Burns Referral & minor burns update

Primary Health Tasmania

Tasmanian Burns Unit Bec Schrale Burns CNC 2021

TASMANIAN HEALTH SERVICE

Tasmanian Government

Tasmanian Burns Unit

- RHH Burns Unit
  - K9 East 24/07 advise
  - Paediatric patients K6
- RHH Burns Outpatients
  - 12th floor Wellington Clinics
  - Monday, Tuesday, Thursday, Friday
  - 0830-1600
  - Consultant Clinic Tuesday 0830
  - Scar management clinics monthly
    - RHH
    - Telehealth-NWRH & LGH and GPs

Referral criteria

- ANZBA Criteria:
  - Burns > 10% TBSA adults and > 5% TBSA in Children
  - Burns of special areas—face, hands, feet, genitalia, perineum, and major joints;
  - Full-thickness burns
  - Electrical burns;
  - Chemical burns;
  - Burns with an associated inhalation injury;
  - Circumferential burns of the limbs or chest;
  - Burns in the very young or very old, or pregnant women;
  - Burns in people with pre-existing medical disorders that could complicate management, prolong recovery, or increase mortality;
  - Burns with associated trauma; and
  - Non-accidental burns.

- Discuss with the Burns Registrar on call RHH

THS Burns Referral and Transfer Flow Chart

Referring Doctor:
- Primary survey
- Secondary survey
- First Aid
- Transfer Dressings

Urgent Transfer (to RHH or interstate)
is indicated for:
- Burns >10% TBSA Adults or >5% TBSA in Children
- Orofacial burns at risk of a compromised airway
- Intubated patients with a cutaneous burn
- Burns with associated inhalation injury or major trauma
- High voltage electrical injury
- Deep dermal/Full thickness Circumferential chest, abdominal or limb burns
- Chemical burns
  - >10% TBSA adults
  - all children
  - any systemic effects

Contact Ambulance Tasmania (AT) Critical Care Transfer Line: **1300 558 329** for a conference call:
- AT Medical Retrieval Consultant
- RHH Burns/Plastics Consultant
- +/- RHH Intensive Care Consultant (Adult or Paediatric) if required.

Interstate Transfer (Alfred or RCH) will be considered in conjunction with the Victorian Burns Service for burn injuries:
- > 50% TBSA in Adults
- > 40% TBSA in Children
- > 20% TBSA in Children with associated trauma or inhalation injury
- RHH Burns Unit unable to receive further patients

Draft THS Protocol: Patient Transfer
Draft THS Protocol: Management of end of life & withdrawal of life prolonging treatment in major burns maior burns

Referral to RHH directly (all areas) for:
- Burns to special areas that require specialist expertise ie extensive deep burns to face and hands
- Significant comorbidities
- Extremes of age (Elderly, pregnancy, Children <2 years)
- Suspected non accidental injury

Contact: Ph. 6166 8308 (switch)
RHH on call Burns/Plastics Consultant

If transfer is decided upon:
Patient to make own way if able, or
Ph: AT (**1800 008 008**) if an ambulance is required.

Referral and discussion is indicated for:
- Burns to special areas (face, hands, feet, perineum, genitalia, major joints) not previously discussed above
- Low voltage electrical burns
- Superficial circumferential burns to limb or chest
- Comorbidities which may complicate management
- Chemical Burns ≤ 10% in adults
- Full Thickness burns

Contact:
Southern Area: RHH on call Burns/Plastics Registrar
Ph. 6166 8308 (switch)
North/Northwest Area: LGH on call Plastics Registrar
Ph. 6777 6777 (switch)

Tasmanian Burns Service Contacts

RHH Burns Unit Ward 5A (24 hr advice) - Ph. 6166 8308
RHH Burns/Plastics Registrar (24 hr advice) - Ph. 6166 8308
RHH Burns CNC: (M,T,T,F) - Ph. 0428 370 714
Email: rhhburnscnc@ths.tas.gov.au
RHH Burns Outpatient Unit (M, T, T, F) - Ph. 6166 0098
LGH Plastics Registrar (24 hr advice) - Ph. 6777 6777
LGH Plastics Outpatient Unit - Ph. 6777 6777

Forms / Resources

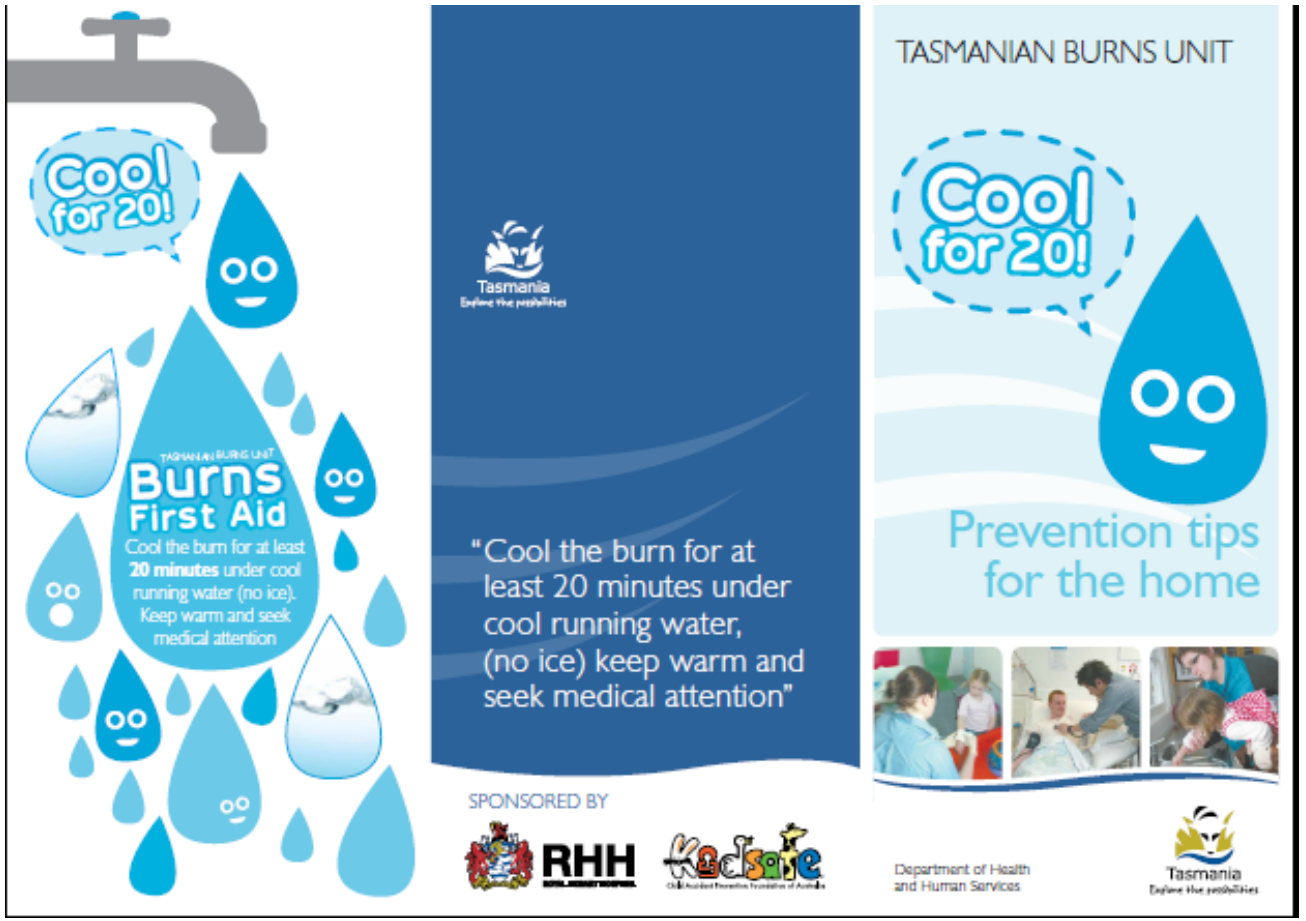
- Burns Transfer Chart
- Lund & Browder Chart
- Fluid Resuscitation Chart
- Paediatric Burn Admission Chart
- Adult Burn Admission Chart

Internet: www.dhhs.tas.gov.au/burns
Intranet: http://www.dhhs.tas.gov.au/intranet/stho/surgery/burns

Immediate referral and advise

- Contact the on-call Plastics/Burns Registrar
- Contact the Burns Unit: 6166 8308 (switch)
- Burns Outpatients
  - Ring Burns Unit on K9 East 24 hrs/day to make appointment and fax referral letter
    - Ph 6166 8566, Fax 6234 9636
  - Review patients 48 hrs post burn
  - Inform if child requires sedation
  - Tetanus status
  - Ensure patients are aware to take analgesia prior
  - Is a GP referral appropriate

First Aid


Cool for 20!
TASMANIAN BURNS UNIT
Burns First Aid
Cool the burn for at least 20 minutes under cool running water (no ice). Keep warm and seek medical attention
Tasmania
Explore the possibilities
"Cool the burn for at least 20 minutes under cool running water, (no ice) keep warm and seek medical attention"
SPONSORED BY
RHH
Kidsafe
TASMANIAN BURNS UNIT
Cool for 20!
Prevention tips for the home
Department of Health and Human Services
Tasmania
Explore the possibilities

First Aid

- **Stop the burning process**
- Consider your own safety
- If on fire
  - Stop-drop-roll
- If electrical
  - Turn off current
- If chemical
  - Remove the burning agent and irrigate with copious amounts of water > 1 hour
- For all Burns and scalds
  - Remove clothing not stuck to the burn site.
  - Remove all jewellery and watches

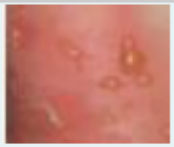
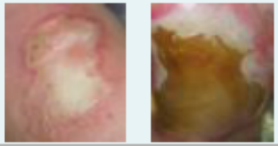
- **Cool the burn**
  - With running cold tap water for 20 minutes

(useful for up to 3 hours after the burn)

  - Do not cause Hypothermia
  - Do not use ice
- **Cover the burn**
  - Using a clean dressing or gladwrap

Burn Depth and Minor Burn Dressings: THS Burns Service State-wide

First Aid	Preparation	Further Information
Cool running water for at least 20 minutes Remove affected clothing & jewellery Cooling continues to be beneficial for up to 3 hrs post burn injury **Never** use ice	Provide analgesia. Clean wound & remove all foreign matter, loose and non viable tissue/skin. De-roof all blisters if tense, over a joint, or if signs of infection are present. Remove all blistered skin 48-72 hrs post burn injury.	THS Burns Referral and Transfer Flow Chart THS Burns Wound Management Guideline Intranet:: http://www.dhhs.tas.gov.au/intranet/stho/surgery/burns Internet: www.dhhs.tas.gov.au/burns

Burns Referral & Transfer Flow Chart	Epidermal	Superficial Dermal	Mid Dermal	Deep Dermal	Full Thickness
					
Assess Depth	Brisk capillary return Epidermis damaged but intact Red, no blisters Painful, dry Healing 3-7 days	Brisk capillary return Blistered , painful Red/pale pink Moist Healing < 14 days	Sluggish capillary return +/- Blisters Dark pink or mottled red Variable sensation Hair follicles intact Healing 10-21 days	Severely delayed or absent capillary return +/- Blistered skin & hair follicles Cherry red or white or mottled Sensation to deep pressure ↓ Moisture, healing > 21 days Require skin grafting	No capillary return No blisters, hair follicles or sensation, dry Leathery or brown or white or yellow or black Require skin grafting
Initial Dressing 0-48 hrs post burn injury	Moisturiser E.g. sorbolene cream 4 times/day	Absorbent dressing: •Foam •Alginate/gelling fibre •Silver Dressing if contaminated	Absorbent dressing: •Foam •Alginate/gelling fibre •Silver Dressing if contaminated	Topical antimicrobial E.g. Silver dressing: •Acticoat®- see application guide •Silver foam **Refer: THS Burns Service**	Topical antimicrobial E.g. Silver dressing: •Acticoat®- see application guide •Silver foam **Refer: THS Burns Service**
Dressing > 48 hrs post burn	Moisturiser E.g. sorbolene cream Reapply 4 times/day	•Foam •Hydrocolloid •Silver Dressing if contaminated Redress every 3-4 days	•Foam •Hydrocolloid •Silver Dressing if contaminated Redress every 3-4 days	Silver dressing: •Acticoat®- see application guide •Silver foam Redress every 3-4 days **Refer :THS Burns Service**	Silver dressing: •Acticoat®- see application guide •Silver foam Redress every 3-4 days **Refer :THS Burns Service**
Silver Dressings	Please consider a silver based dressing for the following: • Paed ≥ 5% TBSA and Adult ≥ 10% TBSA (**Contact & Refer to RHH Burns/Plastics Team and utilise Transfer Dressings as per guidelines**) • Flame and chemical burns • Deep dermal and full thickness burns • Immuno-suppressed patients (including diabetics and patients receiving high dose steroids) • Signs of infection &/or systemically unwell • Compromised First Aid (e.g. contaminated water, sea water etc)				
Follow up	General Practitioner 24- 48 hrs post burn & initial review. Refer to RHH Burns Outpatient Clinic or LGH Plastics clinic as per the **Burns Referral & Transfer Flow chart.** All burns that take > 2 weeks to heal, deep dermal & full thickness burns or receive a skin graft, require scar management & referral to the Tasmanian Burns Service.				
Contact	**State-wide and South:** Tasmanian Burns Unit RHH Ph: 03 6166 8566 Available 24/7 for appointment booking and advice. Fax 6234 9636. Registrar 24/7 Ph: 03 6166 8308 **North and North West:** Plastics Clinic LGH Ph: 03 6777 6777. Plastics Registrar available 24/7				

Tasmanian Burns Service. Created: March 2021. Review March 2023 Modified with permission from Victorian Burns Service

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CHART FOR ESTIMATING BURN PERCENTAGE (Lund & Browder Chart)

INPATIENT

TASMANIA BURNS SERVICE

STATEWIDE

FACILITY: _____

PT ID

SURNAME _____ D.O.B. _____

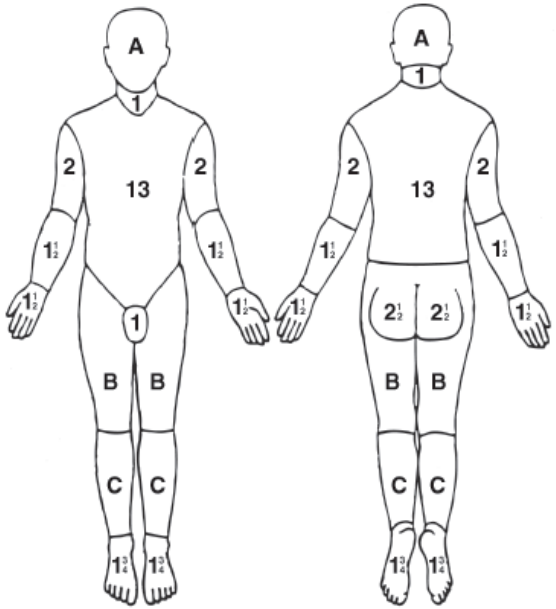
OTHER NAMES _____

ADDRESS _____

Attach Patient Sticker Label

CHILDREN

Date: _____ Time: _____ hours



ANTERIOR POSTERIOR

Ignore
Simple Erythema

Superficial Dermal

Deep dermal/
Full thickness

REGION	%
HEAD	
NECK	
ANT. TRUNK	
POST. TRUNK	
RIGHT ARM	
LEFT ARM	
BUTTOCKS	
GENITALIA	
RIGHT LEG	
LEFT LEG	
TOTAL BURN	

CHILDREN RELATIVE PERCENTAGE OF BODY SURFACE AREA AFFECTED BY GROWTH

AREA	AGE 0	1-4	5-9	10-15
A=½ of head	9½	8½	6½	5½
B=½ of one thigh	2¾	3¼	4	4¼
C=½ of lower leg	2½	2½	2¾	3

PRINT NAME:	DATE:
SIGNATURE:	DESIGNATION:

LUND & BROWDER CHART

TASMANIAN HEALTH SERVICE
Tasmanian Government

CHART FOR ESTIMATING BURN PERCENTAGE (Lund & Browder Chart)

