

Facial burn injury care

Face care management is taught to clients with superficial dermal burn injury. These wounds are expected to heal within 10 -14 days.

Goals of face care.

- Remove debris and promote epithelialisation
- Maintain supple skin
- Identify and manage complications

Clients:

- Need to undertake diligent and meticulous care to optimise aesthetic and functional outcomes.
- May initially experience pain but this should ease as healing occurs.
- Should take effective analgesia as prescribed, 20-30 mins prior to the shaving and / or cleaning. GPs should review medications and assist with the weaning process as wounds heal.

Shaving, cleaning and ointments

Shaving

- Hair is initially shaved 2.5 cm away from the burn area, to enable an assessment of the injury
- On discharge the hairline and shaved eyebrows no longer require further shaving.
- Daily face shaves for men are commenced in hospital and should continue until healing is complete.
- A good quality, multi blade razor is recommended for the best outcome.
- Shaving assists with the removal of crusts, dead skin, and hair, and reduces the accumulation of creams, which can cause an infection known as folliculitis.
- It is suggested to use a paraffin ointment, KY jelly or diluted soapfree wash. Regular shaving cream may can cause burning or a stinging sensation.

Cleaning

- Face cleaning needs to be done frequently.
- The timing depends on the amount of slough accumulation, tightness or dryness of the skin.
- Face cleaning enables the removal of excess ointment and crust build up, and the removal of the accumulation of slough prior to reapplication of creams

Method:

- Dilute 3mL of DermaVeen Soap Free Wash with approximately 2L of warm tap water and use solution to wash face.
- Clients with tank water are advised to use sterile water.
- Wiping entails a firm hand as tolerated, and the use of circular motions to assist in lifting and loosening crusts and debris.

Areas of special attention:

Ears: Cleaning in and around the auricle with attention behind the ear and between the ear lobe and the head.

Eyes: Cleaning the eyelid, and then away from the nose to avoid accumulation of debris in the tear gland

Nose: Cleaning along the bridge of the nose with attention to the tip of the nose and just inside the nostrils.

Lips: Cleaned separately - slow healing lips may be an indicator of herpes simplex virus (HSV).

Herpes Simplex Virus (HSV):

- May be a primary infection or reactivation of a latent virus
 - Occurs due to the immunosuppressed state of the person.
 - Is confirmed by a positive viral swab
 - Results in slow wound healing
- Care must be taken not to spread the virus to other areas of the body.

Ointments

All Ointment should be applied with clean hands, with care not to cross contaminate different areas.

The lips are best kept supple with paraffin or pawpaw ointment

Paraffin ointment is applied to the face to assist with the skin's moisture, and to keep the skin supple. It is suggested a thin layer is applied so that there is a slight glisten to the skin.

Ointment use should be reduced as healing occurs.

Once healing is complete a non-fragranced, water based moisturiser such as sorbolene is suggested.

Complications

- Herpes Simplex virus (HSV) - identified by slow healing wounds and a positive viral swab
- Infection – recognised by increased pain, redness and slough
- Folliculitis – resultant of ineffective shaving or cleaning practices
- Colour mismatch due to hyper or hypopigmentation (this can be long term)
- If healing takes longer than 14 days, the risk of scar development increases, and VABS should be contacted to organise a scar review.

Contact VABS if there is any concern with these complications

Management tips

- Avoid dusty and dirty environments
- Reduce cream and ointment as the burn heals
- Sun protection and time to manage pigmentation changes
- Refer to the “After Burns Skin Care” guide on the VicBurns Website

<p>Contact Details</p>

<p>Email: burnsunit@alfred.org.au</p>
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<p>Attention: Victorian Adult Burns Service, Nursing</p>
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