

How to Cite:

Alharbi, A. F., Abdullah, W. A., Alanazi, J. K., Alshaibani, R. ., Bin Taleb, D. O., Alquwaidi, M. K., Alanazi, M. S., Alhenaki, A. A., Khrami, S. A., Alsoulaimi, R. M., Alshuraim, N. F., Al-Otaibi, A. S., ALKhabbaz, G. G., Alraqqas, T. M., Al Ghanim, W. I., Alghamdi, J. S., Almermish, A. H., & Aladwani, M. A. (2023). The role of nursing, pharmacology, and diagnostics in pain management: Review. *International Journal of Health Sciences*, 7(S1), 3288–3298.
<https://doi.org/10.53730/ijhs.v7nS1.14999>

The role of nursing, pharmacology, and diagnostics in pain management: Review

Albandary Falah Alharbi

KSA, National Guard Health Affairs

Wejdan Amein Abdullah

KSA, National Guard Health Affairs

Jehan Khelaif Alanazi

KSA, National Guard Health Affairs

Reem Sultan Alshaibani

KSA, National Guard Health Affairs

Dima Osamah Bin Taleb

KSA, National Guard Health Affairs

May Khalid Alquwaidi

KSA, National Guard Health Affairs

Mubarak Saud Alanazi

KSA, National Guard Health Affairs

Amal Ali Alhenaki

KSA, National Guard Health Affairs

Salma Ali Khrami

KSA, National Guard Health Affairs

Reham Mohammad Alsoulaimi

KSA, National Guard Health Affairs

Noor Fahad Alshuraim

KSA, National Guard Health Affairs

Afaf SnITAN Al-Otaibi

KSA, National Guard Health Affairs

Ghadeer Ghazi ALKhabbaz

KSA, National Guard Health Affairs

Thaar Moesh Alraqqas

KSA, National Guard Health Affairs

Wael Ibrahim Al Ghanim

KSA, National Guard Health Affairs

Jumana Saud Alghamdi

KSA, National Guard Health Affairs

Abdulaziz Hajjaj Almermish

KSA, National Guard Health Affairs

Mona Awadallah Aladwani

KSA, National Guard Health Affairs

Abstract--Background: Severe burns affecting more than 20% of the body can lead to systemic dysfunction and immunological suppression, increasing the risk of developing skin cancer. This backdrop underscores the critical role of nursing in preventing complications associated with burn injuries, including cancer development. Aim of Work: This research aims to examine the role of nursing care in the prevention and management of post-burn skin cancer, highlighting the importance of a multidisciplinary approach to delivering optimal care for burn patients. Methods: An extensive literature review was conducted across multiple databases, including Magiran, Scientific Information Database, PubMed, and Google Scholar. The search utilized targeted keywords—"nursing," "skin cancer," and "burns"—in combination with Boolean operators, resulting in an initial pool of 580 articles. After a thorough screening process, 10 articles were identified as eligible for analysis. Results: The findings indicate that effective nursing care is essential in managing wound care, controlling infections, and alleviating pain while emphasizing the role of nurses in early detection and treatment of wound inflammation, crucial for cancer prevention. Nurses are responsible for educating patients about skin cancer prevention, emphasizing healthy lifestyle choices and providing psychological support. Five key nursing diagnoses identified from the analysis include "risk for impaired skin integrity," "impaired skin integrity," "acute pain," "chronic pain," and "impaired comfort," which guide personalized treatment strategies aimed at minimizing cancer risk. Conclusion: Nurses are pivotal in delivering comprehensive care for burn patients, which includes managing wound healing, preventing infections, and providing education on UV radiation hazards. Their contributions not only enhance patient outcomes but also improve the quality of life for burn survivors through tailored interventions and preventive care strategies.

Keywords---Burns, Review, Skin Cancer, Nursing Care, Diagnosis, Treatment, Patient Education, Wound Management.

