

FIRST AID



Stop the burning process.

Cool running water for 20mins. This can be done up to 3 hours after injury.

Never use ice or ointments.

Cover the patient to keep them warm.

Seek help and refer if any referral criteria are met.

Remove any clothing and/or jewellery from injured area.

VICTORIAN ADULT BURN SERVICE REFERRAL CRITERIA



Call VABS Registrar on 9076 2000.

Size	>10% TBSA > 5% Full thickness
Person	Pre existing illness Pregnancy Extremities of Age - Elderly
Area	Face/Hands/Feet/Perineum/Major Joints Circumferential (Limb or Chest) Inhalation injury
Mechanism	Chemical / Electrical Major Trauma Non-accidental injury (including suspected)

INITIAL MANAGEMENT

Perform primary and secondary surveys

Obtain history	<ul style="list-style-type: none"> Mechanism of burn injury, how and when it occurred. Cause of injury eg. contact, scald, flame. Is this burn accidental?. First aid, what was used and for how long.
Analgesia	<ul style="list-style-type: none"> Simple analgesia - Administer at least 30 minutes prior to dressing. Paracetamol and Celecoxib 100-200mg (Consider need for PPI). Additional analgesia for dressing changes IR opioid (endone) or methoxyflurane.
Assess	<ul style="list-style-type: none"> Total body surface area percentage. Depth assessment. Follow Burn Injury Assessment sheet or visit Victorian Adult Burns Service website.
Consider referral if any VABS referral criteria are met.	
Prepare wound	<p>Cleaning</p> <ul style="list-style-type: none"> With Normal Saline or 0.1% Chlorhexidine if contamination suspected. Remove all foreign matter, loose and non-viable skin/tissue. Shave hair in and around the burn (2cm radius of unburnt skin). <p>Blisters</p> <ul style="list-style-type: none"> Debride blisters if >2.5cm or over joints. Snip the blister, drain the fluid and remove the dead or devitalised tissue.
General advice	<ul style="list-style-type: none"> Elevation of affected area to decrease swelling, exudate and minimise burn depth progression. Antibiotics avoid prophylactic use. Prescribe ONLY if showing clinical signs of infection. Contact VABS if clinically concerned for advice and guidance.

DRESSING



Primary dressing	Simple moisturisers	<ul style="list-style-type: none"> Paraffin gauze Silicone dressings Silver products only if contaminated or infected 	<ul style="list-style-type: none"> Silicone dressings Silver products only if contaminated or infected Antimicrobial topical agents 	Silver products	Silver products
Secondary dressing	Not required	Dermal burns produce a large amount of exudate in the first 72 hours. Absorbent secondary dressings such as gauze, leukomed, exudry or foam should be considered to manage excess exudate.			Gauze
Fixation	Not required	Crepe bandage, tape and tubular bandage Eg. Tubigrip if on a limb.			
Follow up	Not usually required	In 48 - 72 hours by a GP or appropriate service.	<ul style="list-style-type: none"> In 48 - 72 hours by a GP or appropriate service. Refer early if depth is deep dermal or full thickness, requiring excision and grafting. Refer if wounds are slow to heal (>14 days) or infected. 		

