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**BURNS FIRST AID - *refer to Burns First Aid Guidelines for further information***

Immediate care/within 3 hours of burn injury

**Oxfordshire Community Burn Wound Pathway**



14 days

7 days

Initial treatment

**STOP the burning process – maintain personal safety at all times**

**REMOVE clothing and jewellery**

**COOL the burn under running tap water for 20 minutes**

**WARM the patient**

**COVER the burn**

**CALL Stoke Mandevile Burns Unit for support/advice - 01296 315 040**

Refer to Tissue Viability for advice

Static or deteriorating burn wound

Refer to Stoke Mandeville Burns Unit

Progression to full thickness burn

Localised infection (refer to AMBL2 tool & formulary)

Fully healed. Advise on skin care/scar management

Healing satisfactorily (refer to formulary)

Select appropriate dressing based on exudate level, infection risk & risk of adherence to wound (refer to wound formulary). Review after 48 hours, then every 3-5 days. If burn is present to the lower leg, complete lower limb assessment & doppler. If burn is present to the foot, refer to Podiatry.

Wash with emollient as soap substitute and water. Apply leave-on emollient (non-perfumed). Provide analgesia.

Cleanse/ debride. Manage exudate if present (usually present after 72 hours). Manage blisters. Provide analgesia.

Cleanse/ debride. Ensure moist wound healing. Manage exudate.

Cover with loose longitudinal strips of cling film (not to facial burns) or non-adherent contact dressing.

Deep dermal burn

Full thickness burn

Superficial dermal burn

Superficial/ epidermal burnburn

*Refer to ‘Assessment’ section within Burns Wound Guidance Document*



**Initial Dressing Selection**

* For superficial epidermal/erythema and full thickness burns, please refer to pathway above.
* Non-adherent contact layer dressings, topical antimicrobials (for localised wound bed infection), hydrocolloids (for difficult-to-dress areas) and hydrogel sheets can be used on superfcial and deep dermal burns – please refer to wound formulary.
* Superficial burns produce significant amounts of exudate in first 72 hours (may be offensive and yellow/green but does not necessarily mean infection is present).
* Absorbent dressings should be considered to manage excess exudate. Please refer to exudate management pathway. Several layers of gauze can be used also.
* When exudate reduces, use retention bandaging or film dressings which can be changed every 3 days.
* Consider the use of an adhesive remover if the dressing has adhered to the wound to avoid traumatic removal. Avoid adhesive tape/dressings.