Introduction

Burn injuries are a significant worldwide health issue, causing almost 180,000 deaths each year [1-7]. Burns are described as injuries to the skin or other organic tissue, mostly produced by fire, electricity, radioactive radiation, and chemical compounds [8-10]. Burn injuries may have severe and long-lasting effects, not only causing physical consequences, but also greatly influencing the emotional well-being and general quality of life of those afflicted [11-17]. The impact of this responsibility goes beyond only the patients themselves, as it also affects their families and puts significant pressure on healthcare systems worldwide [18-23]. It is worth mentioning that burns are the fourth most common form of mishap, affecting almost 11 million people globally and causing 300,000 deaths each year [24].

Severe burn injuries are defined as burns that impact over 20% of the total body surface area in adults [25]. These injuries pose more difficulties compared to other traumas because they cause widespread and long-lasting malfunction in the body [26]. Although simple burns mostly cause harm to the epidermis, severe burns have significant systemic consequences. In addition, burns disturb the delicate balance of the immune system, resulting in the reduction of both humoral and cellular immunity. The severity and extent of the burns directly determine the size of this immunological disruption. Furthermore, burns are closely associated with long-term catabolism and hypermetabolism, in addition to their immediate repercussions. This metabolic imbalance leads to the rapid growth of cells in the body, even those that are not part of the lymphatic system. As a result, the risk of developing cancer increases [27,28]. Cytokines, namely TGF- β , that are caused by burns, have a significant impact on the process of immunosuppression and may be closely linked to the development of malignancies [29].

Nonmelanomatous skin cancer is the most common kind of cancer in the United States. Malignant nonmelanoma skin malignancies arise from keratinized epithelial cells, namely basal cell carcinoma and squamous cell carcinoma. Despite accounting for just around 2% of all malignant skin tumors, melanoma is responsible for the majority of deaths. More than 2 million instances of skin cancer were identified in the United States in 2010. Basal cell carcinoma is the most common kind, distinguished by its moderate growth rate and tendency to invade nearby tissues. Squamous cell carcinoma, the second most prevalent kind of nonmelanomatous skin cancer, comprises about 20% to 30% of cases [30].

Aim of Work

Nursing care plays a crucial role in preventing problems that may arise from burns, much as other aspects of health and healthcare. The current research aims to examine the role of nurses in reducing the occurrence of skin cancer after burns, using a thorough evaluation of existing literature [31].

Methodology

The current literature study, conducted in 2023, specifically examines the factors that affect nursing care in patients with post-burn skin cancer. A comprehensive search was conducted across many databases, including Magiran, Scientific Information Database, PubMed, and Google Scholar search engine. The search method used a careful combination of keywords such as "nursing", "skin cancer", and "burns", along with the deliberate use of Boolean operators "OR" and "AND" in the titles and abstracts. Simultaneously, diligent manual searches were done in related journals, and the reference lists of chosen articles were meticulously inspected to ensure comprehensive coverage. The inclusion criteria for the selected studies included the period from 2000 to 2022, guaranteeing their pertinence to nursing care and availability in either Persian or English with complete text access.

In contrast, the researchers used exclusion criteria to filter out conference presentations, instructional pieces, publishing in non-reputable journals, and letters to the editor. At first, 580 papers were carefully evaluated, resulting in the identification of 10 publications that satisfied the specific eligibility requirements. This was done by removing duplicate articles and research that were not relevant. The data extraction technique included a thorough checklist that included information on the duration, kind of research, and results. The process of removing duplicate studies was conducted with great care, and a group of experienced researchers methodically assessed the selected publications for their quality and any possible biases. The efficient arrangement and recognition of duplicates were enhanced by using the Endnote version 20 reference management software.

Management of burn wounds and prevention of cancer

Providing the best possible treatment for burn victims requires a well-defined multidisciplinary strategy. The attainment of positive patient outcomes is heavily dependent on the makeup of the burn care team and the smooth coordination among its members. At the center of this team is the burn nurse, who serves as the coordinator for all patient care tasks. In addition, because to the complex and multi-faceted nature of caring for burn patients, the burn nurse has to have a thorough awareness of multiple organ failure, critical care techniques, diagnostic procedures, as well as rehabilitative and psychosocial abilities. In addition, the nurse plays a crucial role in supervising the comprehensive care of the patient, coordinating activities with other fields such as occupational and physical therapy, social services, dietary services, and pharmacy. Simultaneously, the burn nurse excels in the field of wound care. During the several phases of burn wound healing, whether it occurs naturally or by surgical removal and grafting, the nurse has the responsibility of providing careful wound care and closely monitoring for any little changes that may need quick treatment.

