

Pathway for Non Complex Burns (Adults)

Definition: A non-complex burn includes Erythema burns ≤5% Total Body Surface Area (TBSA), Superficial Epidermal and Superficial Dermal burns less than or equal to 3% (TBSA) that do not meet the requirement for referral to Burns Service. (Northern Burn Care Delivery, 2012).

RED FLAG STATEMENT: the following patients must be referred to the Sheffield Burns Unit (0114 2714129):

- All burns associated with chemical or electrical injuries, exposure to ionising radiation or high pressure steam, or suspicion of non-accidental injury
- All burns located on the buttocks, perineum, facial, neck, feet, joints or flexural creases, (please note: foot burn patients with diabetes can also be referred to Podiatry Services Monday - Friday 8:30- 16:00 via rdash.podiatryreferrals@nhs.net)
- All circumferential burns.

- 1 First Aid** Treat with cool running water for 20 minutes. This is effective for up to 3 hours after the initial injury.
- 2 Analgesia** Administer appropriate analgesia.
- 3 Cleanse** Using the aseptic technique follow the Pathway for Wound Cleansing and remove any devitalised tissue or debris using either gauze, tweezers or debridement pad as required.
- 4 Blister Management** All blisters more than 1cm² should be debrided and de-roofed by a competent practitioner.
- 5 Assessment** Check the Northern Burns Network Referral Pathway and based on holistic assessment, assess if patient requires a referral to Burns Services.

Top Tips:

- The size of the patient's whole palm surface is approximately equal to 1% TBSA.
- Check tetanus status.

Primary Care: Complete IR1 per RDASH policy for trauma wound and complete Wound Care IPOC within system1/TPP.

Secondary Care: Undertake and document a wound assessment in the Skin Integrity Wound Assessment and Care Plan.

Observations	Erythema	Superficial Epidermal Burn	Superficial Dermal Burn
Appearance			
Skin Loss	No skin loss	Epidermal skin loss only	Epidermal skin loss and upper layer of dermis loss
Blistering	No blistering	No blistering	Blistering may be present
Pain	Some pain	Painful	Painful
Oedema	Mild oedema	Mild to moderate oedema	Moderate oedema
Colour/capillary refill	Redness/ good capillary refill	Pink/ good capillary refill	Pink/ good capillary refill
Healing Time	Resolves within 3-5 days	Heals under 1 week	Heals under 2 weeks

- 6 Dress** - Dress the wound according to the following dressing guidance below as per the local formulary:

Blisters	Erythema	Superficial Epidermal and Superficial Dermal Burns 3% or less TBSA	
Blister less than 1 cm ² can be left intact and do not require dressing. If blister ruptures, then this can be de-roofed by a competent practitioner and dressed with a Biatain Silicone 3DFIT Foam.	Prescribe a non-perfumed emollient in accordance with the local formulary, for application 1- 2 times per day.	Dress with a Biatain Silicone 3DFIT Foam every 3 -7 days depending on exudate levels.	
		Finger/hand burns: Dress individual fingers with Atrauman, gauze and finger dressing every 1-3 days as per exudate levels.	For Limbs: Dress with Atrauman, Kiliniderm super absorbent, safe soft bandaging every 1-3 days as per exudate levels.

Top Tips:

- The initial 72 hours after a burn is when the wound is in the inflammatory stage of healing and may result in swelling, redness and increased exudate levels. Ensure all bandages allow for swelling and that the dressing will manage the exudate until the next planned dressing change. Encourage patient to elevate limbs when at rest.

- 7 Review** - All superficial epidermal and dermal burns must be reviewed, assessed and redressed within 48 - 72 hours after the initial injury. If there is any deterioration, infection or delayed healing refer to Burns Service.
Sheffield Burns Unit: 0114 2714129.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.