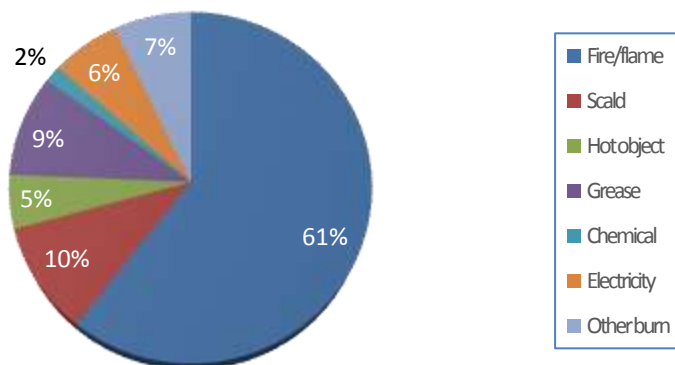
Race/Ethnicity

- Black or African American
- Asian
- Caucasian (white)
- American Indian/Alaskan Native
- Native Hawaiian or Other Pacific Islander



- Hispanic or Latino
- Not Hispanic or Latino

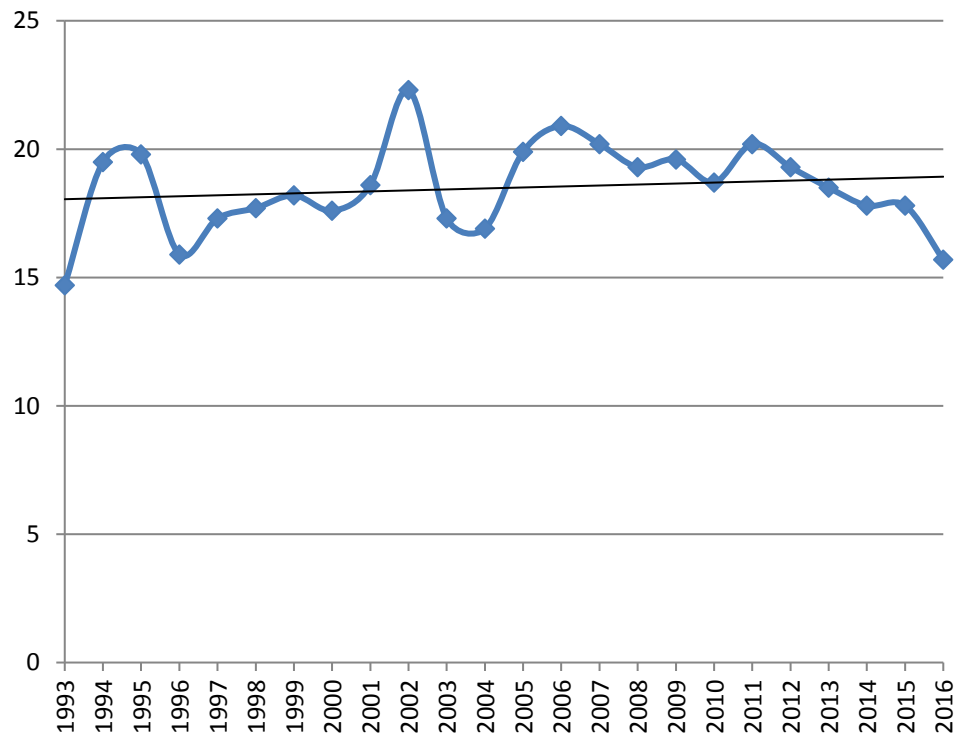
Cause of Burn Injury



- Fire/flame
- Scald
- Hot object
- Grease
- Chemical
- Electricity
- Other burn

Extent of Injury

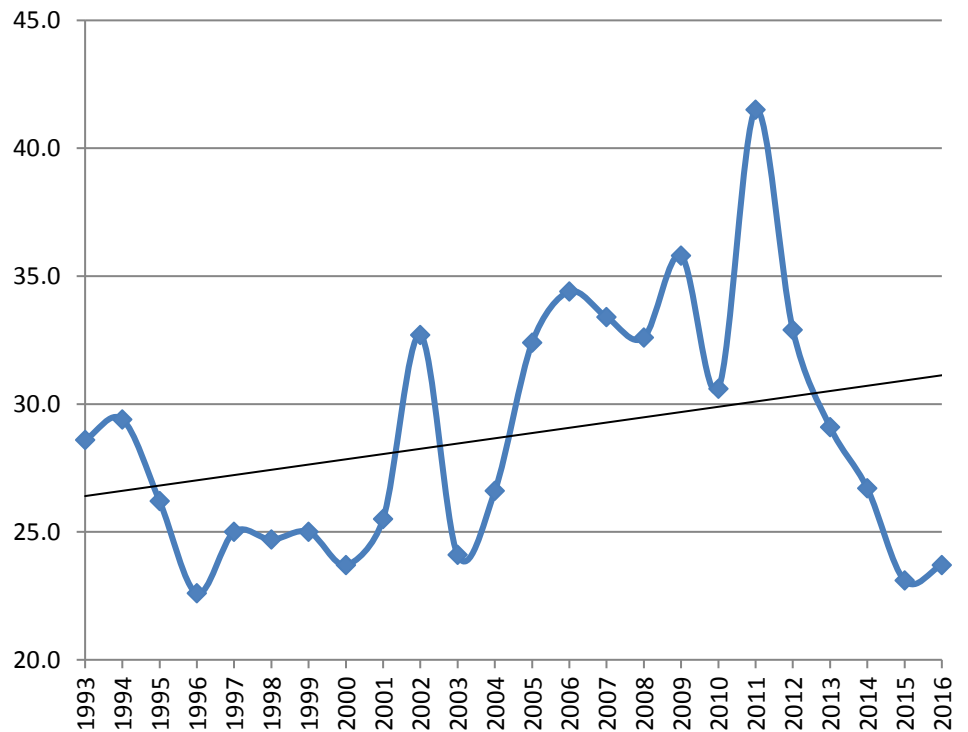
Total Mean Percentage of Body Area Burned



The yearly average length of stay in the hospital has ranged from 23 to 42 days since 1993.

