

Initial Management Of Small Burn Injuries

CONTACT DETAILS

Alfred Hospital
Burns Outpatients
(03) 9076 2000 (Mon-Fri)

 Burns Liaison Nurse
(03) 9076 2000 (Mon-Fri)

 The Royal Children's
Hospital Melbourne
Burns Outpatients
(03) 9345 5522 (Mon-Fri)

Burns Unit (Platypus Ward)
(03) 9345 3653

FIRST AID	Cool with running water for up to 20 minutes Consider immersion or wet towels if running water unavailable If water is unavailable consider water gel products (in adults only).				
PREPARE	Provide analgesia Clean wound with 0.1% Aqueous Chlorhexidine or Normal saline, Remove all foreign matter, loose and non viable skin/tissue Debride blisters if >2.5cms or over joints Shave hair in and around wound to 2cm radius.				
BURN	EPIDERMAL	SUPERFICIAL DERMAL	MID DERMAL	DEEP DERMAL	FULL THICKNESS
					
ASSESS DEPTH	Painful, epidermis damaged but intact. red	Blistered, painful pale pink/red, raw Brisk capillary return within burns wound	Sluggish capillary return Less painful, dark pink to red	Deep red or white colour, dull sensation, severely delayed or absent capillary return	No sensation, no capillary return, leathery, white/black or yellow
INITIAL PRIMARY DRESSING	Gels to soothe - Soothing moisturisers - Vaseline	Absorbent Dressings: - Foams - Alginates - Paraffin gauzes Silicone dressings - Mepilex Silver products if contaminated	Silver products: - Acticoat - Acticoat Absorbent - Aquacel Ag - Flamazine - Biatain Ag - Allevyn Ag Antimicrobial: - Flaminal	Silver products: - Acticoat - Acticoat Absorbent - Mepilex Ag - Aquacel Ag - Flamazine	Silver products: - Acticoat - Acticoat Absorbent - Aquacel Ag - Flamazine
INITIAL SECONDARY LAYER DRESSING	Epidermal burns do not need secondary dressings Significant amount of exudate produced in first 72 hours. Absorbent secondary dressings such as gauze should be considered to manage excess exudate Secure with crepe bandage, tubinet or tubigrip. Ensure it is non constrictive Elevate affected area as appropriate.				
FOLLOW UP	In 24 – 48 hours by GP or appropriate service Refer early to a surgeon if excision and skin grafting should be considered for mid dermal, deep dermal and full thickness burns. Refer on appropriately if wound becomes infected or is slow to heal (Unhealed >14 days).				