

# Initial management of cold burns

Adults and children with cold burns should be discussed with the local Burn Service

## PREPARE

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

## ASSESS

### Cold Injury

- D**ate & Time
- C**ause
- A**ffected areas
- S**ize of tissue damage
- D**epth
- F**irst Aid/Rewarming measures
- O**ther injuries

### History

- A**llergies
- M**edications
- P**ast medical history
- L**ast Meal (time)
- E**vents/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 10mg/kg (max 600mg QDS) or Aspirin 300 mg
- Deroof all blisters to enable accurate assessment of depth of injury
- Consider regional block/catheter for analgesia and vasodilation

## 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

## 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

## 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 **01865234760**

### Observations

- C**ore body temperature
- S**kin temperature & colour
- C**apillary refill time
- P**resence/absence of peripheral pulses (doppler)
- B**aseline bloods (U&E, FBC, LFT, CRP, X-Match)

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