INPATIENT

TASMANIA BURNS SERVICE

STATEWIDE

PT ID

SURNAME _____ D.O.B. _____

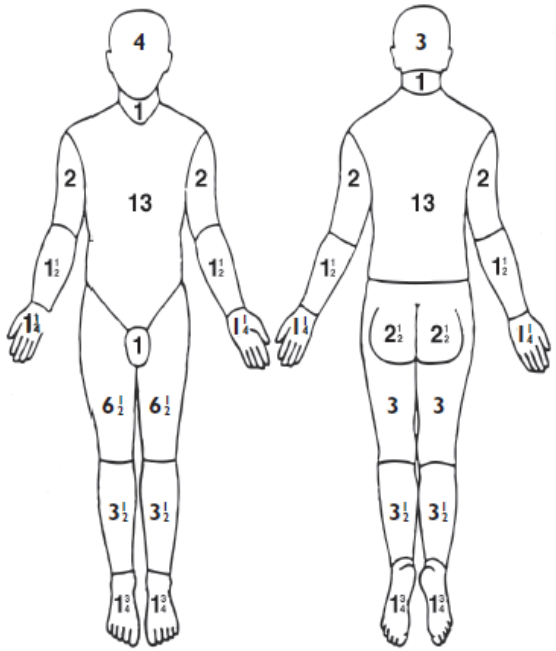
OTHER NAMES _____

ADDRESS _____

Attach Patient Sticker Label

ADULTS

Date: _____ Time: _____



ANTERIOR POSTERIOR

Ignore
Simple Erythema

Superficial Dermal

Deep dermal/
Full thickness

REGION	%
HEAD	
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ANT. TRUNK	
POST. TRUNK	
RIGHT ARM	
LEFT ARM	
BUTTOCKS	
GENITALIA	
RIGHT LEG	
LEFT LEG	
TOTAL BURN	

PRINT NAME:	DATE:
SIGNATURE:	DESIGNATION:

Tasmanian Health Service
GUIDELINE - CLINICAL

Burns Wound Management

SDMS Id Number	P18/000131
SDMS Category	Library Home > Tasmanian Health Service Statewide > Tasmanian Health Service > Statewide Clinical Streams > Surgical & Perioperative Services
Effective Date	May 2018
Review Date	May 2021
Applies to	THS Nursing, Medical and Allied Health
Key Words	Burn – burns - wound management - burn assessment - burn referral - burn transfer - skin graft - donor site – blister - first aid – chemical

Part A –**Guideline**

1. Guideline Statement

The Tasmanian Health Service (THS) State Burns Service provides specialist, multidisciplinary care in the management of burn injuries. Burn care involves high expense for wound management materials, staffing, equipment and long term scar management products. Long term issues are common arising from the initial trauma, resultant scars and the ongoing effects these have on the patient and their family.

It is acknowledged that primary care or follow up management of burn injuries may occur outside of the THS Burns Unit at the RHH, particularly for patients with a minor burn. These guidelines are designed as a practical guide to complement relevant clinical knowledge and the care and management techniques required for effective patient management. Clinicians working outside a specialist burn unit are encouraged to liaise closely with their colleagues within the specialist units for advice and support in burn patient management.

Due to the dynamic nature of burn wounds and the large and changing number of available wound management products, it is not possible to state emphatically which product is superior for each wound, however suggestions of possible dressings for different wound types are included in this document, along with application advice.

Rationale

The following guideline is based on evidence based practice and anecdotal experience in practice from a number of Burns Units across Australia; the Emergency Management of Severe Burns course that is run though the Australian and New Zealand Burns Association (ANZBA); ANZBA and the Joanna Briggs Institute Burns Node. The evidence can be seen in the reference list that is included with the document.

Application of Acticoat® Dressings in Burns

THS Burns Service- State-wide

Application in Burns <10 %TBSA

•Clean the wound with potable or sterile water, chlorhexidine gluconate 0.05% w/v & cetrimide 0.5% w/v or a soap free product for each dressing change. Avoid use of Chlorhexidine in neonates & on faces, including eyes, ears and mucous membranes.

•Assess the wound bed, including:

- Burn Depth
- Swab the Wound for m/c/s
- Total Body Surface Area % (TBSA)

•Prepare sterile field with required dressings such as:

- Acticoat ®
- Burns gauze/gauze squares/ or Zetuvit ®
- Sterile water
- Scissors and metal forceps
- hydrogel
- Film dressing
- Microbiology Swab
- Bandages and Tubifast ®
- Sterile drape

•**Sterile water is used to moisten & activate the Acticoat® and moisten the sterile gauze. Normal Saline must not be used as the chlorine ions bind with the silver ions, decreasing the efficacy of the silver release.**




•Squeeze out excess water from Acticoat® and gauze
•Apply a thin layer of hydrogel to the Acticoat ®
•Use the Gel if the wound appears dry or if you are not using a film dressing.
•The Gel assists with moist wound healing, pain and aids removal with or without the film

Spread the hydrogel onto the Acticoat ®

- Apply Acticoat ® to wound bed, ensuring that the hydrogel is in contact directly with the wound bed.
- The dressing can overlap onto intact skin by 1-2cm (1)

1.

2.


- Hypafix ® can be applied to the edges to stop the dressing from slipping. This is helpful especially for toes and fingers
- Apply a thin layer of moist gauze. Squeeze out all excess water. (2)

3.

4.


- Cover with a Film dressing such as Tegaderm ® (3)
  - ➢ **Do not apply film circumferentially due to the risk of swelling**
- Apply dry gauze, Zetuvit ® or Softban ® layer and wrap with a bandage (4, 5, 8). For chest areas use a figure of 8 bandage technique.
- Use Hypafix ® to prevent slippage. (7)

5.

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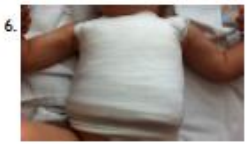

- Apply Tubifast ® (6, 9)
- Redress at 24-48 hours post burn and than every 3 days as required.

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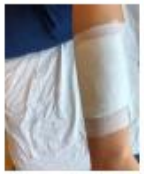

8.

9.


Other dressing combinations with Acticoat:

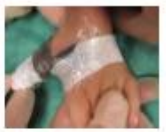
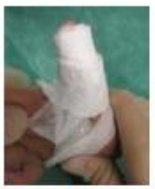
- Acticoat can be used in combination with other products such as:
  - ➢ Acticoat® and a Hydrocolloid as a secondary dressing
  - ➢ hydrogel, ® Acticoat ® and a foam dressing
- Acticoat is activated only with sterile water
- The THS Burns Service does not recommend showering with Acticoat® in place
- Do not use paraffin based tulles, ointments with silver dressings

Hands and Toes:

Tips for hands and toes

- Secure Acticoat® with Hypafix ® (sterile if available)
- Moist gauze layer is not used as it adds bulk to the dressing.
- Apply the film layer and dry gauze or Softban ® layer and wrap with a bandage.
- Individual finger dressings are required for patients greater than 3 years of age. In children aged less than 3 years of age use a modified boxing glove with fingers dressed in extension, splint if on the palmar surface into extension.




Application in Burns >10% TBSA:

Expect high levels of exudate with major burns

- Clean & assess the wound as previously described.
- Apply Acticoat ® dressing moistened in sterile water +/- hydrogel
  - ➢ **Paediatric patients: use hydrogel to assist removal and minimise pain at dressing changes**
- Apply a thin layer of gauze moistened with warm sterile water and then a layer of dry gauze. Zetuvit®, Mesorb ® or Exudry ® may be required if the exudate level is high
- Bandage and Tubifast ®
- Redress at 24-48 hours post burn and then every 2-3 days as required.

Acticoat 7®: 7 day dressing

Acticoat 7® may be used for Minor Burn Injuries , and is applied as indicated above. Additional padding may be required as the dressing is planned to stay intact for 7 days.

Product available RHH Burns Clinic: LGH ORS, Specialist Clinic

This product should be used with caution in patients that are at increased risk of infection e.g. lower leg wounds, diabetes, cigarette smokers etc.

Tasmanian Burns Service. Created: March 2021. Review March 2023

Acknowledgements

We would like to thank the Burns Unit at Westmead Children's Hospital for their assistance with this poster.

Royal Hobart Hospital

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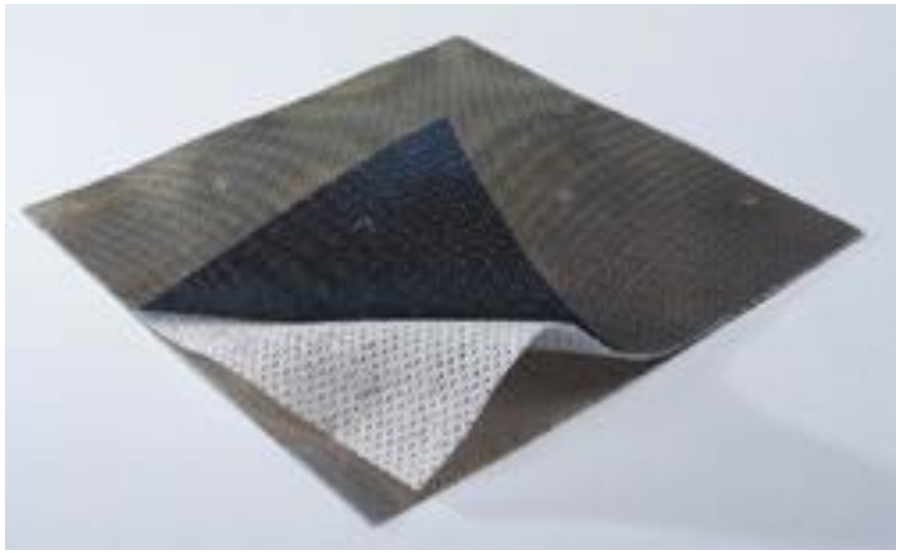
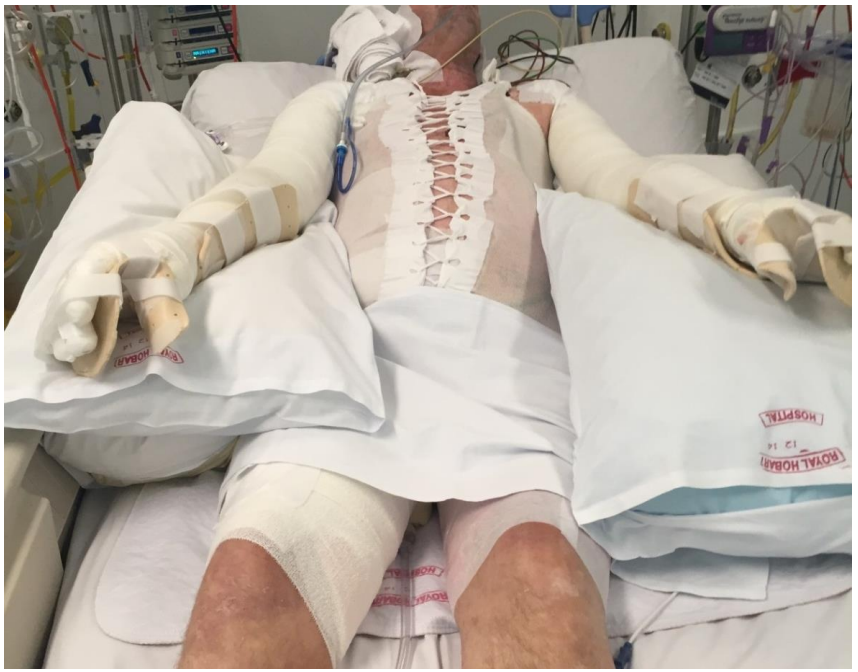
Tasmanian Government

Major Burns



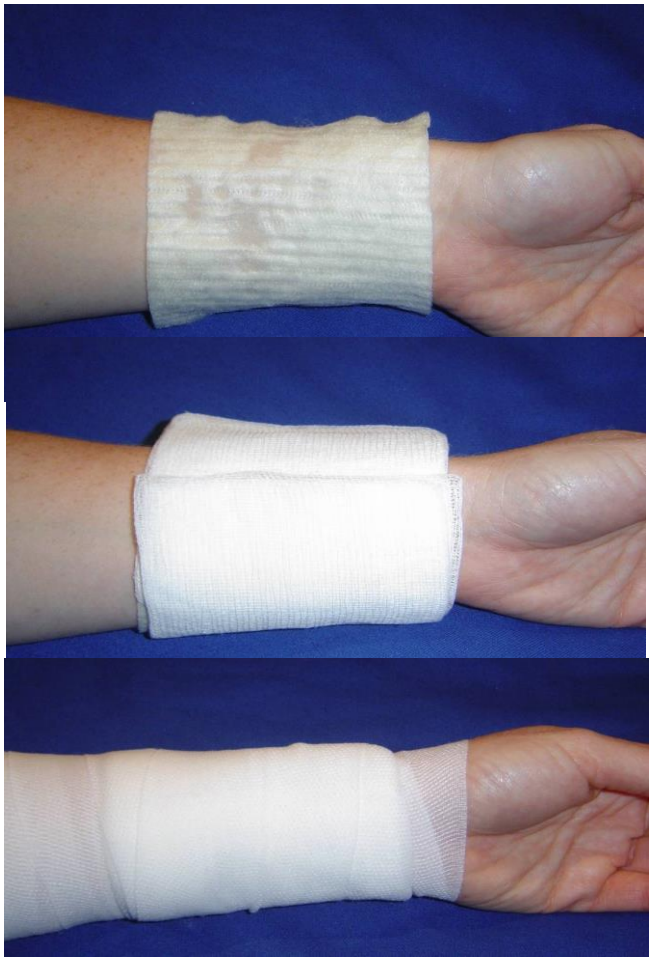


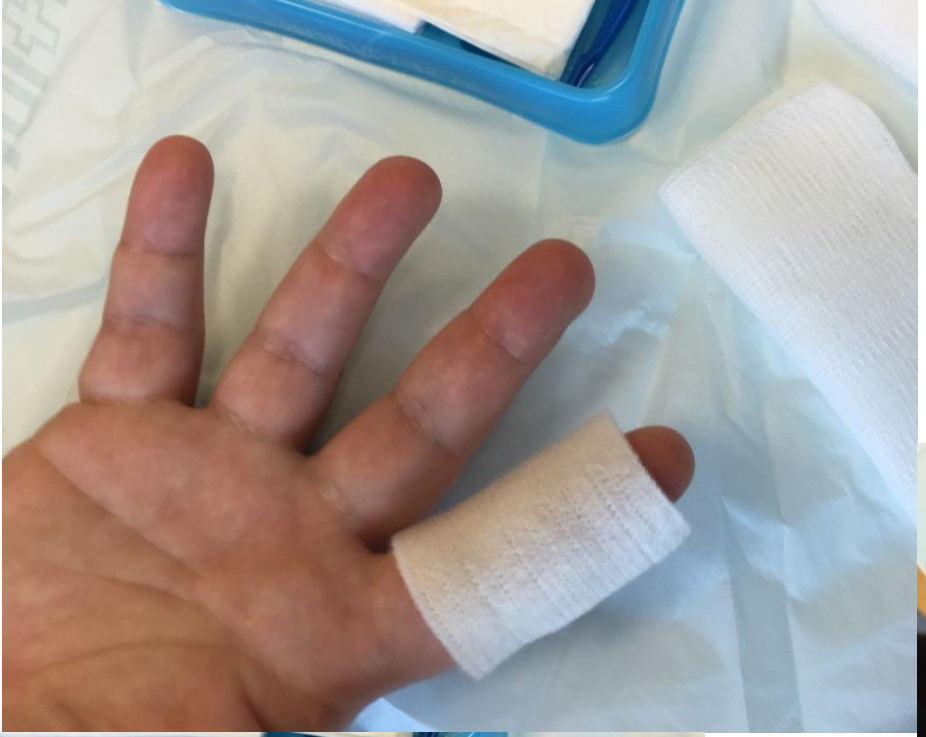
In major burns activate the Acticoat with sterile water and
use a layer of moist gauze and then dry gauze, bandage , hyperfix

