






Initial Management of Small Burns

FIRST AID	<p>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)</p>				
PREPARE	<p>Provide analgesia Clean wound with 0.1% Aqueous Chlorhexidine or Normal saline, Remove all foreign, loose and non viable skin/tissue Debride blisters if >5cm or over joints Shave hair in and around wound to 2cm radius</p>				
BURN	EPIDERMAL	SUPERFICIAL DERMAL	MID DERMAL	DEEP DERMAL	FULL THICKNESS
					
ASSESS DEPTH	<p>Painful Epidermis damaged but intact Red</p>	<p>Blistered, painful raw Pale pink/red Brisk capillary return within burn wound</p>	<p>Sluggish capillary return Less painful Dark pink to red</p>	<p>Deep red or white Dull sensation Severely delayed or absent capillary return</p>	<p>No sensation No capillary return Leathery white/black or yellow</p>
INITIAL PRIMARY DRESSING	<p>Gels to soothe</p> <ul style="list-style-type: none"> • Soothing moisturisers • Vaseline 	<p>Absorbent dressings</p> <ul style="list-style-type: none"> • Foams • Alginates • Paraffin gauze <p>Silicone dressings</p> <ul style="list-style-type: none"> • Mepilex <p>Silver products if contaminated</p>	<p>Silver products</p> <ul style="list-style-type: none"> • Acticoat • Acticoat Absorbent • Mepilex Ag • Aquacel Ag • Flamazine • Biatain Ag • Allevyn Ag <p>Antimicrobial</p> <ul style="list-style-type: none"> • Flaminal <p>Silicone dressings</p> <ul style="list-style-type: none"> • Mepilex 	<p>Silver products</p> <ul style="list-style-type: none"> • Acticoat • Acticoat Absorbent • Mepilex Ag • Aquacel Ag • Flamazine 	<p>Silver products</p> <ul style="list-style-type: none"> • Acticoat • Acticoat Absorbent • Aquacel Ag • Flamazine
INITIAL SECONDARY LAYER DRESSING	<p>Epidermal burns do not need secondary dressings Dermal burns produced a significant amount of exudate in the first 72 hours. Absorbent secondary dressings such as gauze or foam should be considered to manage excess exudate Secure with adhesive tape dressing, crepe bandage, tubinet or tubigrip. Ensure it is non constrictive Elevate affected area as appropriate.</p>				
FOLLOW UP	<p>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).</p>				