In addition, the nurse fulfills a vital function in the prevention of infections and the treatment of pain. In addition, the nurse's range of duties is always changing, as nurses actively participate in nursing research and contribute to the evidence-

based practice of burn care. Practice standards, key pathways, and nursing care plans are essential tools that help define and improve the nurse's role in providing comprehensive burn care [32]. However, the exact cause of malignancies that develop inside burns is not fully understood, despite previous research. Nonetheless, current theories propose that continuous cell growth occurs as a consequence of long-lasting inflammation and irritation of tissues, extended exposure to harmful substances and substances that promote cancer development after the damage, and inadequate blood supply to burnt tissue, leading to weakened immune response [34]. Gethin [35] emphasized that nursing care plays a crucial role in cancer prevention by identifying and treating wound inflammation and infection. Sibbald et al. [36] shown that nurses may effectively reduce inflammation and promote wound healing by using advanced treatment methods, such as the use of nanocrystals. In addition, Hoyt et al. [37] have shown that nurses have the ability to inhibit the production of scars during the process of wound healing, as well as decrease the likelihood of developing skin cancer.

Patient education

Nurses has the potential to have a significant influence in instructing patients on how to avoid skin cancer after experiencing burns. Mahon [38] has emphasized that nurses have the ability to inform patients about the potential risks of UV radiation exposure. In addition, Rakhshani et al. [39] have highlighted that nurses have the ability to educate patients on self-care, enabling them to stay informed about any developments in their burn wounds. Patients who are at risk are encouraged to rapidly inform their healthcare practitioner of any changes in their burn wounds. In addition, nurses may have a pivotal role in assisting burn victims in adopting a healthful lifestyle that can diminish their susceptibility to skin cancer. This entails advocating for a nutritionally balanced diet that is abundant in antioxidants, promoting consistent physical activity, and providing assistance for those who want to quit smoking. Adopting a healthy lifestyle may enhance general well-being and bolster the body's innate capacity to heal and defend against illnesses [40]. Dealing with the consequences of burns may be very difficult and emotionally draining for people. Nurses may significantly contribute to providing psychological support by addressing patients' problems, giving efficacious coping skills, and cultivating a positive outlook. Counseling and support groups are effective stress reduction treatments that may greatly enhance the overall mental well-being of patients. Consequently, this might indirectly influence the patient's dedication to practicing skin cancer preventive measures [41].

Nursing Diagnosis

The nurse plays a crucial role in helping patients get support and direction for early diagnosis, as well as guiding them through the complex stages of illness, treatment, and rehabilitation. However, the nursing profession has a difficult task in delivering thorough care and education to patients and their families. Nursing has a fundamental need to not only aid in early diagnosis but also actively engage in the treatment process. This essential need is crucial for clarifying and dealing with the intricacies associated with the care of cancer patients, including those

struggling with skin cancer, with the ultimate aim of improving their quality of life via customized treatments for each individual instance. Nursing diagnosis have a crucial role in avoiding the development of skin cancer in this particular situation [42-45].

Much research have examined the symptoms of skin cancer from a nursing perspective. Based on prior data, the main signs and symptoms seen were the appearance of nodules and uneven spots with changes in color, but without any damage to the skin. These details are consistent with the nursing diagnosis of "risk for impaired skin integrity". Furthermore, a significant occurrence of indications and manifestations linked to ulcers, sores, and blisters was seen, which is closely related to the problem of "compromised skin integrity". Other clinical symptoms, such as discomfort, itching, excessive sweating at night, and enlarged lymph nodes, were noted. Each symptom was associated with specific nursing diagnoses, such as "acute pain," "chronic pain," and "impaired comfort" [46].