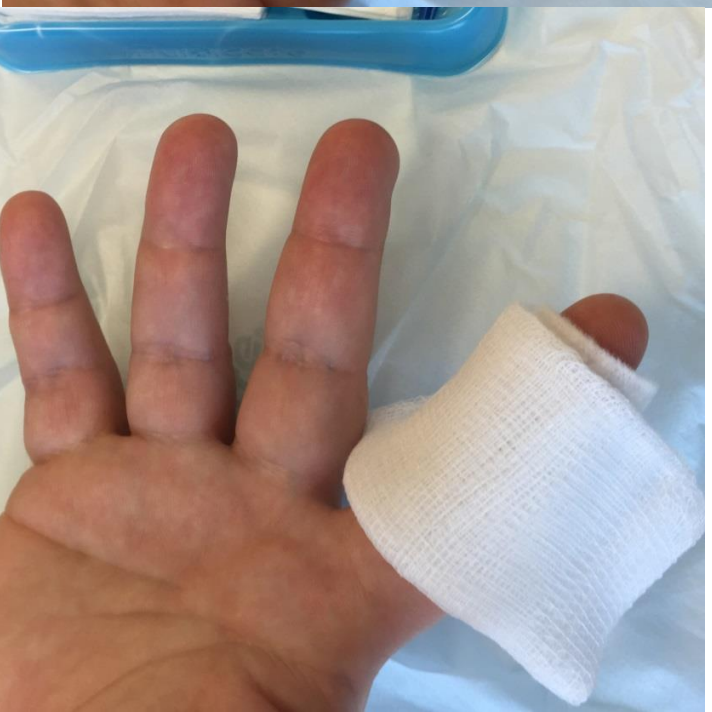
Minor Burns

- Absorb exudate
  - Alginate
  - Hydrofibre
  - Foam
  - Combinations
- Assess need for silver dressing
- Change at 24-48 hrs

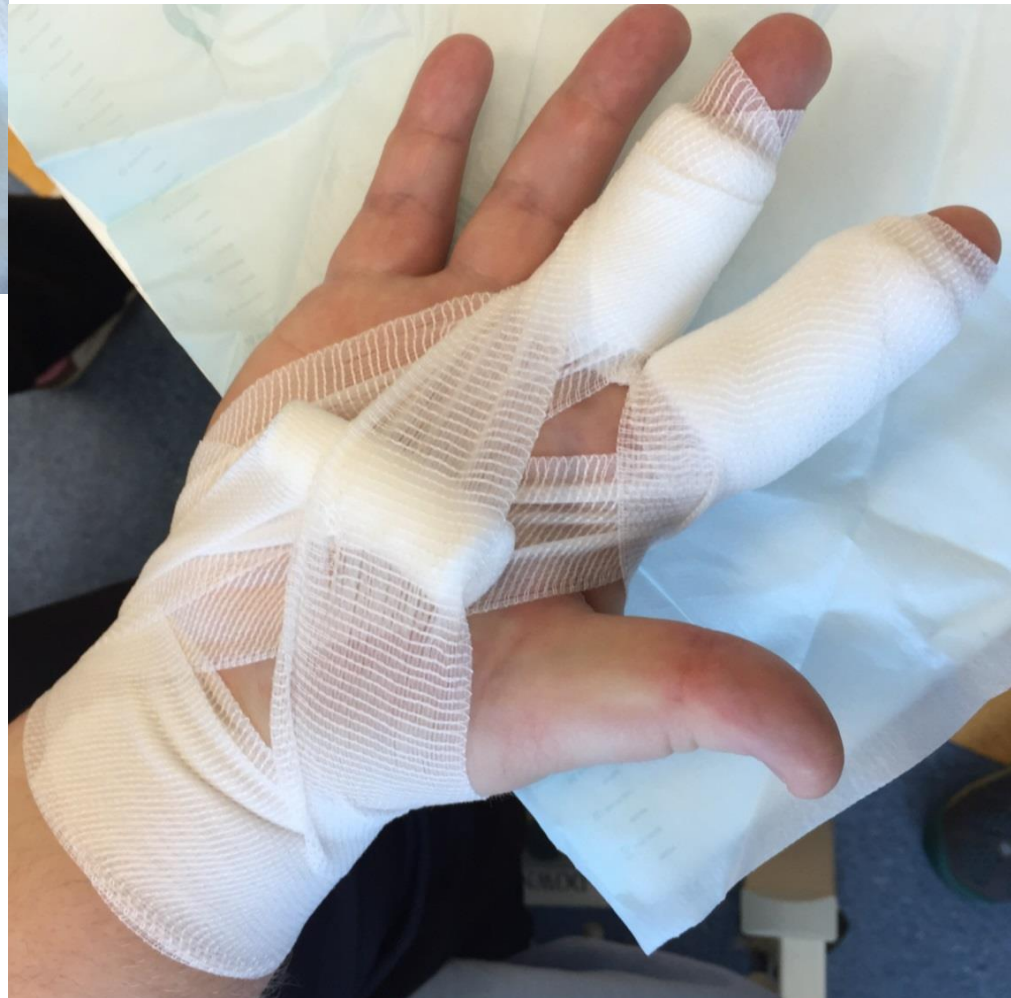
Alginate or Hydrofibre or Foam





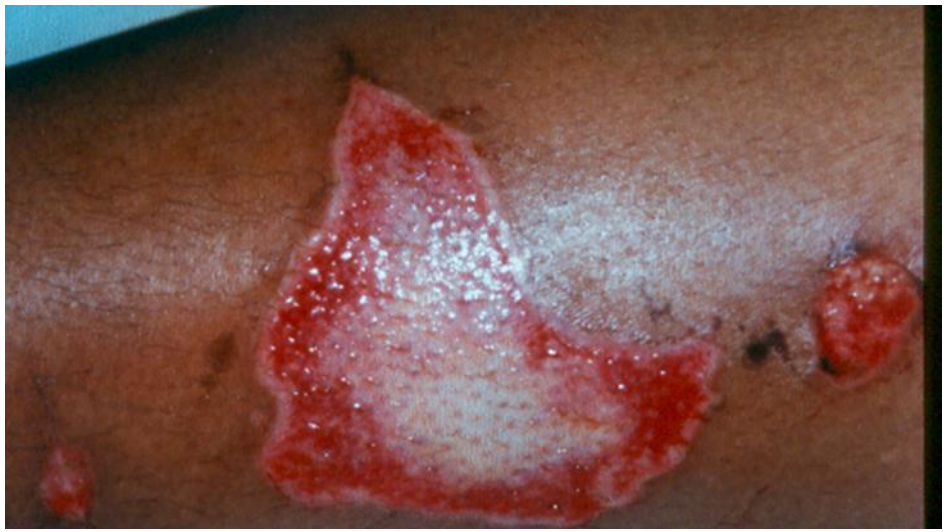


Dress and bandage each finger individually in children > 3 years of age and in adults to allow for movement and hand exercises



Later….

- Assess exudate, slough and infection- dressing slection
- Slough= mid to deep dermal burns



Hand Burns

- Fingers should be dressed & bandaged individually in children > 3 years of age and in adults. This will encourage active and passive movement. See Figure 1. Ensure the dressing is not too bulky
- Children less than 3 years of age will require individual finger dressings and then bandaging into a modified boxing glove with fingers and palm in extension. See Figure 2.
- If burn crosses a joint or palm than the fingers should be bandaged into extension with a padded dressing and utilising a splint eg a paediatric IV arm board.

Figure 1

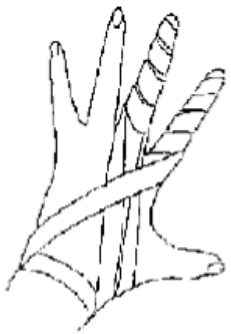
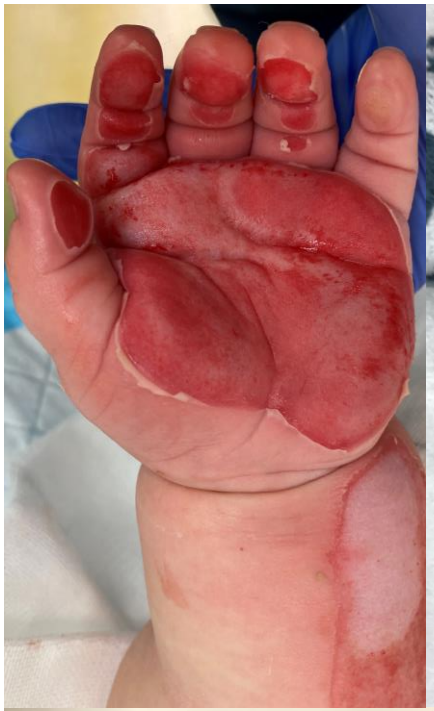
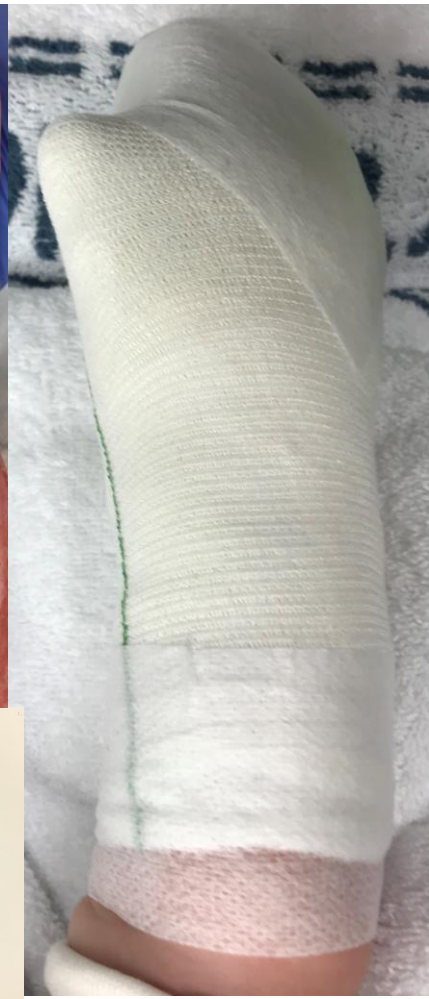


Figure 2

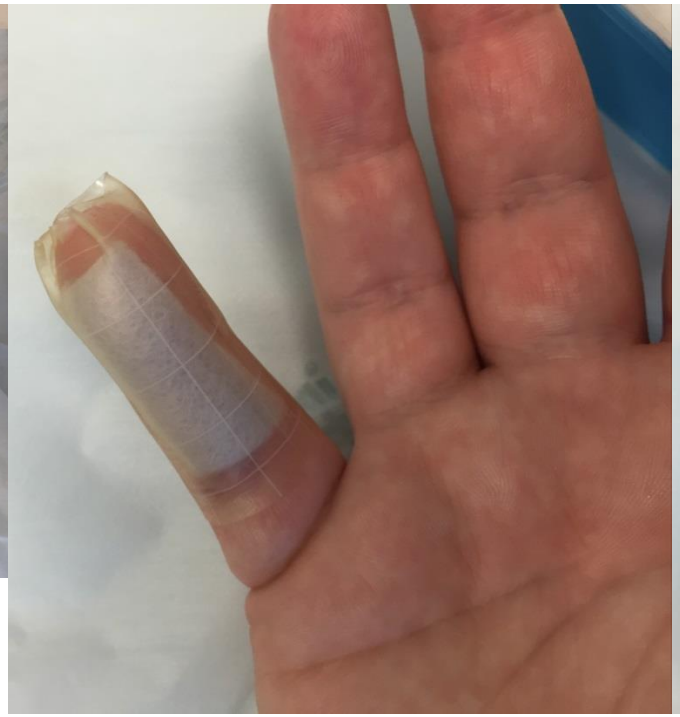
Hand Burns in Children
< 3 years of age

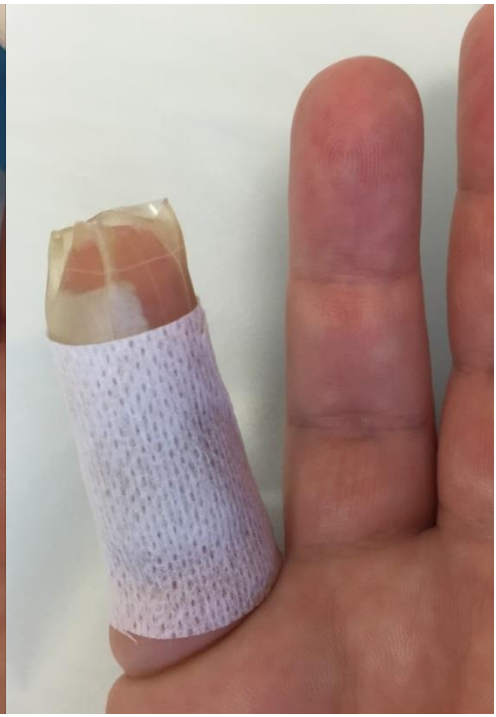
- **Referral & sedation**
- Dress each finger individually
- Bandage into a modified boxing glove with fingers and palm in extension.
- Use either a padded gauze dressing or a splint eg a IV paediatric arm board





