

# Initial Management of Minor Burns

## Perform Primary and Secondary Surveys

### Obtain clear history of burn injury

- Mechanism of injury, how and when burnt
- Any first aid (what, how long?) Clothes removed?
- Continue cooling if within 3 hours of burn

## Give appropriate pain relief

## Assess % total body surface area (TBSA) using Rule of Nines

## Contact burn service if meets referral criteria

### Clean wound bed

- 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

## First aid for burns

- STOP, DROP, COVER face and ROLL if on fire
- Apply 20 minutes cool running water
- Keep rest of body warm to prevent hypothermia
- Remove clothing and jewellery

## ANZBA referral criteria

<b>Size</b>	>10 % TBSA (adult) > 5 % TBSA (child) > 5 % TBSA full thickness (any age)
<b>Person</b>	Pre-existing illness Pregnancy Extremes of age
<b>Area</b>	Face / hands / feet / perineum / major joints Circumferential (limb or chest) Lungs (inhalational)
<b>Mechanism</b>	Chemical / electrical Major Trauma Non-accidental injury (including suspected)

Depth	Epidermal burn (Erythema)	Superficial dermal burn	Mid dermal burn	Deep dermal burn	Full thickness burn
					
<b>Assessment</b>	Damage to epidermis only. Skin intact, no blisters present. Erythema. Red. Brisk capillary refill	Damage to upper layer of dermis. Pink. Blisters present or absent. Brisk capillary refill (under blister)	Damage into mid dermis. Dark pink to red. Sluggish capillary refill	Burns extend into deeper layers of dermis but not through entire dermis. Blotchy red/white. Very sluggish/absent capillary refill	Destruction of entire dermis, sometimes with underlying tissue. White, waxy, brown, black or yellow. Nil capillary refill
<b>Healing</b>	Heal spontaneously within 3-7 days	Should heal within 7- 10 days with minimal dressing requirements	Should heal within 14 days. Deeper areas may need surgical intervention and referral	Generally needs surgical intervention. Refer to specialist unit.	Generally needs surgical intervention. Refer to specialist unit.
<b>Initial dressing</b>	Simple moisturisers	Paraffin gauze Silicone dressings Silver products if contaminated	Silver products Antimicrobial Silicone dressings	Silver products	Silver products
<b>Secondary dressing</b>	Not required	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			
<b>Fixation/retention</b>	Not required	Tubular or crepe bandage Tape			
<b>Follow up</b>	Should not be required	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 appropriately if wound becomes infected or is slow to heal (Unhealed >14 days).			

For further information contact your local burn service or visit ANZBA website  
[www.anzba.org.au](http://www.anzba.org.au)