Management of minor burns

*For use in patients >16yrs old only

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Assessment

Give immediate first aid as required. Rapid assessment reduces risk of progressive injury and complications.

- **Timing** – Date and time
- **Type** – Flame, scald, contact, electrical, chemical, cold
- **Mechanism of injury**

Examination

- **Location**
- **Size** – **%** TBSA (Total Body Surface Area)
- **Depth**

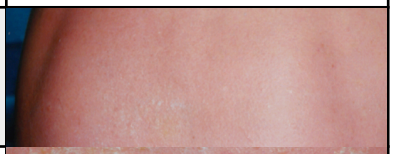
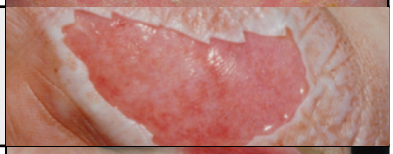
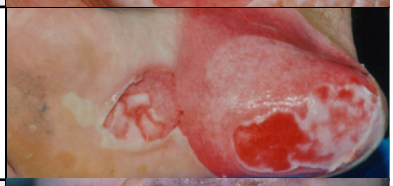
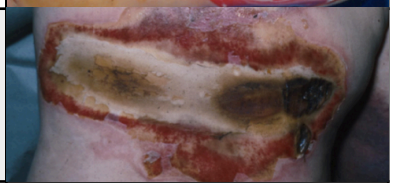
Other factors

- **Symptoms** – itch, discharge, pain, painless
- **Cause requiring investigation/management** – Burns sustained as a result of e.g. blackout, fit, fall, alcohol/drug misuse
- **PMH -** comorbidities increase complications
- **Social Hx** (Witnesses, vulnerable, carers)
- **Inhalation injury**
- **Non Accidental Injury** (NAI) – see red flags

Red flags: Non Accidental Injury

- Absent or unsuitable explanation for the injury/history incompatible with examination findings
- Patient not independently mobile
- Injury area not expected to come into contact with object e.g. backs of hands, soles of feet, buttocks, back
- Injury in shape of implement
- Injury indicates forced immersion
- Delay in seeking medical attention
- Evasive or changing history
- Lack of supervision of a vulnerable person
- Lack of carer concern
- Associated injuries e.g. bruising of varied ages

Burn depth assessment

Burn Depth and features	Layer affected	Skin examination
Erythema Red unbroken skin, brisk CRT, painful, may blister at a later date.	Epidermis only. Dermis is intact.	
Superficial/Epidermal Red often blistered skin, uniform pink wound bed, normal CRT	Epidermis + upper portion of dermis.	
Superficial Dermal Pale pink skin, blisters, slowed CRT but still blanches, may be mottled	Epidermis + upper/middle layers of dermis	
Deep Dermal Blotchy, white skin, reduced sensitivity, sluggish/no CRT	Epidermis, upper + deeper layers of dermis, but not underlying subcutaneous tissues.	
Full thickness White/brown/charred skin, painless, leathery skin, no CRT	All layers of skin burnt down to subcutaneous tissues. If severe, extends into muscle and bone.	

Management of minor burns

First Aid

- A-E assessment/manage anything more immediate
- Irrigate with tap water for 20 minutes, apply cling film
- **Pain management** – Deeper injuries less painful, healing = itchy and painful. WHO pain ladder, Antihistamines.

Wounds & Dressings

- **Debridement and blister management:** Remove dead or devitalized tissue from wound. Debride any blisters >1cm.
- **Wound dressings:** Profoundly influence healing: Involve **ENPs** for advice on wounds.
    1. Non-adherent layer (e.g. Atrauman)
    2. Non-fibrous absorbent layer (e.g. Gauze or absorbent pad)
    3. Airtight fixative layer (e.g. Hypafix, Opsite, Tegaderm).

Other : Topical creams, antimicrobials e.g. Flamazine 1% cream, Betadine ointment

Infection

- Heat, spreading erythema, new swelling, new pain, unhealed within 2 weeks
- Signs of infection = discuss with specialist burns centre ± referral
- **Wound swab**
- **Antibiotics –** Not recommended prophylactically. Consider if delayed healing or clinical/microbiology evidence of infection
- **Toxic Shock Syndrome –** Life threatening, can occur with any depth of burn, more common in minor burns, rapid onset (Rash, vomiting, diarrhoea, circulatory shock), requires rapid treatment
- **Tetanus** – Trust/NICE guidance https://cks.nice.org.uk/topics/burns-scalds/diagnosis/assessment/#tetanus-prophylaxis

Aftercare:

- **Elevation and analgaesia** – Reduces swelling
- **Follow up** – All burns require F/U within 48 hours to assess for infection/healing and redress (ED consultant clinic or ENP) ± additional F/U at 72 hours – If further dressing/FU required consider community nurse referral – remember to offer patient a **supply** of dressings if required. Assess F/U needs individually.
- **Safety net -** signs of infection, TSS, delayed healing (All superficial burns should be healed within 2 weeks)
- **Scar management –** (Once wound healed) moisturise & massage regularly - simple emollients, UV protection factor 50 for ≥ 1 year to reduce hypertrophic scarring risk

Referral

See referral pathway for referral and discussion criteria

References: NICE CKS: Burns and Scalds (September 2020), Northern Burn Care Network, Non - Complex Burn Management Protocol (2012)