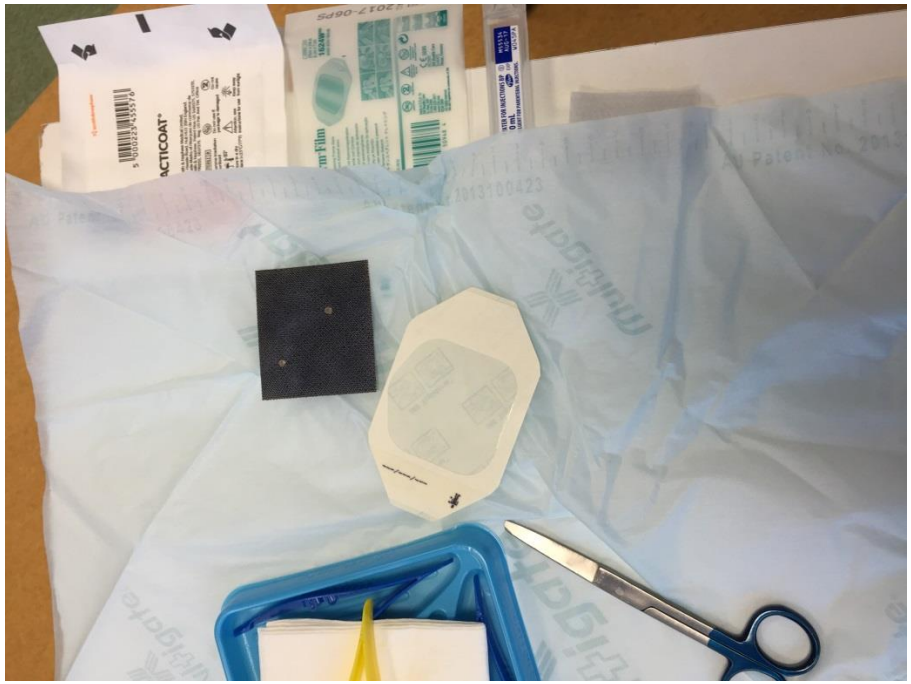
Minor Burns- combinations

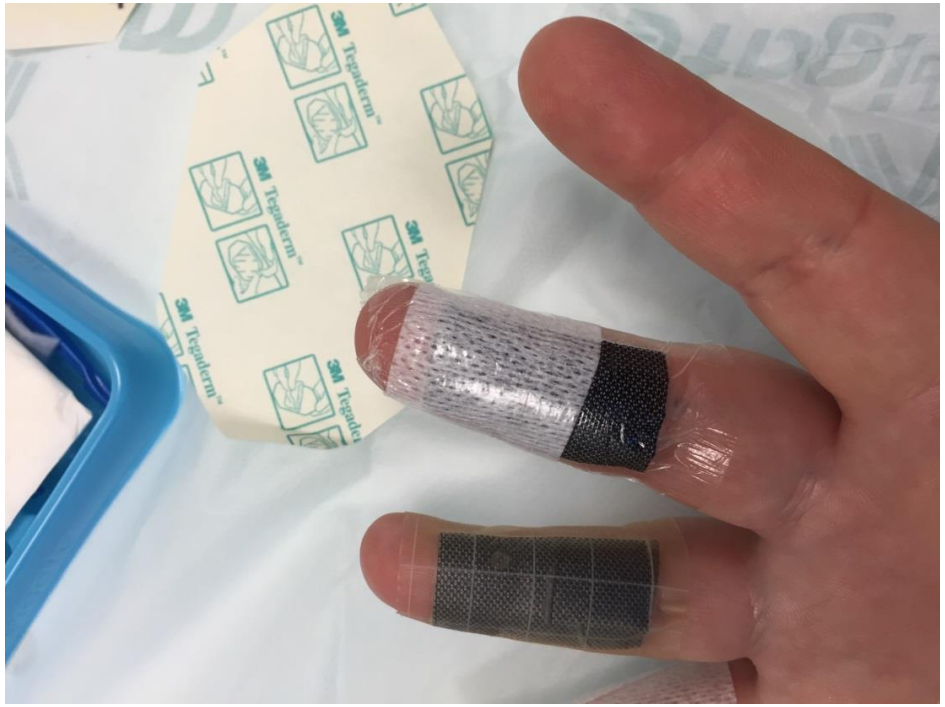




Aquacel Ag and Hydrocolloid

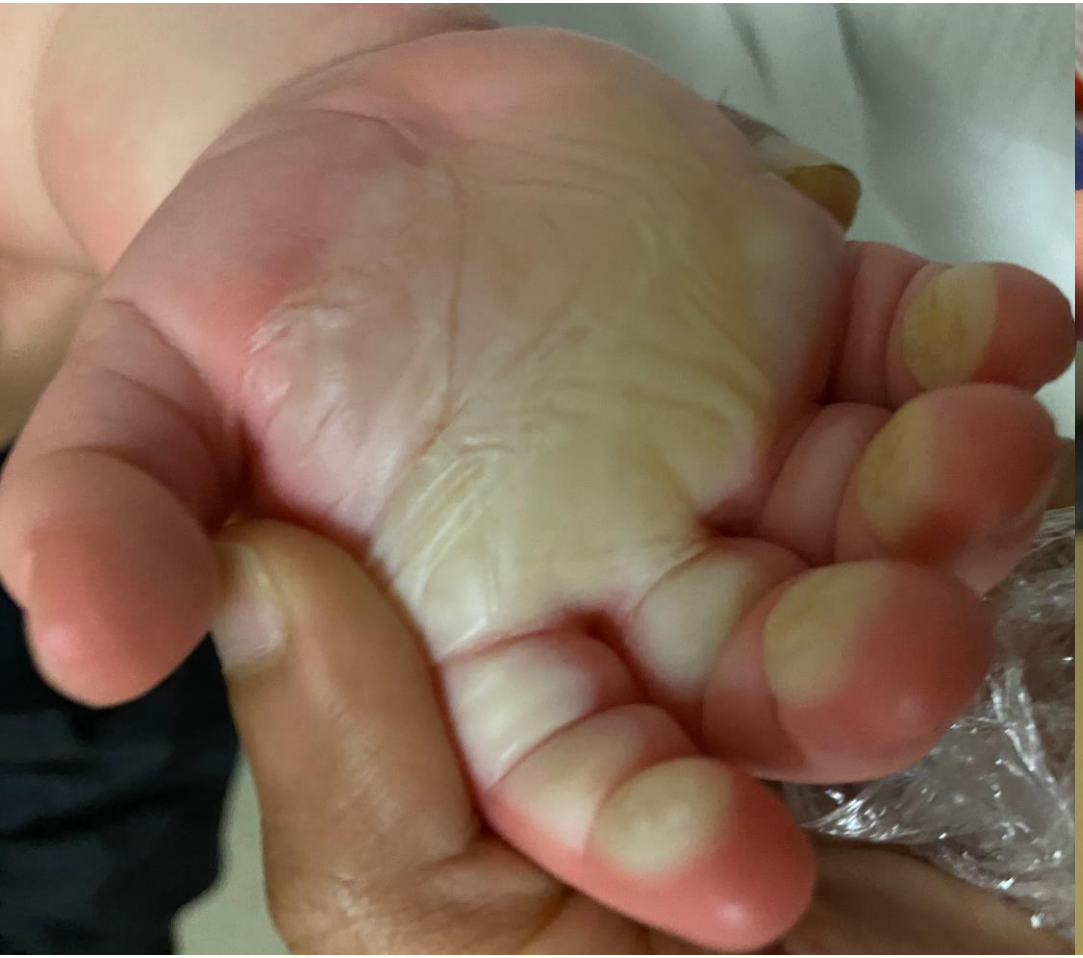
Minor Burns- combinations

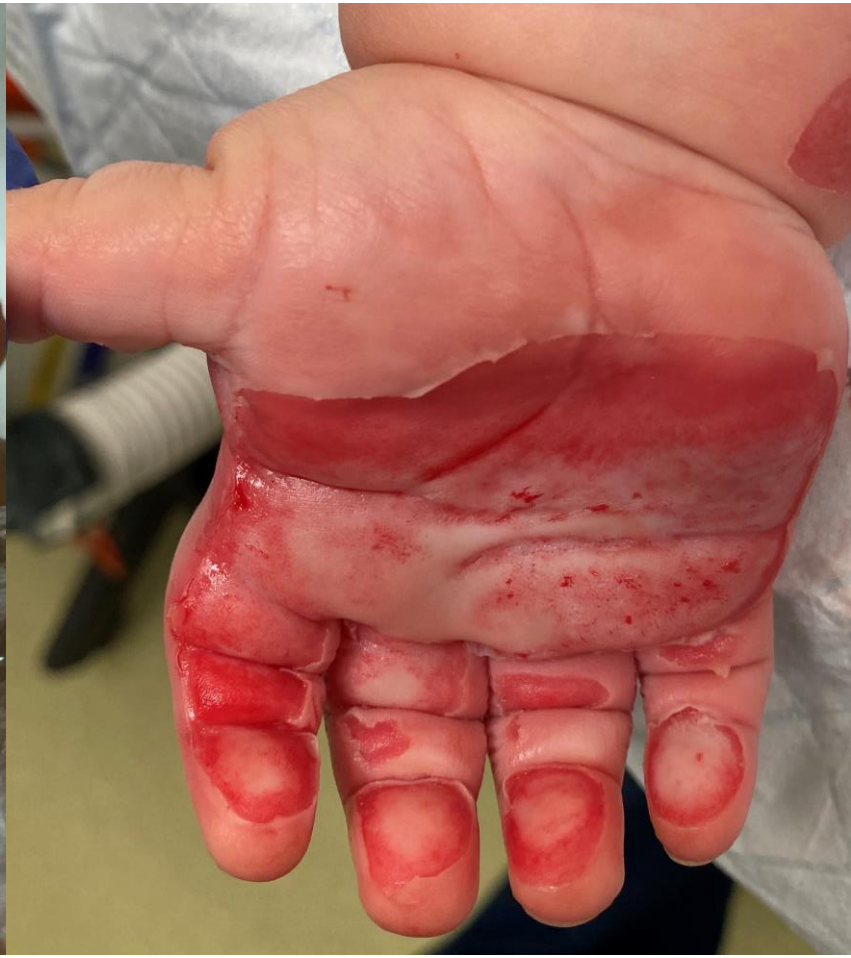




Acticoat, hyperfix and film

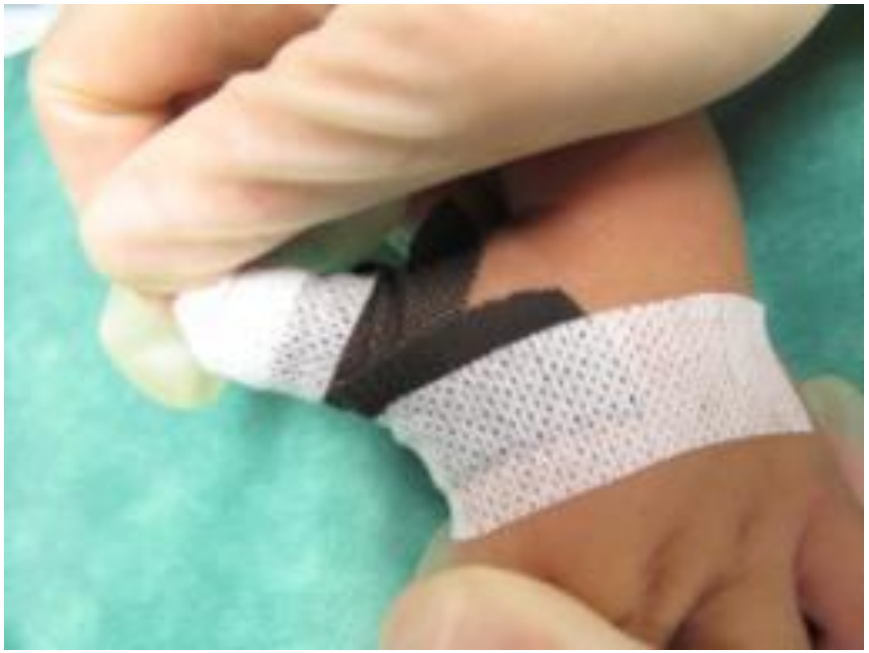
Case Study 1:

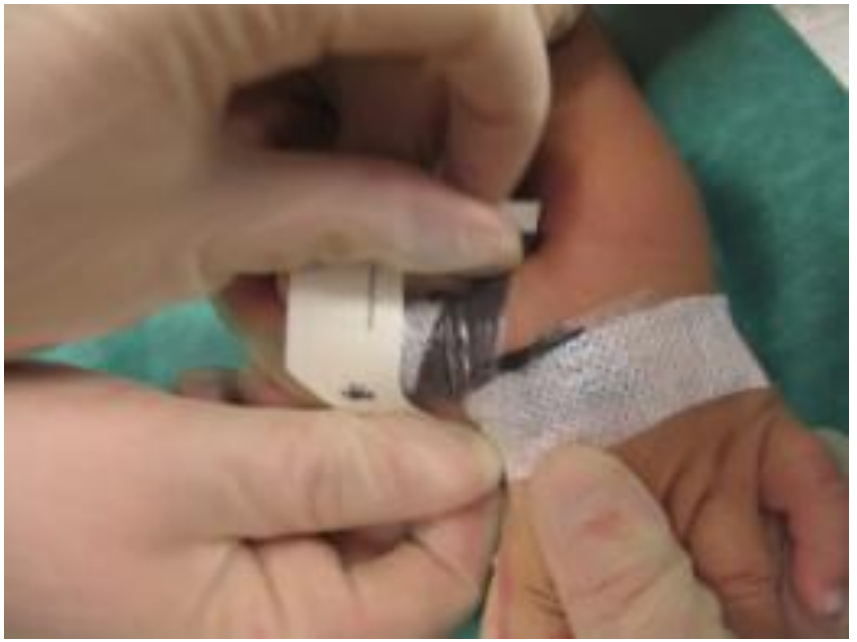


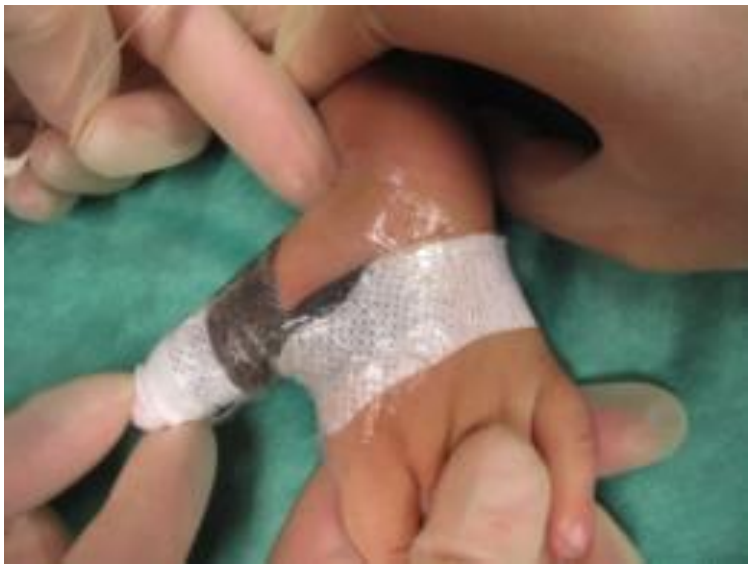


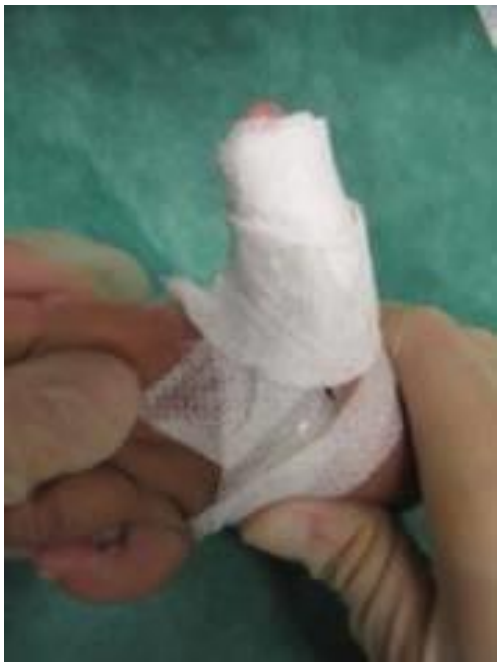
Case Study 1:

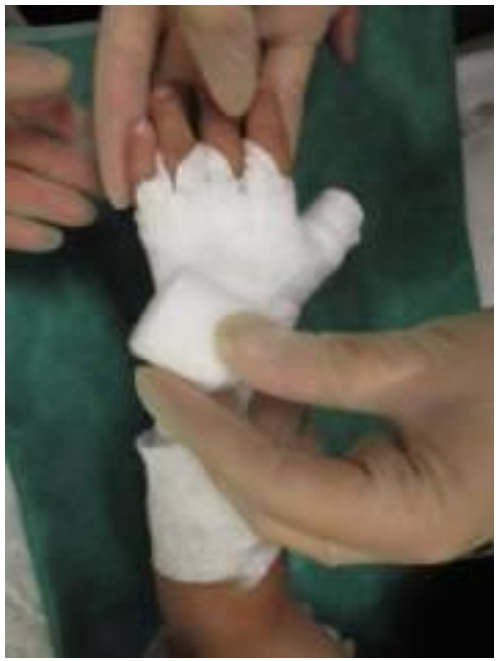
- 1 year old child
- Contact wood heater
- First aid 20 mins cool running water
- **Blisters debrided under deep sedation or OT**
- Deep dermal 0.75% TBSA
- **Referral RHH Burns Unit**



