

Initial Management of Burn Wounds

Telephone support and advice on wound care following burn injury is available at all times

CONTACT DETAILS



www.trips.nhs.uk

St Andrews Burns Service
Broomfield Hospital (Chelmsford)
Adults/Children **01245 516037**

Chelsea & Westminster Hospital (London)
Adults **02033152500**
Children **02033153706**

Queen Victoria Hospital (East Grinstead)
Adults **01342 414440**
Children **01342 414469**

Stoke Mandeville Hospital (Aylesbury)
Adults and Children **01296 315040**

FIRST AID

Cool with running tap water for 20 minutes within 3 hours of injury
If limited water supply, apply a cool water compress, change frequently over 20 minute period
Irrigate chemical from skin/eyes immediately with a sterile isotonic solution (e.g. Hartmann's or Normal Saline), an amphoteric solution (Diphoterine®), or warm running water.
Do not use ice/iced water/ice packs

PREPARE

Provide appropriate analgesia
Check Tetanus immunisation status
Remove any non-adherent clothing and jewellery
Clean wound with tap water or Normal Saline
Remove all loose and non viable tissue and debris
Refer to Blister Management Guideline
Routine antibiotic prophylaxis **not** required

BURN

SUPERFICIAL/ ERYTHEMA



SUPERFICIAL PARTIAL THICKNESS



DEEP DERMAL



FULL THICKNESS



ASSESS DEPTH

Involves epidermis only
Red
Brisk capillary refill
Skin is dry and intact
No blisters
Painful

Pale pink/red
Brisk capillary refill
Exudate present
Intact or collapsed blisters may be present
Painful

Dark pink/red or white
Mottled, stained, cherry red
Delayed or absent capillary refill
Dull/variable sensation

White, black, brown or yellow
Dry and leathery
Thrombosed vessels may be visible
Eschar may be present
No capillary refill
No sensation

INITIAL PRIMARY DRESSING

Moisturise with non-perfumed soothing gels/creams, Aloe Vera or After Sun to non-broken skin

Cover with non-adherent, atraumatic dressing:

- Tulle Gras
- Silicone contact layers
- Foams

Cover with loose, longitudinal strips of Cling Film

Elevate limbs

INITIAL SECONDARY DRESSING

Apply a light dressing if required for patient comfort

Manage excess exudate in the first 72 hours with absorbent dressing:

- Gauze
- Foam

 Secure with non constrictive:

- Adhesive tape dressing
- Crepe bandage
- Tubular bandage

 Advise:

- Mobility exercises
- Elevation of affected area at rest

Adults and children with these injuries should be referred to the **local Burn Service**

FOLLOW UP

Provide analgesia
If blistering develops advise patient to return for review
If healed, discharge

Provide analgesia
Review wound in 48 hours, then according to dressing type used, at least every 3-5 days until healed

REFER TO LOCAL BURN SERVICE

Approved by LSEBN CGG on April 2018

Injuries that fall within the LSEBN **Burn Referral Criteria** should be discussed with the **local Burn Service**