# Initial Management of Small Burns

## 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, loose and non viable skin/tissue
- Debride blisters if >5cm or over joints
- Shave hair in and around wound to 2cm radius

## Burn Assessment

<table>
<thead>
<tr>
<th>Layer</th>
<th>Epidermal</th>
<th>Superficial Dermal</th>
<th>Mid Dermal</th>
<th>Deep Dermal</th>
<th>Full Thickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Painful</td>
<td>Blistered, painful raw</td>
<td>Sluggish capillary return</td>
<td>Deep red or white</td>
<td>No sensation</td>
</tr>
<tr>
<td>Epidermis</td>
<td>Epidermis damaged but intact</td>
<td>Pale pink/red</td>
<td>Less painful</td>
<td>Dull sensation</td>
<td>No capillary return</td>
</tr>
<tr>
<td></td>
<td>Red</td>
<td>Brisk capillary return within burn wound</td>
<td>Dark pink to red</td>
<td>Severely delayed or absent capillary return</td>
<td>Leathery white/black or yellow</td>
</tr>
</tbody>
</table>

## Initial Primary Dressing

- Gels to soothe
  - Soothing moisturisers
  - Vaseline
- Absorbent dressings
  - Foams
  - Alginites
  - Paraffin gauze
- Silicone dressings
  - Mepilex
- Silver products if contaminated

## Initial Secondary Layer Dressing

- 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.

## 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).

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Adapted from the Victorian Burn Service