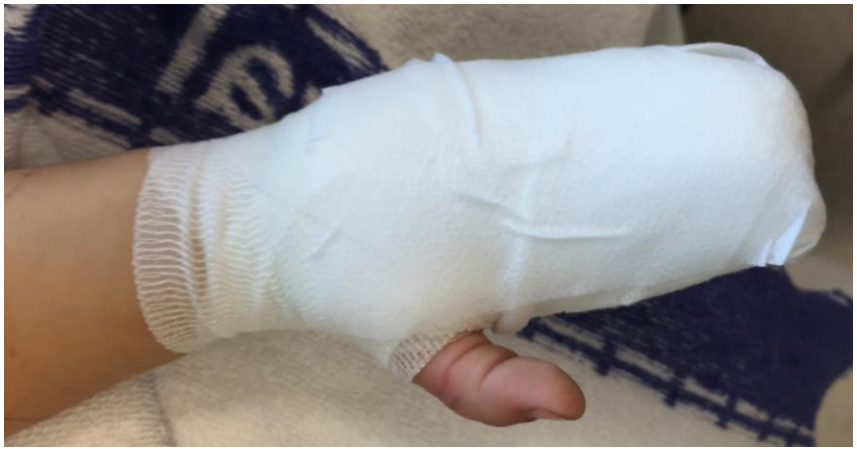




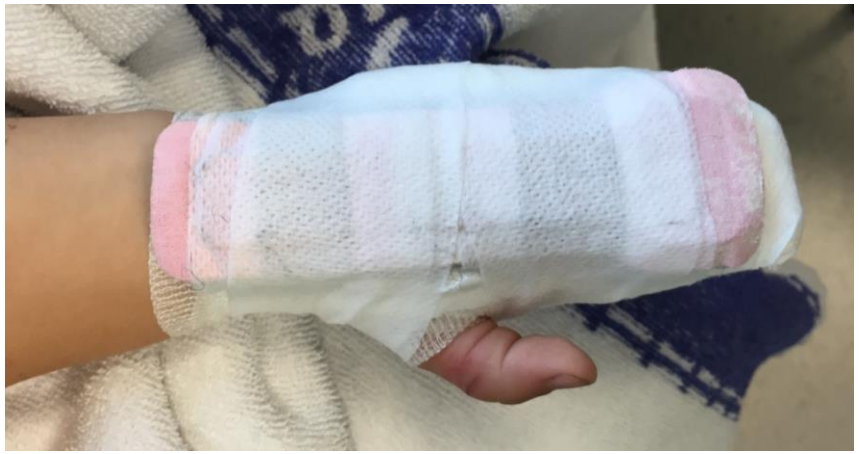




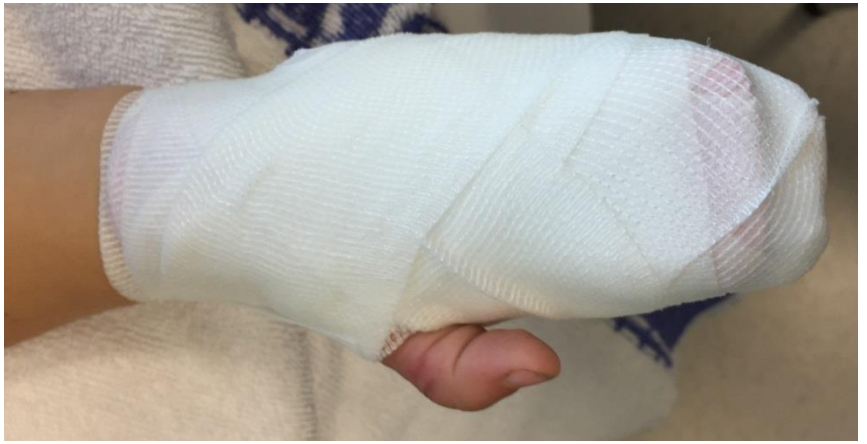
Step 1: Bandage fingers & palm in extension into modified boxing glove



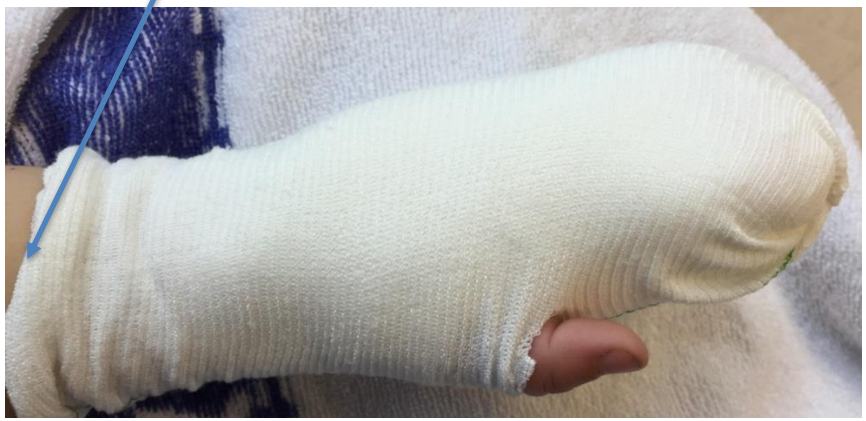
Step 2: Attach armboard as splint



Step 3: Re bandage ensuring that intact skin is protected from the splint

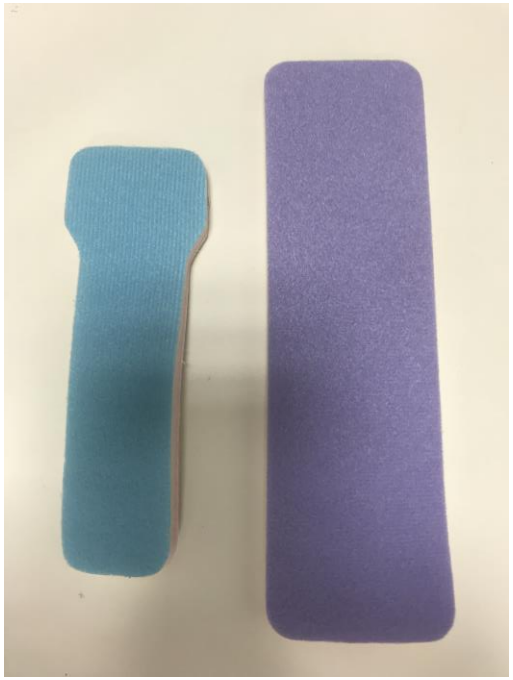


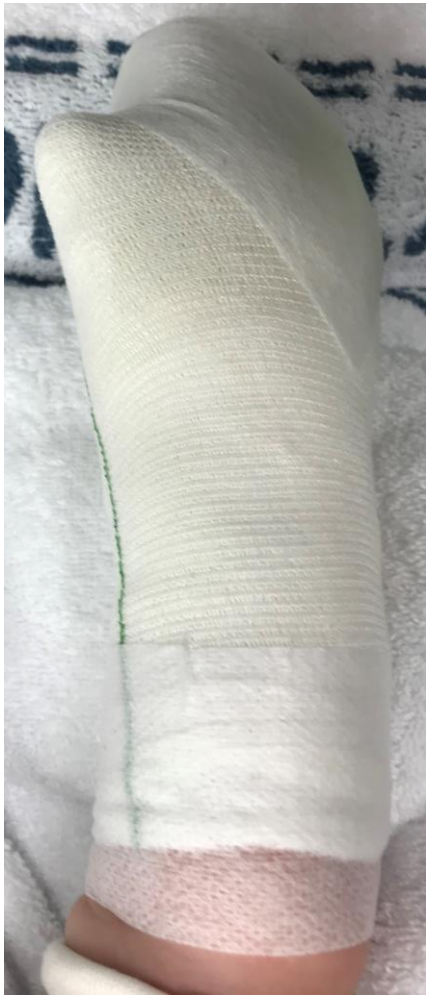
Step 4: Apply Tubifast double layer and secure using Hyperfix onto intact skin so that the child can not remove the dressing



Hand Burns in Children < 3 years of age

- Dress each finger individually
- Bandage into a modified boxing glove with fingers and palm in extension.
- Use either a padded gauze dressing or a splint eg a IV paediatric arm board





Case Study 2:

- 18 month old male touched wood heater glass
- 20 mins cool running water at scene
- Review in local ED
- Referred to RHH Burns Unit

Case Study 2: RHH Assessment

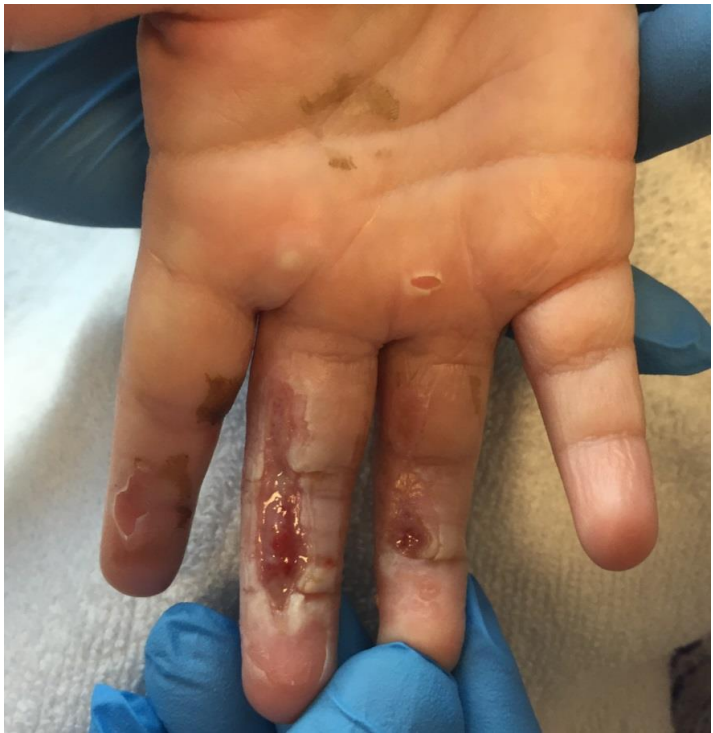
- Deep dermal to bilateral palms.
- Full thickness left palm
- Superficial dermal & mid dermal to finger tips
- Will require grafting- especially to left palm near MCP's
- Remove all blisters under sedation
- Acticoat 7 and comfeel to fingers
- Acticoat 7, gauze and film to palm
- Dressed in extension

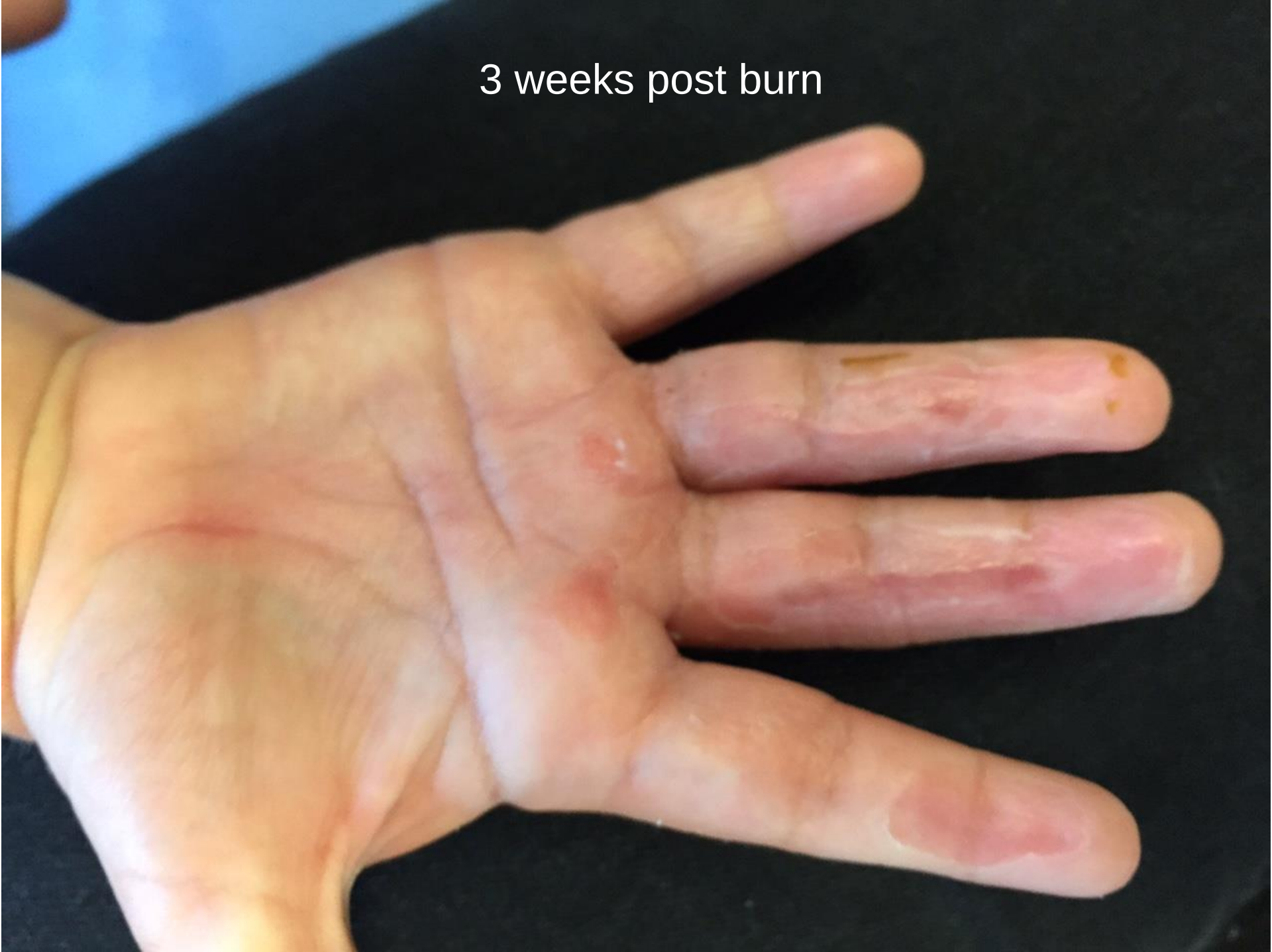
Requires referral to RHH Burns Unit and deep sedation/OT for initial review

Acticoat 7

Case Study 3:

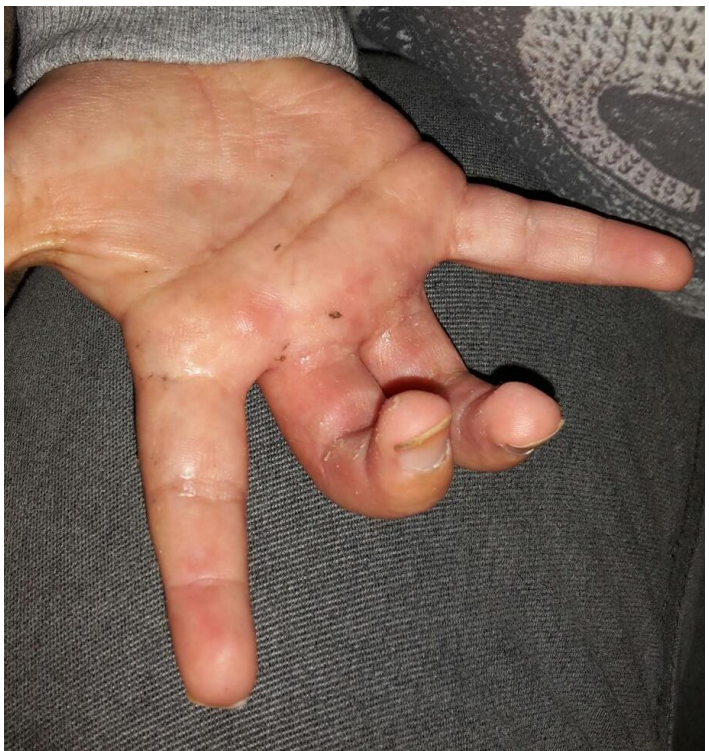
- Friction burn from Treadmill
- Mid & deep dermal
- Minimal sedation
- Acticoat & comfeel
- Boxing glove
- In extension with splint
- Long term follow up




3 weeks post burn

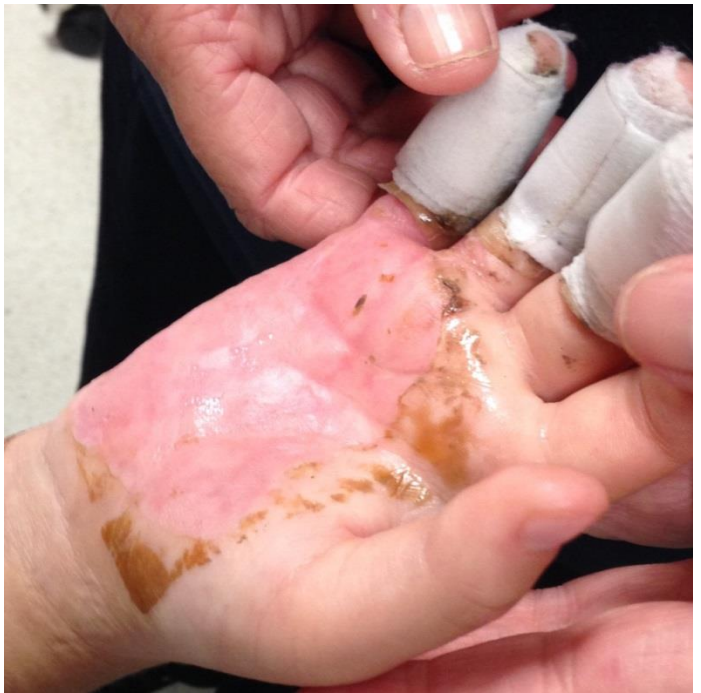
Case Study 3:
5 weeks post burn

- Decrease in range
- Blanching on extension
- Splinting & otoform mould
- Exercises & stretching

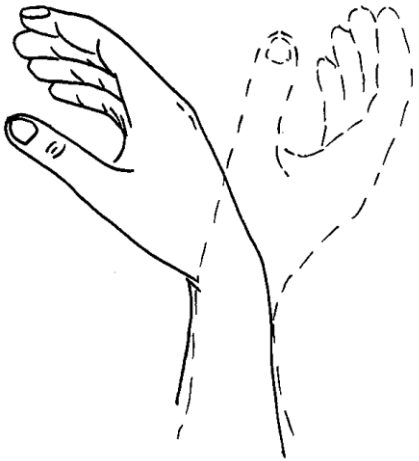


Case Study 4:

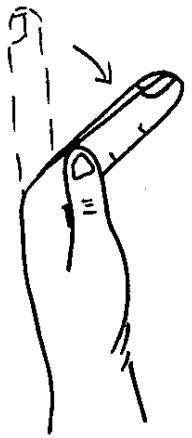
- Fell into bonfire
- 10 years of age
- Acticoat, gauze and film
- Individual finger dressings & bandaging
- Minimal sedation
- Healed in 2 weeks
- No requirement to splint
  - Active and passive movement
  - Superficial dermal
  - Patient age

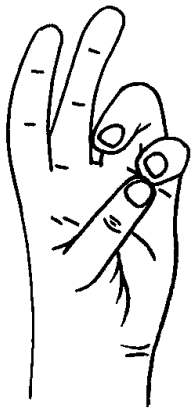


Hand Exercise Handout

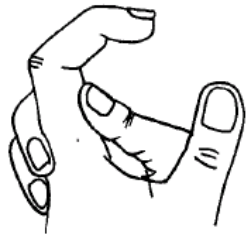


Move your wrist forward and back.





