

Initial Management of Cold Burns (Frost Bite)

Adults and children with cold burns should be discussed with the **local Burn Service**
Telephone advice and support for care following cold burn injury is available at all times
If in doubt, seek early advice from **local Burn Service**

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**

PREPARE

Provide appropriate analgesia
Check Tetanus immunisation status
Remove any jewellery from digits/limbs
Consider antibiotic cover if other trauma/
evidence of infection is present

ASSESS

Cold Injury

Date & Time
Cause
Affected areas
Size of tissue damage
Depth
First Aid/Rewarming measures
Other injuries

Observations

Core body temperature
Skin temperature & colour
Capillary refill time
Presence/absence of
peripheral pulses (doppler)
Baseline bloods (U&E, FBC,
LFT, CRP, X-Match)

History

Allergies
Medications
Past medical history
Last Meal (time)
Events/Environment
related to injury

TREAT

Rapidly rewarm by immersion in 37-39 °C warm water for 30 – 60 minutes
Do not rub or massage affected area to avoid further tissue damage
Administer oral Ibuprofen 12mg/kg (max dose 2400mg/day) or Aspirin 300 mg
Derroof all blisters to enable accurate assessment of depth of injury

DISCUSS

Discuss with **local Burn Service**:
Administration of anticoagulants during re-warming
Use of vasodilators and thrombolytic/prostacyclin therapy in severe frostbite
Escharotomy ± fasciotomy if clinical suspicion of compartment syndrome

PHOTOGRAPH

Photograph cleaned burn wounds using a digital camera
Send images to local Burn Service via www.trips.nhs.uk

DRESS

Apply topical aloe vera cream or gel
Cover with non-adherent, atraumatic dressing
Splint and elevate affected limb to reduce oedema and promote tissue perfusion

REFER

Injuries that fall within the LSEBN **Burn Referral Criteria** should be discussed with the **local Burn Service**.
LSEBN Referral and Initial Management guidelines are available via TRIPS Help & Information on www.trips.nhs.uk