

# Blister management

All burn injuries that fall within the **Burn Referral Criteria** should be discussed with the local Burn Service

## 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**

### LEAVE INTACT

**Small non-tense blisters** (<6 mm)  
Natural method of pain control. Unlikely to rupture spontaneously, damage underlying tissue, or impede healing

### DEROOF

- **Thick-walled blisters** on fingertips, palms and soles of feet
- **Large** (>6 mm) and **thin-walled blisters**
- **Ruptured blisters** and **loose skin**

## Rationale for Deroofing

- ☑ Allows proper observation of the wound bed and accurate assessment of the burn depth, including capillary refill time and sensation, to determine appropriate treatment
- ☑ Removes non-viable tissue from the wound bed, allowing faster wound healing and decreasing likelihood of scarring
- ☑ Evacuates blister fluid that may suppress local and systemic immune function, improving the patient's ability to defend against infection
- ☑ Reduces the risk of wound infection associated with uncontrolled blister rupture and prolonged presence of non-viable tissue
- ☑ Prevents pressure on underlying tissue, preserving the wound microcirculation and preventing the burn depth progression
- ☑ Enables movement of joints, reducing the likelihood of burn contracture
- ☑ Improves the efficacy of topical wound therapy

## Mechanical Debridement with Moist Gauze – for Thin-Walled Blisters



## Sharp Dissection with Scissors and Forceps – for Thick Walled Blisters



## Dressing a Burn After Deroofing Procedure

- Cover cleaned burn wounds with loose longitudinal strips of cling film for all patients requiring prompt transfer to the **local Burn Service**. Do not apply cling film to face.
- Apply a non-adherent primary dressing with a secondary absorbent layer to optimize healing time, reduce hypertrophic scarring, improve the functional and aesthetic outcomes and offer a better option for comfort. Further wound care information in **LSEBN Initial Management of Burn Wounds**.
- Do not use any topical agents, as these are ineffective when placed on intact blisters and should not be used unless the blister has been fully deroofed and only following a consultation with the **local Burn Service**.