Touch each fingertip with your thumb, then stretch your thumb back

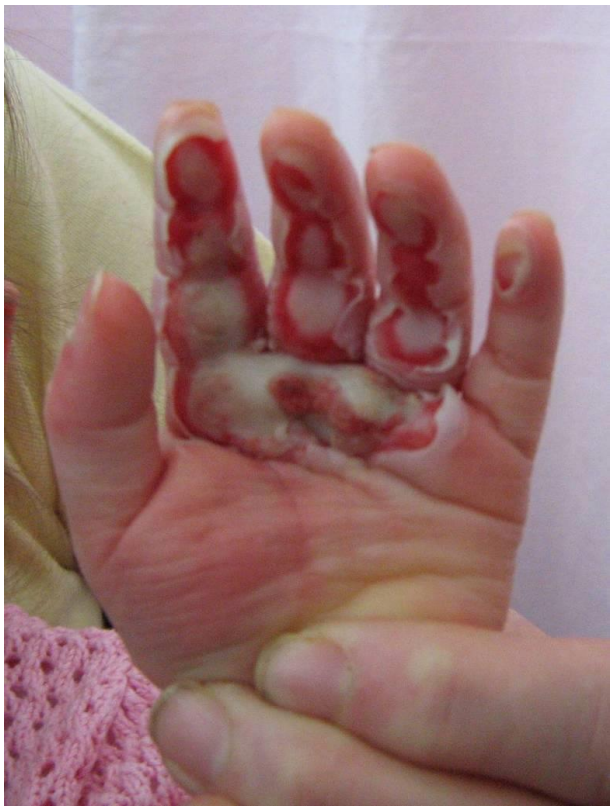


If your fingers are burnt, support each finger at the bottom, then bend at the middle joint

If your fingers are burnt, support each finger with the other hand and bend the finger tip

Blisters

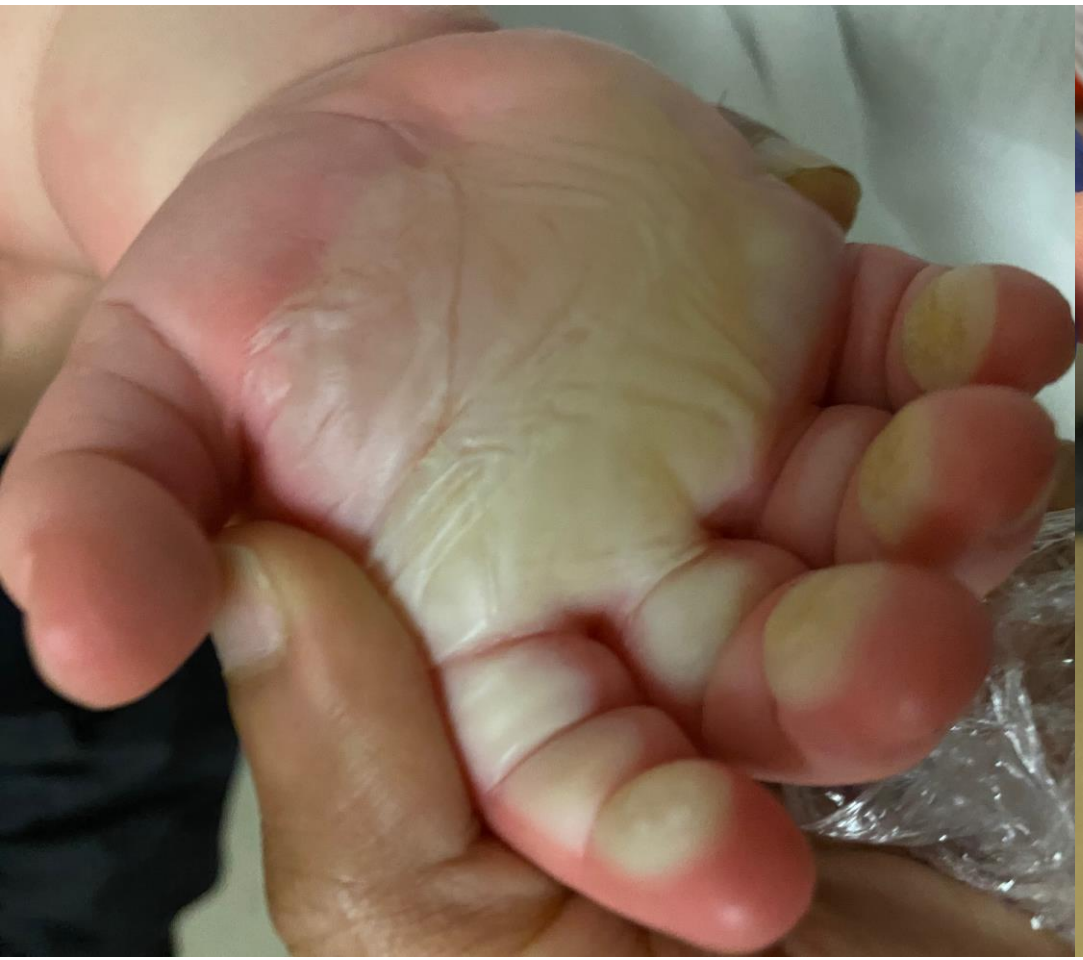
- Risk of necrosis
- Restrict movement
- Beware of blisters with ‘red rings’
- Blisters can hide deep burns

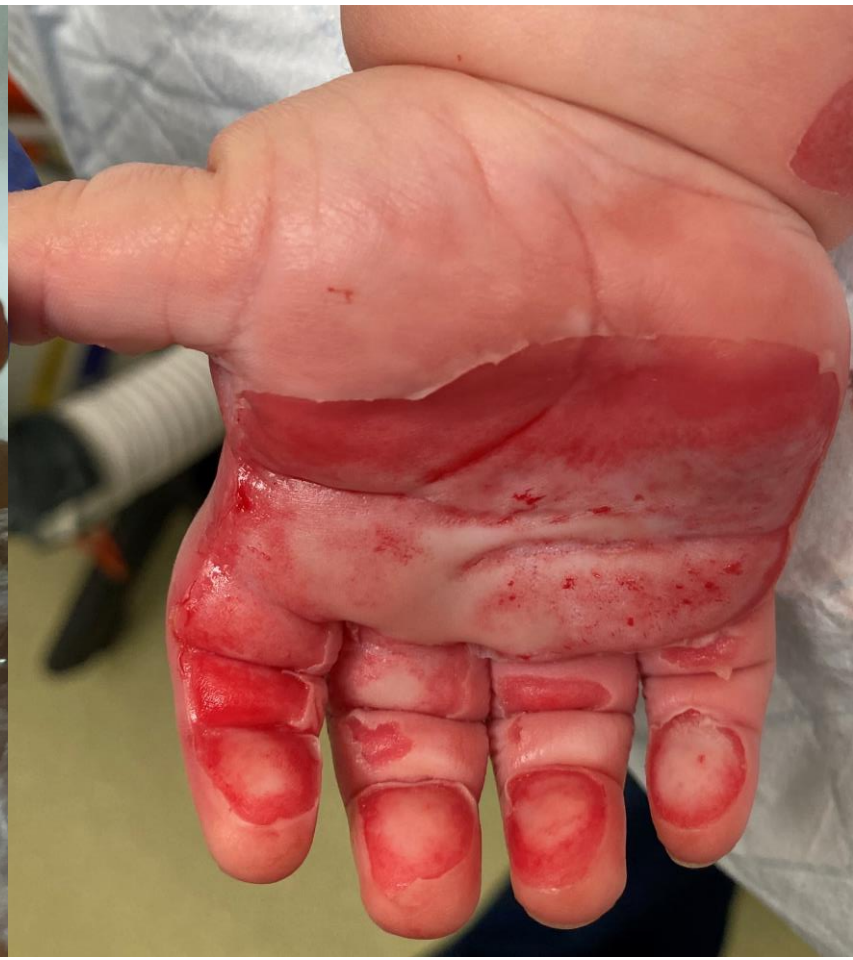


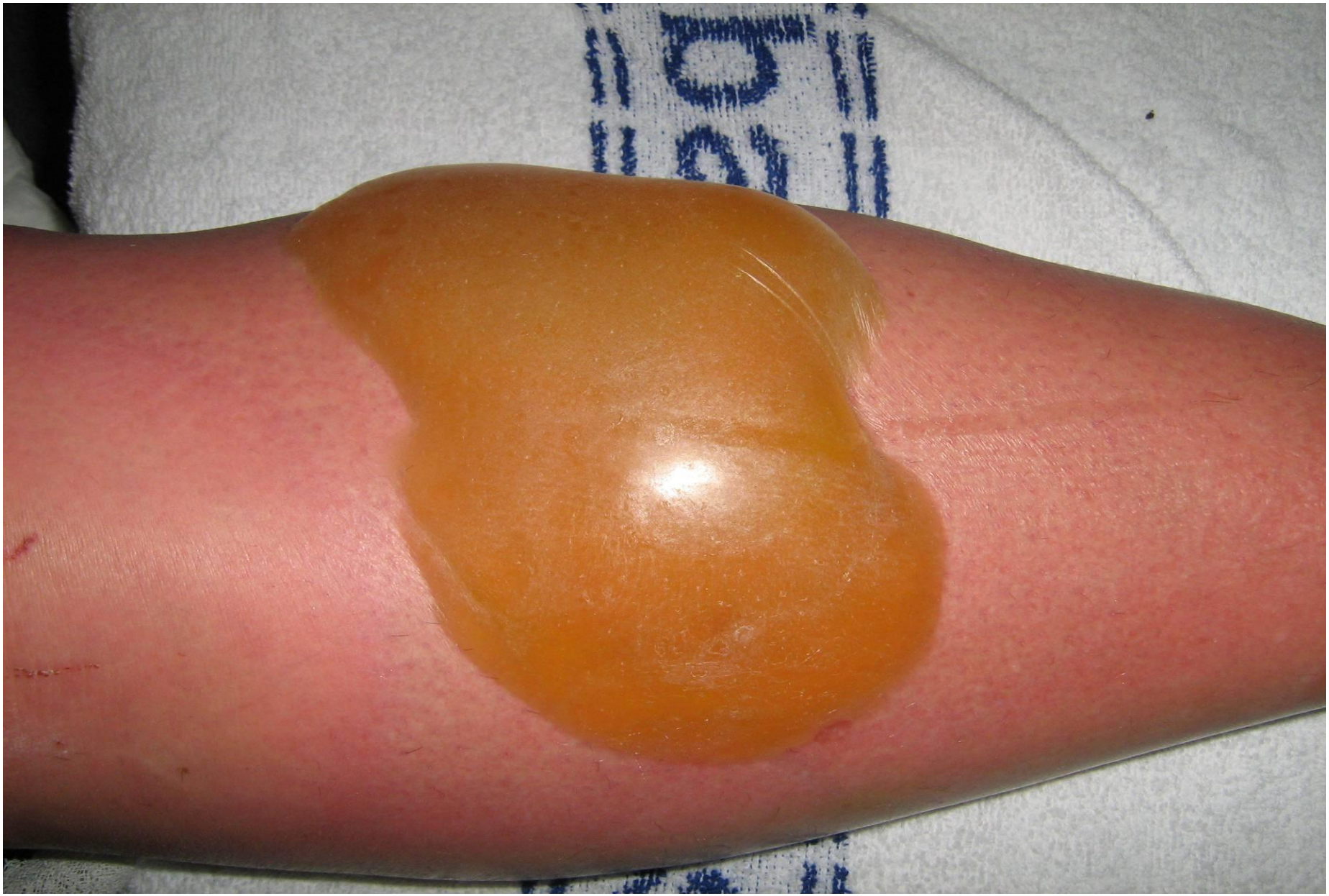
Deep dermal burn

Refer to RHH Burns Reg on call.

Refer to ED- will require OT for debridement- don’t attempt to remove entire blister