Constraints

This research is a literature review that specifically examines the function of nurses in the prevention of post-burn skin cancer. Undoubtedly, it has some constraints. Firstly, as analytical research, it lacked a thorough literature review. Additionally, it forecasts the indirect impacts of several factors on one another, perhaps producing outcomes that are contradictory to actuality. Furthermore, it just considered publications published after the year 2000, which might have resulted in the omission of significant data. Furthermore, this research does not include an evaluation of potential biases.

Implications for nursing and laboratory clinical practice

The results have important implications for nursing clinical practice, emphasizing the need of a thorough and multidisciplinary approach to burn treatment and prevention of skin cancer. Nurses must emphasize strong cooperation with other healthcare professions to guarantee efficient communication and coordination in patient care. Their training programs should provide them with a wide range of abilities, including knowledge in multisystem organ failure, critical care techniques, diagnostics, rehabilitation, and psychosocial skills. Nurses have a vital role in actively educating patients about UV radiation exposure, supporting healthy lifestyles, and highlighting the need of early identification. Psychological assistance is crucial in identifying the emotional difficulties experienced by those who have suffered burns. Nursing care should include evidence-based methods by effectively incorporating guidelines, essential pathways, and care plans. Customizing treatments based on nursing diagnoses associated with compromised skin condition, pain, and discomfort guarantees individualized and focused care. Continuous professional development is crucial for nurses to remain up-to-date with improvements in wound care, infection prevention, pain management, and skin cancer prevention. The implications emphasize the nurses' ever-changing and developing role in improving the quality of treatment and results for burn victims.

Suggestions for further research

Future research in burn treatment and skin cancer prevention should prioritize doing longitudinal studies to ascertain the long-term occurrence of skin cancer in individuals who have had burns. It is important to take into account factors such as the intensity of burns, the methods of treatment, and precautions taken to avoid burns over long periods of time. It is important to investigate the efficacy of nurse-led educational interventions in encouraging burn patients to adopt skin cancer preventive behaviors. Additionally, it is crucial to evaluate the lasting effects of these efforts on patient compliance. Examining the psychosocial consequences of burn scars on mental well-being and overall quality of life, as well as the effectiveness of nursing treatments in tackling these difficulties, might provide significant knowledge.

Exploring innovative ways in wound care, such as advanced technology or new treatment modalities, may help decrease inflammation and lower the risk of skin cancer. Furthermore, it is essential for research to investigate the use of technology, such as telemedicine, in the monitoring of skin cancer to ensure prompt identification. Evaluating the involvement of nursing in post-burn rehabilitation and the influence of community-based initiatives on preventing skin cancer, as well as investigating the financial burden of skin cancer in burn survivors, would enhance our full comprehension of this intricate healthcare issue. Finally, doing research on patient-reported outcomes in the context of skin cancer survival and assessing the adoption of nursing recommendations in burn centers would strengthen our capacity to customize therapies and boost long-term patient outcomes.

Conclusion

Nurses have a vital role in delivering comprehensive treatment to individuals with burn injuries. They serve as coordinators of patient care activities, including wound care, infection prevention, pain management, and patient education. Moreover, patient education encompasses instructing persons about the hazards of UV radiation exposure and promoting immediate reporting of any alterations in burn wounds. In addition to their primary duties, burn nurses also promote healthy lives as a means of mitigating the likelihood of developing skin cancer. Psychological assistance is essential for addressing the emotional difficulties experienced by burn survivors and indirectly promoting their dedication to practicing skin cancer prevention. Furthermore, nursing diagnoses have been used to examine the symptomatology of skin cancer, including finding indicators associated with compromised skin integrity, pain, and discomfort. These diagnoses are crucial instruments for developing customized therapies that improve care for persons impacted by skin cancer after burns. In general, the many responsibilities of burn nurses provide a substantial contribution to the continuous enhancements in burn care, eventually leading to an improvement in the overall well-being of burn survivors.

