

Initial management of burn wounds

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

CONTACT DETAILS

St Andrews Centre (Chelmsford)
Adults **0300 44 30475**
Children **0300 44 30405**

Chelsea & Westminster Hospital (London)
Adults **020 3315 2500**
Children **020 3315 3706**

The Royal London Hospital (London)
Adults and Children **020 3594 5693**

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

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

John Radcliffe Hospital Oxford
Adult and Children **01865 234760**

FIRST AID

- Cool with running tap water for 20 minutes within 3 hours of injury.
- If limited water supply, apply a cool 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
- Refer to Blister Management Guideline
- Routine antibiotic prophylaxis not required

BURN

Superficial/erythema



Partial thickness



Deep dermal



Full thickness



ASSESS DEPTH

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

Pale pink/red
Brisk capillary refill
Exudate present
May have intact or collapsed blisters
Painful

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

White, black or yellow
Dry and leathery
Visible thrombosed vessels
Eschar
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:

- Antimicrobial
- Silver-based
- Silicone

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 with absorbent dressing:

- Gauze or foam

Secure with non constrictive:

- Adhesive tape
- Crepe bandage

Advise:
Mobility exercises
Elevation of affected area

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

FOLLOW UP

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

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