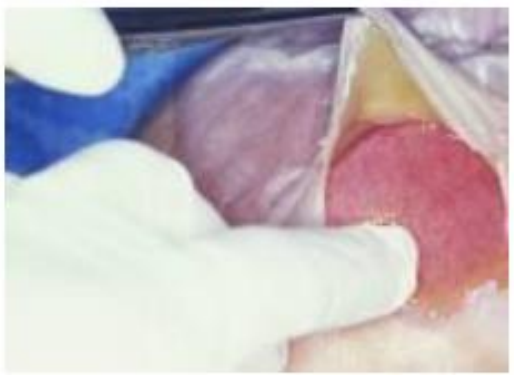


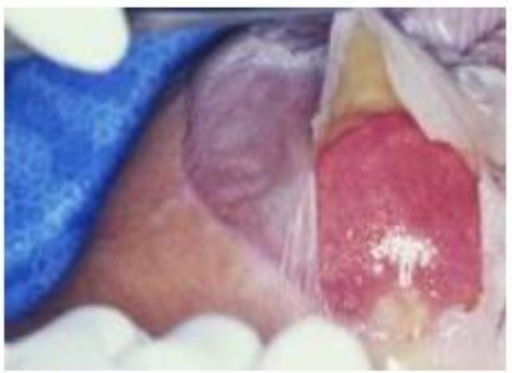


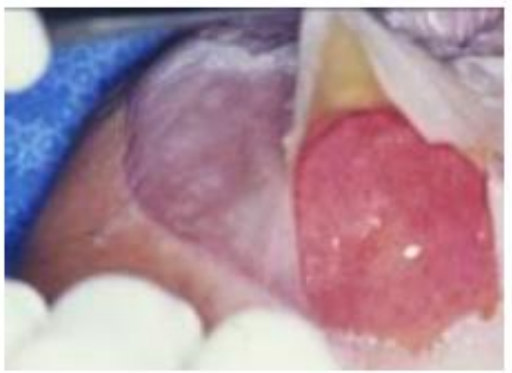


Blisters

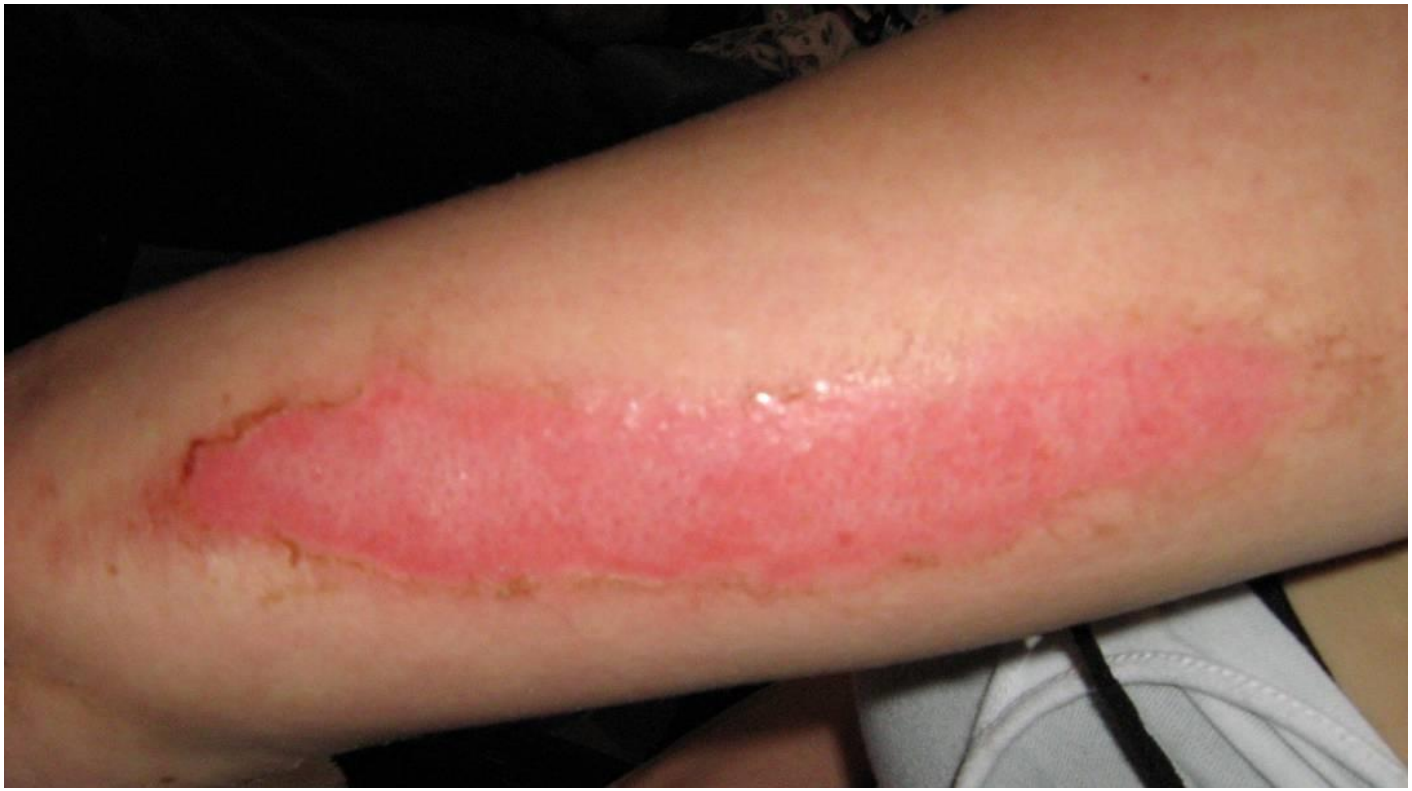
- If a blister forms over a joint or appears tense de-roof the blister, assess capillary return and leave the blister skin on the wound.
- Exudate often increases post removal.
- Debride blistered skin at 48-72 hours using forceps & iris scissors in an aseptic manner.
- Stage blistered skin removal for large areas.



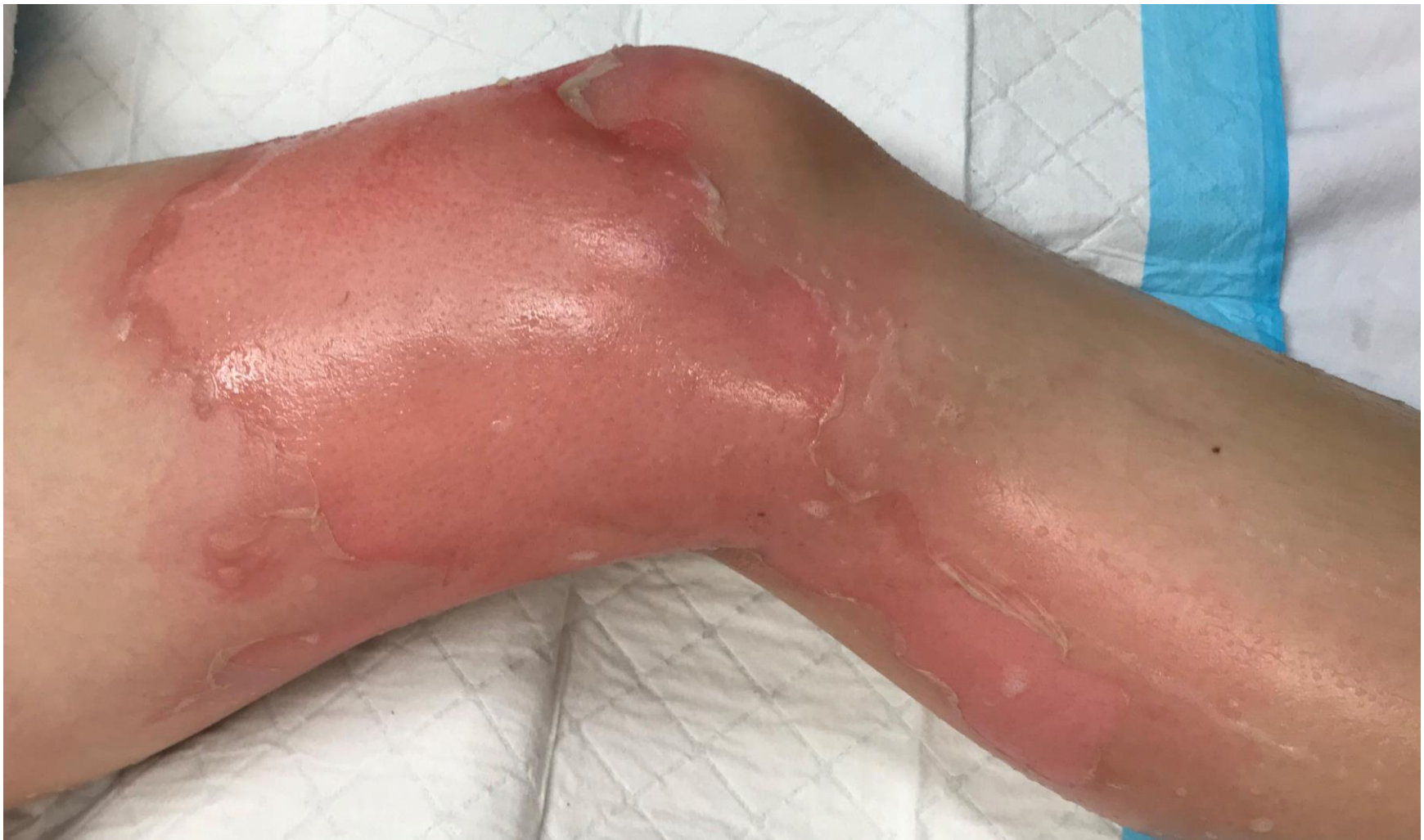




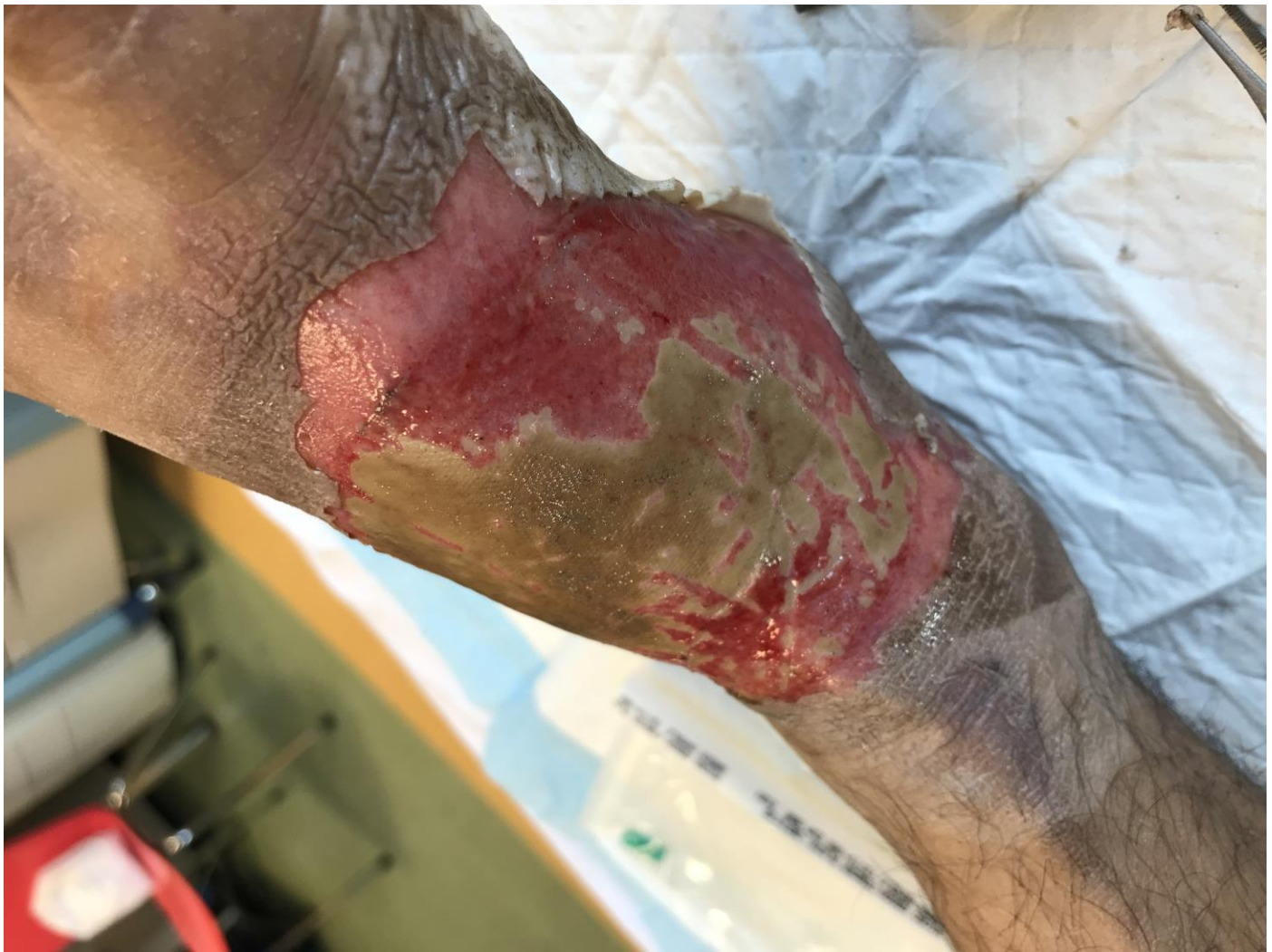
Contact Burn with outside fire drum

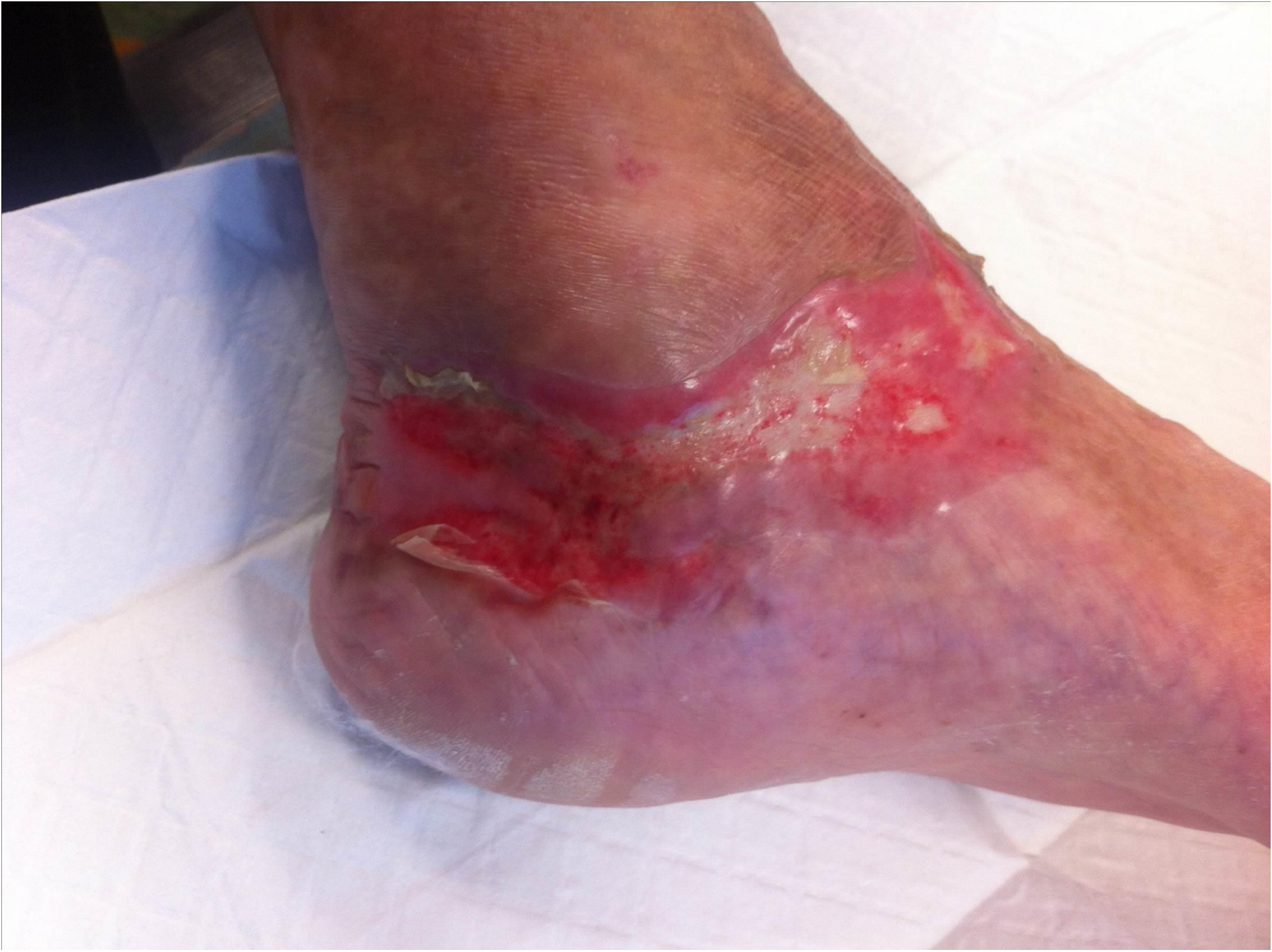


Scald hot noodles

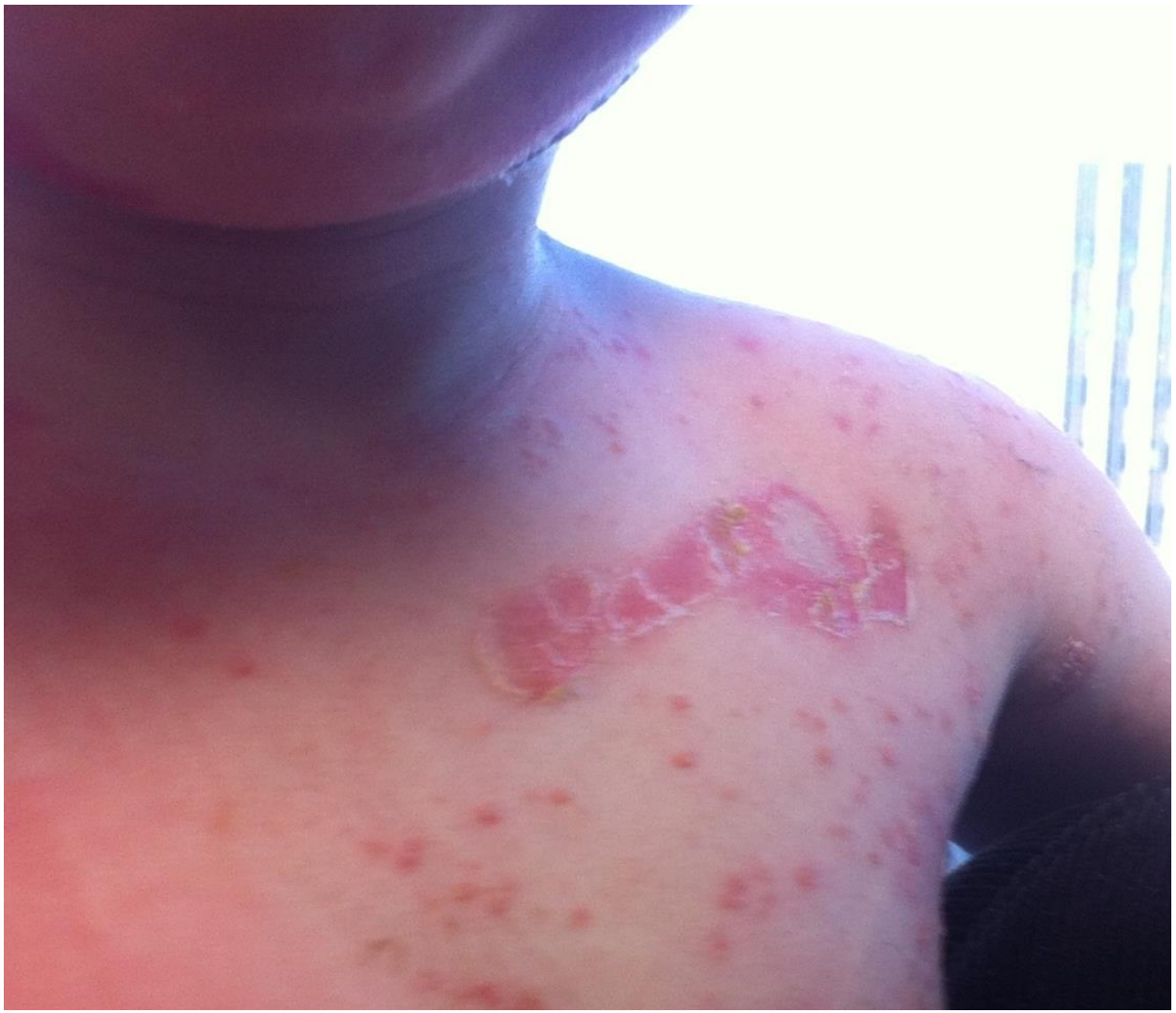


Scald boiling water from saucepan onto foot





Staphylococcus Aureus



Burns Care Handout

To help your burn heal there are five important things you can do to help:

- Elevate limbs if burnt.
- Keep dressings clean and dry.
- Rest.
- Gently exercise joints.
- Control pain.