References

1. Mehrabi A, Falakdami A, Mollaei A, Takasi P, Ghorbani Vajargah P, Jafari H, et al. A systematic review of self-esteem and related factors among burns patients. *Ann Med Surg (Lond)*. 2022;84:104811.
2. Mobayen M, Pour-Abbas SE, Naghipour M, Akhoundi M, Ashoobi MT. Evaluating the Knowledge and Attitudes of the Members of the Medical Community Mobilization on First Aid for Burn Injuries in Guilan, Iran. *J Mazandaran Univ Med Sci*. 2020;30(186):148-155.
3. Mobayen M, Farzan R, Dadashi A, Rimaz S, Aghebati R. Effect of early grafting on improvement of lethal area index (la50) in burn patients: a 7-year investigation in a burn referral centre in the North of Iran. *Ann Burns Fire Disasters*. 2017;30(3):189-192.
4. Vaghardoost R, Ghavami Y, Sobouti B, Mobayen MR. Mortality and morbidity of fireworks-related burns on the annual last wednesday of the year festival (charshanbeh soori) in iran: an 11-year study. *Trauma Mon*. 2013;18(2):81-85.
5. Feizkhah A, Mobayen M, Habibiroudkenar P, Toolaroud PB, Pourmohammadi Bejarpasi Z, Mirmasoudi SS, et al. The importance of considering biomechanical properties in skin graft: Are we missing something? *Burns*. 2022;48(7):1768-1769.
6. Hosseini SJ, Firooz M, Norouzkhani N, Mehrabian F, Emami Zeydi A, Jafaraghaee F, et al. Age group as a predictor of the effect of virtual reality on pain management in burn retain-->patientsretain-->. *Burns*. 2022;49(3):730-732.
7. Miri S, Hosseini SJ, Takasi P, Mollaei A, Firooz M, Falakdami A, et al. Effects of breathing exercise techniques on the pain and anxiety of burn patients: A systematic review and meta-analysis. *Int Wound J*. 2022;20(6):2360-2375.
8. Farzan R, Moeinian M, Abdollahi A, Jahangard-Rafsanjani Z, Alipour A, Ebrahimi M, et al. Effects of amniotic membrane extract and deferoxamine on angiogenesis in wound healing: an in vivo model. *J Wound Care*. 2018;27(Sup6):S26-S32.
9. Haddadi S, Parvizi A, Niknama R, Nemati S, Farzan R, Kazemnejad E. Baseline Characteristics and Outcomes of Patients with Head and Neck Burn Injuries; a Cross-Sectional Study of 2181 Cases. *Arch Acad Emerg Med*. 2020;9(1):e8.
10. Kazemzadeh J, Vaghardoost R, Dahmardehei M, Rabiepoor S, Farzan R, Asghar Kheiri A, et al. Retrospective Epidemiological Study of Burn Injuries in 1717 Pediatric Patients: 10 Years Analysis of Hospital Data in Iran. *Iran J Public Health*. 2018;47(4):584-590.
11. Tolouie M, Farzan R. A Six-Year Study on Epidemiology of Electrical Burns in Northern Iran: Is It Time to Pay Attention? *World J Plast Surg*. 2019;8(3):365-371.
12. Vaghardoost R, Kazemzadeh J, Dahmardehei M, Rabiepoor S, Farzan R, Kheiri AA, et al. Epidemiology of Acid-Burns in a Major Referral Hospital in Tehran, Iran. *World J Plast Surg*. 2017;6(2):170-175.
13. Parvizi A, Haddadi S, Ghorbani Vajargah P, Mollaei A, Firooz M, Hosseini SJ, et al. A systematic review of life satisfaction and related factors among burns patients. *Int Wound J*. 2022;20(7):2830-2842.
14. Bagheri Toolaroud P, Attarchi M, Afshari Haghdoust R, Feizkhah A,

