



Ventilatory support following burns and smoke-inhalation injury.

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The first major improvement in the treatment of burn injury came with the recognition of the importance of fluid resuscitation to prevent shock and renal failure. Subsequently, the use of topical antibiotics to control burn-wound infection and prevent invasive burn-wound sepsis led to the next significant reduction in morbidity and mortality of burn patients. Although progress has been made in the treatment of inhalation injury, the pathophysiology of the injury is still incompletely defined. A better understanding of pathogenic mechanisms will lead to the development of therapeutic agents and treatment regimens that will modulate the cascades of humoral mediators of organ dysfunction and reduce the morbidity and mortality associated with inhalation injury. The recognition of ventilator-induced lung injury has led to adoption of alternative ventilatory techniques such as high-frequency percussive ventilation, which has been shown to substantially reduce the morbidity associated with inhalation injury.

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