Elevation

It is normal for a burn to swell for about 48hrs. You can help reduce or control the swelling by elevating the area that is burnt above the level of your heart.

Cleanliness

Clean dressings will be applied to your burn at the clinic. This will act as a barrier to help prevent germs from entering your wound. You can help reduce the risk of infection by keeping the dressings clean and dry.

Exercise

Exercise should be limited. Please discuss with the Burns Team as to what an appropriate level is. If your burn is over a joint on your arm or leg, you will need to gently bend this joint. This movement prevents the joint from stiffening and reduces swelling.

Rest

Apart from regular gentle exercise to move your joints, the burnt areas should be rested.

If you continue to use your burnt limb, it can lead to increased swelling and pain.

Pain

Burns are often very painful. You can help reduce this pain by following Steps 1-4 listed under First Aid for Burns.

Please take regular pain killers as prescribed by your doctor. Parents please give your child pain relief before attending the outpatients clinic.

Although your child may appear comfortable prior to the dressing change, analgesia will help with the dressing removal process.

Allergies

Please tell the nursing staff if you are allergic to any medications, food or wound care products.

If you are allergic to oranges or any other citrus fruit it is important to let the staff know immediately. The anti-adhesive spray that we use to remove your dressings contains citrus oil.

Burns and Children

Skin acts as a protective barrier against germs and infection. Most burns break the skin which can put your child at risk of developing an infection. The sooner we can identify signs and symptoms, the sooner we can act to prevent complications.

If your child has a temperature above 38˚C please contact the Burns Unit without delay or attend the Accident and Emergency Department at the Royal Hobart Hospital.

First Aid for Burns

1. Place burn immediately under cool running water (leave clothes on).
2. Take wet clothes off.
3. Continue applying cool water for at least 20 minutes to burned area while keeping the rest of the patient warm.
4. Cover burn with clean, wet cloth.

AND KEEP THE REST OF THE PATIENT WARM

5. **Do not** apply butter, oils or creams to burns. **Do not** prick or burst blisters.

Ring the Burns/Surgical Specialties Unit on (03) 6166 8566 or your General Practitioner if you need advice.

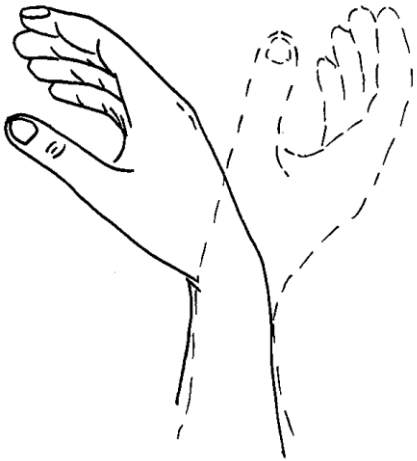
Transport patient to hospital or General Practitioner if burn is:

Larger than a 50 cent piece.

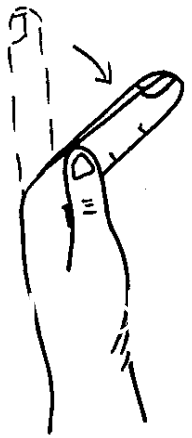
Or

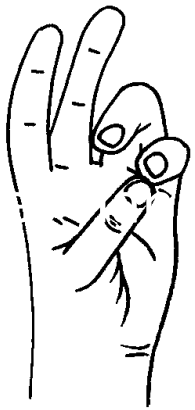
Involves the face, hands or joints.

Hand Exercises Handout

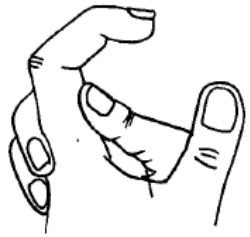


Move your wrist forward and back.





Touch each fingertip with your thumb, then stretch your thumb back



If your fingers are burnt, support each finger at the bottom, then bend at the middle joint

If your fingers are burnt, support each finger with the other hand and bend the finger tip

Ankle Exercise Handout

Following a burn to the leg and foot it is important to keep your ankle moving to prevent stiffness. Ankles and toes can become stiff following a burn due to the tightening or contracture of the scar during healing.

These exercises will help your foot move normally again following your burn.

It is important that you do these exercises WHILE your burn is healing and not just after it has healed.

Do these exercises every waking hour, x10 repetitions. Keep your leg elevated.

It is also important to elevate your leg during the day to reduce the amount of swelling in your foot.

1. **Toe Curling**

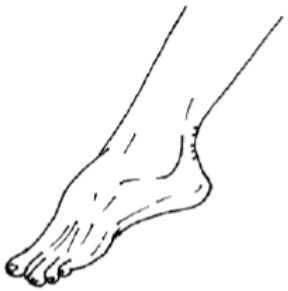
Bend your toes as much as you can.

2. **Draw Circles With Your Ankle**

Point your toes towards the ground and move your ankles in circles.

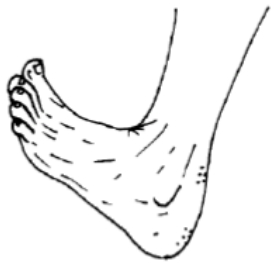
3. **Ankle Plantarflexion**

Bend your ankle so your toes are pointing down to the floor (imagine you are pushing the accelerator down in your care).



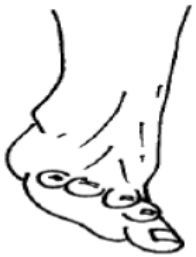
4. **Ankle Dorsiflexion**

Bend your ankle so that your toes are pointing up to the ceiling.



5. **Ankle Eversion**

Turn your ankle outwards so that the sole of your foot is facing away from your other foot.



6. **Ankle Inversion**

Turn your ankle inwards so that the sole of your foot is facing your other foot.

Discharge Handout

GOING HOME

You may be feeling many different emotions such as relief, anxiety, fear, worry, frustration and excitement.

Things may be a little different when you return home as functioning since your burn injury may be altered. You will have had input from physiotherapists and occupational therapists to ensure your home environment is safe and functional.

After discharge it is important to remember the following:

Moisturise

We continually stress the importance of moisturising because it is essential to the healing process. Burns damage the oil glands of the skin which reduces the skins ability to moisturise itself. The repair of these glands can take weeks or months. Firm massage of unperfumed moisturiser, such as sorbolene, into your skin will assist with moisturisation, reduction (and severity) of scarring and reduction of itching. Products that have an oatmeal component (such as dermaveen moisturising lotion) can assist with itch reduction. We recommend moisturising at least three times a day however, more than this is encouraged. Moisturising is a good alternative to itching.

Itching

Unfortunately itching is a very common side effect of burn injury and wound healing. The best thing is to not scratch however resisting this is often very hard. Dry skin can cause itching and for this reason we suggest moisturising as an alternative to scratching. Compression has also been found to assist with itch reduction and it is therefore essential to maintain your pressure garment regime.

If itching is becoming a problem please discuss with nursing or medical staff as there are medications that can be prescribed to assist with itch reduction.

Massage

Massage is imperative to help decrease your chance of developing scarring (and its severity) and assisting to moisten the area. Skin normally balances the production and breakdown of collagen but after injury this process can be disrupted. Over production of collagen causes hardened areas to develop and if left untreated these can grow in width and height. The best treatment in early stages of healing is firm massage, moisture and compression. This reduces the production of collagen and softens the area.

Sun Care

Areas of burn injury, although healed, are very susceptible to sun damage for 12 months. It is imperative that you protect yourself from the sun at all times. If you are going to be out in the sun 30+ SPF sunscreen, sun protective clothing and a hat are the best ways to do this.

Pressure Garments

It is essential that when using your pressure garments you follow the occupational therapist's instructions.

Pressure garment care is very important as it maintains the effectiveness of the garment.

Care Instructions

- Wash by hand in lukewarm water with a mild detergent (lux soap flakes).
- Pat dry with a towel and dry in shade out of direct heat or sunlight.
- DO NOT TUMBLE DRY.
- If you have any tearing or holes in your garment, contact the occupational therapist straight away.

Silicone Products

It is essential when using silicone products, that you follow the occupational therapist's instructions.

Care Instructions

- Wash under warm water with a mild soap.
- Allow product to air dry on a non linting fabric (cotton).

Physiotherapy

You will have seen a physiotherapist in hospital and been given clear instructions regarding an exercise regime for you to follow in hospital and at home. Please continue with these exercises, and keep challenging yourself, within the limits you have been set.

You may also have splints to wear. If so ensure that you and your carers are clear about when and how to use these.

Nutrition

You will need to maintain a high protein high energy diet until you are completely healed and/or back to a healthy weight range. A day or so before your discharge discuss with the dietician and nursing staff the best possible way for you to meet your daily energy requirements.

Psychosocial

It is very normal to experience some disturbing flashbacks, nightmares, feelings, anxiety, fear or sensations around your burn injury and the events leading up to it. Sometimes just talking about the event can help. Please do not hesitate to discuss this with nursing or medical staff. If you wish to see a counsellor the staff will arrange this for you.

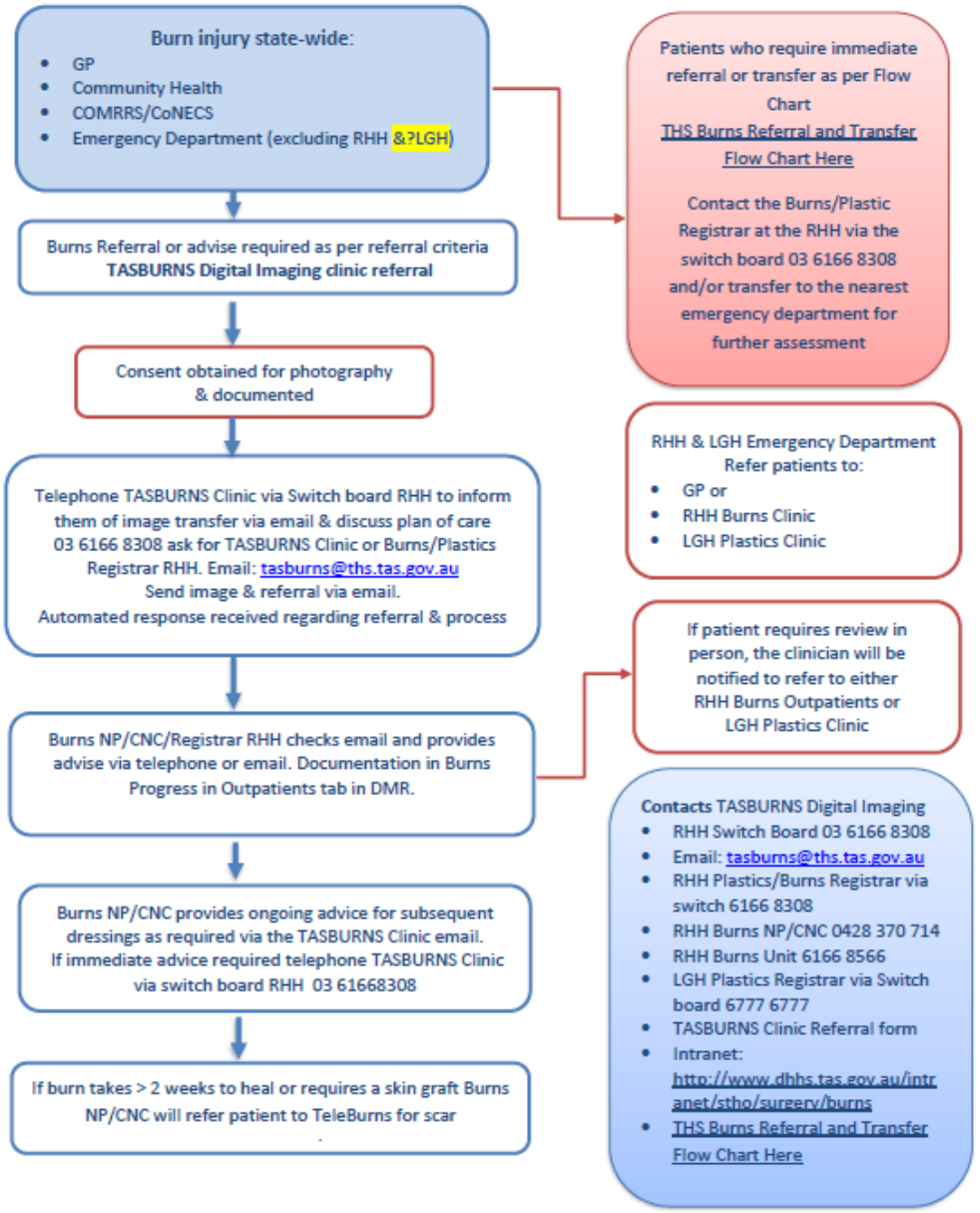
Future plan:

- Update healthpathways
- Education- access to presentations
- Role of COMRRS ??
  - Cellulitis?
- 24/hr 7 days a week TASBURNS Digital imaging clinic- **Future!**
  - NP Burns/Burns Reg RHH

Tasmanian Government

THS Burns Service:
TASBURNS Digital Imaging Clinic

TASMANIAN HEALTH SERVICE



Tasmanian Burns Unit June 2021 DRAFT Approved A Castley Review June 2023

DRAFT PLAN

Points to remember

- Referral criteria
- If deep dermal or FT refer early
- Depth assessment- cap refill
- Blister management
- Tet tox update? pre clinic
- Pain management and advise
- Child require sedation??
- Rest & elevation & gentle exercise
- Scar management for all burns take longer than 2 weeks to heal
- NAI

EMSB: Emergency Management of Severe Burns Course 13th Nov 2021

Annual Scientific Conference October & Burns Nursing Seminar

https://anzba.org.au/

Tasmanian Burns Service

- Intranet & Internet site & healthpathways
- http://www.dhhs.tas.gov.au/intranet/stho/surgery/tasmanian_burns_service
- Burns Service Tasmania (Statewide) | Department of Health
  - Guidelines & Policies (intranet only)
  - Forms (intranet only)
  - Patient Information & prevention
  - Education
  - Minor Burns info

Thank you

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