For people who return to work within 2 years post-injury, the average number of days to return to work was 149 days.

Average Length of Stay in the Hospital



See next page for the mental and physical health conditions of adults with burn injury.

Mental and physical health is lowest for people at the time of discharge from the hospital. Both physical and mental health improve over time, but may not reach the general population levels.

The SF12/VR-12 are sets of questions that clinicians ask patients to understand how people are doing physically and mentally. Possible scores range from 0 to 100, and higher scores are better. The average mental and physical health score across the U.S. population is 50.0. The BMS moved from the SF-12 to the VR-12 in 2015. The data presented here presents MCS and PCS scores as collected by both the SF-12 and the VR-12.

The National BMS Data Center currently supports the four model system sites funded by NIDILRR shown below*:

Boston-Harvard Burn Injury Model System, Boston, MA

The North Texas Burn Rehabilitation Model System, Dallas, TX

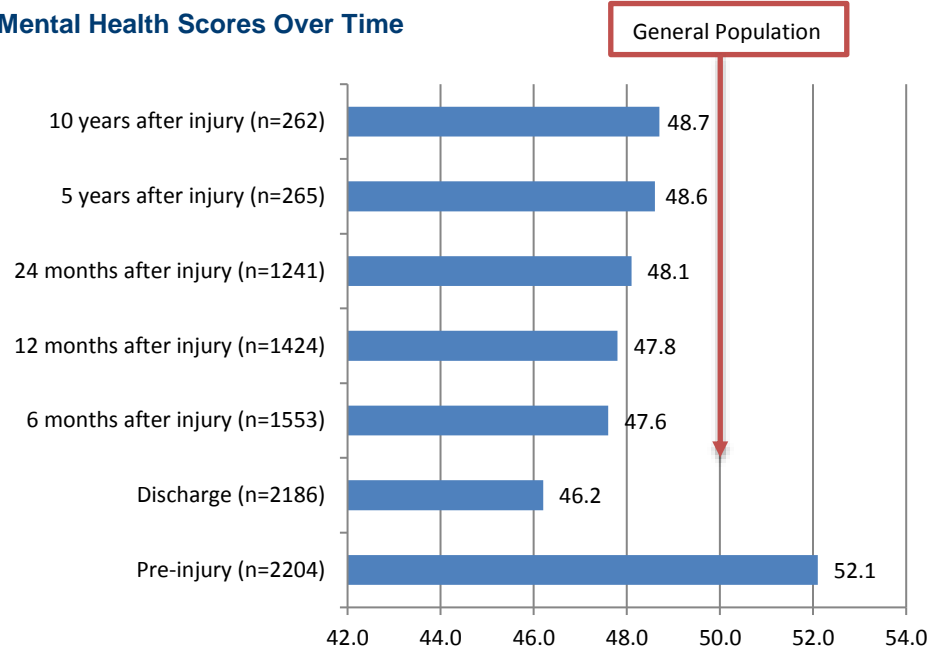
Pediatric Burn Injury Rehabilitation Model System, Galveston, TX

Northwest Regional Burn Model System, Seattle, WA

*Johns Hopkins was funded from 1993–2012.

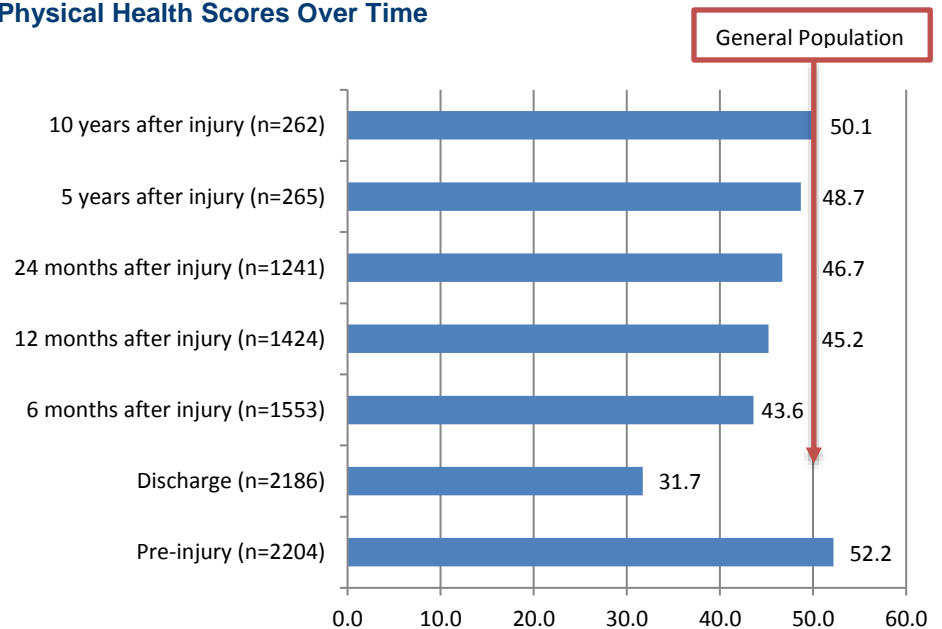
Health and Well-Being of People With Burn Injury

Mental Health Scores Over Time



Better Mental Health

Physical Health Scores Over Time



Better Physical Health

Source

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