- Esmailzadeh M, Rimaz S, et al. Epidemiology of work-related burn injuries: A ten-year retrospective study of 429 patients at a referral burn centre in the north of Iran. *Int Wound J.* 2022;20(9):3599-3605.
15. Gari AA, Al-Ghamdi YA, Qutbudden HS, Alandonisi MM, Mandili FA, Sultan A. Pediatric burns in Western Saudi Arabia. *Saudi Med J.* 2012;33(10):1106-1110.
16. Sharma Y, Garg AK. Analysis of death in burn cases with special reference to age, sex and complications. *J Punjab Acad Forensic Med Toxicol.* 2019;19(2):73-75.
17. Farzan R, Parvizi A, Haddadi S, Sadeh Tabarian M, Jamshidbeigi A, Samidoust P, et al. Effects of non-pharmacological interventions on pain intensity of children with burns: A systematic review and meta-analysis. *Int Wound J.* 2023;20(7):2898-2913.
18. Farzan R, Parvizi A, Takasi P, Mollaei A, Karkhah S, Firooz M, et al. Caregivers' knowledge with burned children and related factors towards burn first aid: A systematic review. *Int Wound J.* 2022;20(7):2887-2897.
19. Toolaroud PB, Nabovati E, Mobayen M, Akbari H, Feizkhah A, Farrahi R, et al. Design and usability evaluation of a mobile-based-self-management application for caregivers of children with severe burns. *Int Wound J.* 2022;20(7):2571-2581.
20. Eftekhari H, Sadeghi M, Mobayen M, Esmailzadeh M, Feizkhah A, Lahiji MS, et al. Epidemiology of chemical burns: An 11-year retrospective study of 126 patients at a referral burn centre in the north of Iran. *Int Wound J.* 2022;20(7):2788-2794.
21. Rangraz Jeddi F, Nabovati E, Mobayen M, Akbari H, Feizkhah A, Motalebi Kashani M, et al. A Smartphone Application for Caregivers of Children With Severe Burns: A Survey to Identify Minimum Data Set and Requirements. *J Burn Care Res.* 2022;44(5):1200-1207.
22. Farzan R, Ghorbani Vajargah P, Mollaei A, Karkhah S, Samidoust P, Takasi P, et al. A systematic review of social support and related factors among burns patients. *Int Wound J.* 2022;20(8):3349-3361.
23. Farzan R, Hosseini SJ, Firooz M, Tabarian MS, Jamshidbeigi A, Samidoust P, et al. Perceived stigmatisation and reliability of questionnaire in the survivors with burns wound: A systematic review and meta-analysis. *Int Wound J.* 2022;20(8):3391-3403.
24. Alizadeh Otaghvar H, Parvizi A, Ghorbani Vajargah P, Mollaei A, Karkhah S, Takasi P, et al. A systematic review of medical science students' knowledge and related factors towards burns first aids. *Int Wound J.* 2022;20(8):3380-3390.
25. Yarali M, Parvizi A, Ghorbani Vajargah P, Tamimi P, Mollaei A, Karkhah S, et al. A systematic review of health care workers' knowledge and related factors towards burn first aid. *Int Wound J.* 2022;20(8):3338-3348.
26. Farzan R, Hossein-Nezhadi M, Toloei M, Rimaz S, Ezani F, Jafaryparvar Z. Investigation of Anxiety and Depression Predictors in Burn Patients Hospitalized at Velayat Hospital, a Newly Established Burn Center. *J Burn Care Res.* 2022;44(3):723-730.
27. Mobayen M, Torabi H, Bagheri Toolaroud P, Tolouei M, Dehnadi Moghadam A, Saadatmand M, et al. Acute burns during the COVID-19 pandemic: A one-year retrospective study of 611 patients at a referral burn centre in northern Iran. *Int Wound J.* 2022;20(8):3204-3211.

