East Lancashire Hospitals NHS Trust

East Lancashire Health Economy Medicines Management Board
www.elmmb.nhs.uk

ELHT Burn Wound Care Formulary

ALL MANAGEMENT TO BE CARRIED OUT IN LINE WITH NORTHERN BURN CARE NETWORK PROTOCOLS
ENSURE REFERRALS ARE MADE AS GUIDANCE.

Classification of Wound	Appearance	Management Aims	Other Considerations	Infection Potential	Treatment Options
Erythema 	Skin Intact No blistering Red or pink Painful Capillary refill normal (<2 seconds)	Alleviate pain / promote comfort Protect against any potential delayed blistering / skin loss Should spontaneously resolve within 48 hours	Analgesia Un-perfumed moisturising cream instead of dressing, this may be sufficient to alleviate pain without a dressing required. Erythema must be assessed for potential to develop blisters which can occur up to 48 hours post injury. If in doubt dress the area	None	Atrauman under light dressing Actiform cool
Superficial/ Epidermal 	Blistering present Wet Pink Very painful Capillary refill normal (<2 seconds)	Alleviate pain / promote comfort Be fully healed within 7 days (Adults), 5 days (Paediatrics) Prevent infection Maintain function	A moist wound healing environment and protecting against infection will limit the possibility of burn wound conversion Reassess for burn wound conversion in 48 hours	Low	Adaptic touch under absorbent dressing Kliniderm Foam Silicone Actiform cool
Superficial Dermal 	Pink / red with infrequent patchy white areas Painful Capillary refill normal	Promote function Promote wound healing (10-14 days for adults/ 7–10 for paediatrics) Minimise scarring	Alleviate pain / promote comfort Prevent deterioration of burn depth Prevent infection Reassess for burn wound conversion in 48 hours. The deeper the burn the greater the amount of devitalised tissue and the increased risk of infection. N.B. If using a dressing product with no antimicrobial properties more frequent inspection is required	Low / Medium	Adaptic touch under absorbent dressing Kliniderm Foam Silicone **Antimicrobial if at increased risk of infection:-** Cutimed Sorbact Gel (hydrogel sheet)

Deep Dermal 	Mottled red with abundant fixed white areas May be painful but diminished Capillary refill slow or absent	Prevent infection Prevent deterioration of burn depth Promote function Promote wound healing and minimise scarring	Reassess for burn wound conversion in 48 hours for adults Deep dermal burns may require excision and grafting depending on size and site of injury and patient history. **Refer to local burns service for assessment**	High	Atrauman under absorbent dressing Kliniderm Foam Silicone **Antimicrobial if dirty or infection suspected:-** Medihoney Tull Cutimed Sorbact Gel (hydrogel sheet)
Full Thickness 	Dry leathery white Charred black / brown Insensate Capillary refill absent	Prevent infection Prepare wound for surgical closure Promote function	Generally all but the smallest of full thickness burns require excision and grafting. Decisions are made in accordance with burn size, site and patient history. **Refer to burns service for assessment.**	High	Cutimed Sorbact Gel (hydrogel sheet) Flamazine cream
Special areas					
Face 	Varies depending on mechanism of injury and depth	Alleviate pain / promote comfort Prevent infection Limit oedema/swelling Maintain flexibility which allows essential functionality Promote timely healing	**Refer new burn injuries to local burns service as per referral guidelines.** Dressings as per Burn Unit discharge guidelines for patients who received burn unit care	Low	Chloramphenicol ointment to eyes if eyelids involved Olive oil
Hands and Feet 	Varies depending on mechanism of injury and depth	Alleviate pain / promote comfort Maintain function Manage exudate Limit oedema/swelling Prevent infection	**Refer new burn injuries to local burns services as per referral guidelines** Dressings as per burn unit discharge guidelines for patients who received burn unit care Aim to reduce bulk of dressings as soon as exudate levels will allow	High	Atrauman under absorbent dressing Clear bags secured at wrist / ankle over padding Antimicrobials as above

Donor Site 	Painful Readily bleeds	Promote comfort Be fully healed within 10–14 days Prevent infection Manage leakage Prevent slippage of dressing	For non -healing donor site – seek advice from Burn Unit. Leave intact for at least 14 days	Low	Adaptic touch under absorbent dressing Kliniderm Foam Silicone
Hypertrophic Scars 	Scar is raised above level of surrounding skin. Reddening is present as well as itching, and sometimes pain	Prevent formation Treat symptoms Reduce scar	All patients must be taught to massage and cream at the point of healing Review patients in 4 weeks for assessment of scars and commencement of treatment	None	Diprobase cream Hydromol ointment SilDerm silicone gel Mepiform gel sheet

Northern Burn Care Network Referral Criteria

<u>Paediatric COMPLEX BURN</u> **Total Body Surface Area (TBSA)/Depth:** _ >10% (<16 years) >1% TBSA Deep Dermal burn (all children <1 year All Full Thickness burns >size of a patients finger tip ***Any depth and size of the following;*** **Mechanism:** All burns associated with chemical or electrical injuries, exposure to ionising radiation or high pressure steam, or suspicion of non-accidental injury **Site:** Buttocks, nappy area, perineum, facial, neck, hands, feet, joints or flexural creases All circumferential burns **Existing Conditions:** Burn wound infection, congenital conditions or significant medical conditions **Associated Injuries:** All burns associated with inhalation or trauma	**<u>Adult COMPLEX BURN</u>** **Total Body Surface Area (TBSA)/Depth:** ≥15% (above 16 years) >10% (65 years and over) >2% deep dermal / full thickness ***Any depth and size of the following;*** **Mechanism:** All burns associated with chemical or electrical injuries, exposure to ionising radiation or high pressure steam, or suspicion of non-accidental injury **Site:** Buttocks, perineum, facial, neck, feet, joints or flexural creases All circumferential burns and deep dermal/full thickness to hands **Existing Conditions:** Cardiac limitation, respiratory limitation, diabetes, pregnancy, renal impairment, immuno suppressive disorders, hepatic impairment, cirrhosis, infected burn injuries **Associated Injuries:** All burns associated with inhalation or trauma
<u>Paediatric NON-COMPLEX BURN</u> **Size:** 2-10% TBSA >1 and <16 years old **Wound healing:** Any wound unhealed at 7 days **Rehabilitation:** Any healed wound where scarring suggests that there may be a significant aesthetic/functional impact, loss of function or psychological disturbance	**<u>Adult NON-COMPLEX BURN</u>** **Size:** 1-2% deep dermal to full thickness loss ≥ 5% epidermal/superficial dermal **Wound Healing:** Any wound unhealed at 14 days or suspicion of clinical infection **Rehabilitation:** Any healed wound where scarring suggests that there may be a significant aesthetic/functional impact, loss of function or psychological disturbance.

Other **COMPLEX NON-BURN Progressive Non-Burn Skin Loss >5%:** Blistering skin disorders e.g. Toxic Epidermal Necrolysis, Staphylococcal Scalded Skin Syndrome, and Stevens - Johnson syndrome