

### 1 COOL

**If within 3 hours of burn.**  
Cool for 20 minutes with running tap water.  
No ice.  
Remove constrictive jewellery / clothing.

### 2 ASSESS size, location and depth: (see over)

Does the burn meet criteria for referral?

3A

Is the burn > 3 cm or blistering, or pale or white?

3B

Is the burn smaller than 3 cm in diameter or not blistering?

3C

### 3A DRESS & REFER

Strongly advise immediate ED attendance. Consider ambulance transfer if acute or risk of non attendance. Discuss with local burns team if concerned. Cover with clean, non-adherent dressing for transfer. No adhesive dressings across wound.

#### Criteria for referral to burn unit

- >5% TBSA in children
- >10% TBSA in adults
- 5% full thickness burns
- possible non accidental injury
- infected burns (red, pus, heat)
- pain control issues
- inhalation burns
- electrical burns or chemical burns
- special area (face, neck, hands, feet, genitals, perineum, joint, airway)
- burns with concurrent injuries or co-morbidities

### 3B DRESS & ADVICE

#### SPECIALIST BURN CARE

If able to attend GP/ED same day cover with non-adherent dressing for transfer.  
Otherwise remove blister as pain allows and apply silver dressing.  
Advise simple pain relief.  
Explain signs of local infection needing treatment.



**Flu-like symptoms need immediate medical attention, especially in children.**

Recommend specialist care via local Emergency Department because:

1. Silver dressing required.
2. Adequate pain relief.
3. If not so painful then likely to be deep, and may need surgery.

**Explain time to healing is best within 10 days for minimal scarring.**

### 3C DRESS & ADVICE

- Use a moist, protective dressing.
- Do not use an adhesive dressing over the wound itself.
- If the wound blisters or breaks down go to ED (see #3B)
- Advise simple pain relief.

#### ADVICE FOR HEALED WOUNDS AND SCARS:

- Always wear sunscreen and cover with long clothing for sun protection.
- Wash and moisturise with a water-based cream can prevent or treat dryness and pruritus. Avoid soap and sodium lauryl sulphate.
- Antihistamines might help itch.



### 1 ASSESS - SIZE OF BURN

(measured as percentage of total body surface area or TBSA). See adjacent diagrams.

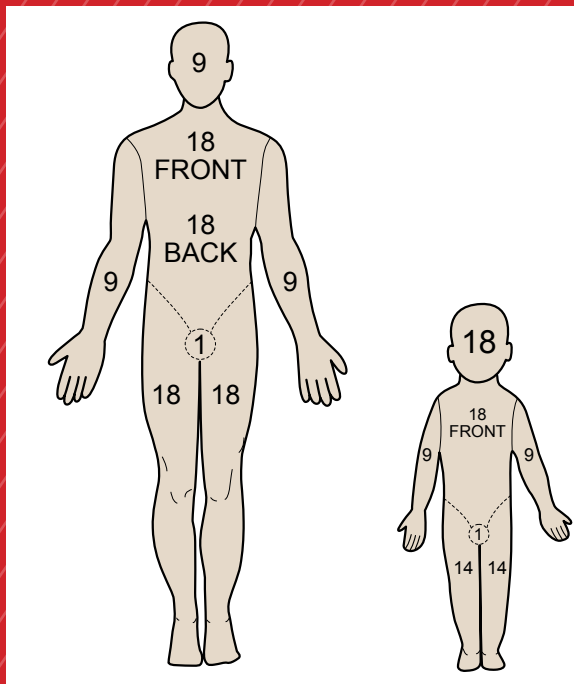
- For adults - use the rule of nines.
- For children - proportions differ; the head is bigger percentage, the legs are a smaller percentage.
- Approximation of areas for all patients - **the patient's hand (including fingers) is about 1% of their TBSA.**

### 2 ASSESS - LOCATION OF BURNS ON BODY

- **Circumferential injuries** to digits or limbs require medical attention as the burn wound or the dressing can constrict the extremity and cause neurovascular damage.
- Check for **special areas** in criteria for admission overleaf.

### 3 ASSESS - DEPTH OF BURN

- **Burns can continue to deepen over the first 3 days of a burn.** Adequate first aid can reduce this process and is effective for up to 3 hours after the burn.
- Capillary refill time: apply pressure to check for blanching. Normal return of colour should happen **within 2 seconds.**
- **Blistering:** if there is blistering then the burn is deep enough to require specialist dressing.
- See table for comprehensive description of burn depth.
- **The depth determines the need for surgery.** This means that small burns such as a vehicle exhaust burn at under 1% TBSA may need surgery to heal and therefore needs specialist medical attention.



**Recommend specialist care via Emergency Department because:**

1. Initially, a silver dressing is recommended to prevent infection. These are expensive but routinely used in emergency departments and burn outpatient clinics for wound care.
2. Burn wounds are often painful, and strong pain relief is required.
3. If the wound is not very painful then it's likely to be deep, and may need surgery.
4. Specialist burn care can be arranged for follow up.

Depth	Colour	Blister	Capillary Refill	Sensation	Healing
Epidermal	Red	No	Present	Present	Yes
Superficial Dermal	Pale Pink	Present	Present	Painful	Yes
Mid Dermal	Dark Pink	Present	Sluggish	+/-	Usually
Deep Dermal	Blotchy Red	+/-	Absent	Absent	No
Full Thickness	White	No	Absent	Absent	No