28. Rahbar Taramsari M, Mobayen M, Feizkhah A, Letafatkar N, Esmailzadeh M, Hoseinzadeh S, et al. The Effect of Drug Abuse on Clinical Outcomes of Adult Burn Patients Admitted to a Burn Center in the North of Iran. *Bull Emerg Trauma*. 2022;11(2):90-95.
29. Zavarmousavi M, Eslamdoust-Siahestalkhi F, Feizkhah A, Mohammadreza M, Fazeli Masouleh SA, Badrikoohi M, et al. Gamification-based Virtual Reality and Post-burn Rehabilitation: How Promising Is That? *Bull Emerg Trauma*. 2022;11(2):106-107.
30. Hamza Hermis A, Tehrany PM, Hosseini SJ, Firooz M, Hosseini SR, Jamshidbeigi A, et al. Prevalence of non-accidental burns and related factors in children: A systematic review and meta-analysis. *Int Wound J*. 2022;20(9):3855-3870.
31. Miri S, Mobayen M, Aboutaleb E, Ezzati K, Feizkhah A, Karkhah S. Exercise as a rehabilitation intervention for severe burn survivors: Benefits & barriers. *Burns*. 2022;48(5):1269-1270.
32. Asuku M, Shupp JW. Burn wound conversion: clinical implications for the treatment of severe burns. *J Wound Care*. 2022;32(Sup5):S11-S20.
33. Ghazanfari MJ, Mazloun SMH, Rahimzadeh N, Arasteh M, Ghorbani Vajargah P, Mollaei A, et al. Burns and pregnancy during the COVID-19 pandemic. *Burns*. 2022;48(8):2015-2017.
34. Feizkhah A, Mobayen M, Ghazanfari MJ, Bagheri Toolaroud P, Ghorbani Vajargah P, Mollaei A, et al. Machine learning for burned wound management. *Burns*. 2022;48(5):1261-1262.
35. Gethin G. Understanding the inflammatory process in wound healing. *Br J Community Nurs*. 2012;Suppl:S17-8, S20, S22.
36. Sibbald RG, Contreras-Ruiz J, Coutts P, Fierheller M, Rothman A, Woo K. Bacteriology, inflammation, and healing: a study of nanocrystalline silver dressings in chronic venous leg ulcers. *Adv Skin Wound Care*. 2007;20(10):549-558.
37. Hoyt KS, Flarity K, Shea SS. Wound care and laceration repair for nurse practitioners in emergency care: part II. *Adv Emerg Nurs J*. 2011;33(1):84-99.
38. Mahon SM. Skin cancer prevention: education and public health issues. *Semin Oncol Nurs*. 2003;19(1):52-61.
39. Rakhshani T, Najafi S, Javady F, Taghian Dasht Bozorg A, Mohammadkhah F, Khani Jeihooni A. The effect of Orem-based self-care education on improving self-care ability of patients undergoing chemotherapy: a randomized clinical trial. *BMC Cancer*. 2022;22(1):770.
40. Mobayen M, Feizkhah A, Ghazanfari MJ, Ezzati K, Mehrabian F, Bagheri Toolaroud P, et al. Sexual satisfaction among women with severe burns. *Burns*. 2022;48(6):1518-1519.
41. Mobayen M, Ghazanfari MJ, Feizkhah A, Ezzati K, Mehrabian F, Aboutaleb E, et al. Parental adjustment after pediatric burn injury. *Burns*. 2022;48(6):1520-1521.
42. Bazzi A, Ghazanfari MJ, Norouzi M, Mobayen M, Jafaraghaee F, Emami Zeydi A, et al. Adherence to Referral Criteria for Burn Patients; a Systematic Review. *Arch Acad Emerg Med*. 2022;10(1):e43.
43. Miri S, Mobayen M, Mazloun SMH, Rahimzadeh N, Mehrabi A, Abd Sonboli R, et al. The role of a structured rehabilitative exercise program as a safe and effective strategy for restoring the physiological function of burn survivors. *Burns*. 2022;48(6):1521-1523.

44. Mobayen M, Ghazanfari MJ, Feizkhah A, Emami Zeydi A, Karkhah S. Machine learning for burns clinical care: Opportunities & challenges. *Burns*. 2022;48(3):734-735.
45. Mobayen M, Feizkhah A, Ghazanfari MJ, Bagheri Toolaroud P, Mobayen M, Osuji J, et al. Intraoperative three-dimensional bioprinting: A transformative technology for burn wound reconstruction. *Burns*. 2022;48(4):1023-1024.
46. Gaulin C, Sebaratnam DF, Fernández-Peñas P. Quality of life in non-melanoma skin cancer. *Australas J Dermatol*. 2015;56(1):70-76.