

SUNBURN

TO YOUR HEALTH - PATIENT EDUCATION HANDOUT

3.1

DESCRIPTION

Inflammation of the skin that follows over exposure to the sun, tanning beds or occupational light sources. There is no such thing as a healthy tan.

FREQUENT SIGNS AND SYMPTOMS

- Red, swollen, painful and sometimes blistered skin.
- Fever (occasionally).
- Nausea and vomiting (severe burns).
- Delirium (severe, extensive burns).
- Tanning or peeling of the skin after recovery, depending on severity of the burn.

CAUSES

Excess exposure to ultraviolet (UV) light. The UV rays are not screened out by thin clouds on overcast days, but it is partially screened by smoke and smog. A great deal of ultra violet light reflects from snow, water, sand, and sidewalks.

RISK INCREASES WITH

- Genetic factors, especially fair skin, blue eyes, and red or blonde hair.
- Exposure to industrial light sources, such as welding arcs.
- Use of drugs including but not limited to: sulfa, tetracyclines, doxycyclines, amoxicillin, or oral contraceptives.

PREVENTIVE MEASURES

- Avoid the sun from 10:00 a.m. to 3 p.m.
- Use a sun-block preparation for outdoor activity. Products with a sun-protective value of 15 or more protect almost totally. For maximum effectiveness, apply 15 minutes prior to sun exposure. Some of these resist water and perspiration, but reapply them after swimming or after prolonged exposure. Baby oil, mineral oil or cocoa butter offer no protection from the sun and may increase the risk of sunburn and subsequent skin damage possibly leading to skin cancer.
- For maximum protection, use a physical-barrier agent such as zinc-oxide ointment. Reapply after swimming and at frequent intervals during exposure. Barrier agents are especially helpful on skin areas that are most susceptible to burns, such as the nose, ears, backs of the legs and the back of the neck.

- Wear muted colors such as tan. Avoid brilliant colors and whites, which reflect the sun into your face.
- If you insist on tanning, limit your sun exposure on the 1st day to 5 to 10 minutes on each side. Add 5 minutes per side each day.
- There are many over-the-counter products that are combination lotion, sunscreen, and self-tanners.

EXPECTED OUTCOME

Spontaneous recovery in 3 days to 3 weeks, depending on the severity of the sunburn.

POSSIBLE COMPLICATIONS

- Skin damage. Sun exposure is cumulative over a lifetime and can lead to skin cancer.
- Premature wrinkling and loss of skin elasticity.

GENERAL MEASURES

To reduce heat and pain, dip gauze or towels in cool water and lay these on the burned areas. For tender or badly blistered skin, apply aloe vera based gel. Soak in a tub of cool water with colloidal oatmeal (Aveeno) or baking soda. Pat skin dry, do not rub.

MEDICATION

Use non-prescription drugs, such as ibuprofen or acetaminophen, to relieve pain and reduce fever. Non-prescription burn remedies that contain local anesthetics, such as benzocaine or lidocaine, should not be used as it may cause allergic reactions. Pain relievers or cortisone drugs may be prescribed in severe cases.

ACTIVITY & DIET

Rest in any comfortable position until fever and discomfort diminish. Cover yourself with an upside-down "cradle" or tent of cardboard or other material to keep bed linens off the burned skin. No special diet. Increase fluid intake.

NOTIFY OUR OFFICE IF...

- Oral temperature rises to 101°F (38.3°C).
- Pain and fever that persist longer than 48 hours.
- The burn produces large areas of blisters.
- Vomiting or diarrhea.
- Delirium.



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This information is for educational purposes only. Consult your doctor for specific medical advice, diagnosis and treatment.

618-453-3311

Dial-A-Nurse is available after-hours until 10:30 p.m. during fall and spring semesters. In case of emergency dial 911.