Guidelines for the management of paediatric burns

Are there signs of airway injury? If yes contact anaesthetist!

Is burn TBSA >10%?
- **YES**
  - Is transfer going to be delayed?
    - **YES**
      - Deroof blisters and apply a non-adherent dressing.
    - **NO**
      - Continue care as above.
- **NO**
  - Is burn TBSA >3%?
    - **YES**
    - **NO**
      - Is burn >1% full thickness?
        - Does it involve hands, face, feet, perineum or joints?
          - Is burn full circumferential?
            - Is burn electrical/chemical?
              - Are there child protection issues? (refer to local child protection policy)
              - **YES**
                - Deroof blisters. Cleanse and swab wound. Apply urgotul SSD and a suitable secondary dressing. Patient can go home with appropriate follow up.
              - **NO**

Check immunisation status
CRITERIA FOR REFERRAL OF PAEDIATRIC BURNS

If there is any doubt regarding the management of burns then contact the surgical registrar on call at Yorkhill Hospital.

*Burn requiring admission to Yorkhill Hospital*

Any burn >3% TBSA  
Full thickness burns >1%  
BURNS to hands, face, feet, perineum or joint involvement  
High voltage electrical injury  
Chemical injury  
Airway involvement  
Burns with associated significant injury  
Any burn suspected of being non accidental  
Circumferential burns

*Burns that do not require admission that need review in the burns clinic*

Superficial dermal burns <3% which may need physio input e.g. hands, feet or over a joint.

Burns <3% with doubt regarding depth of injury

Deep dermal / Full thickness injuries <1%

To refer a patient to either the Tuesday or Friday Paediatric Burns Nurse Specialist clinic, you will need to email a CHI along with brief request to the following address and state which clinic the child has to be added on to. Please ensure the ED card has been placed in discharge box in order that it can be scanned onto Portal.

GG-UHB.paediatricburns@nhs.net

Leave me a voicemail message then Sharon Ramsay can check whether the patient has been booked on.

Sharon Ramsay  
Burns Nurse Specialist  
07984004853

Children who can be managed in the community

Superficial dermal burns <3% which do not require admission to the burns unit and do not match criteria for referral to the burns clinic
Burn Dressing Guidelines

Administer analgesia prior to commencing wound care. Wound care should be carried out in a clean area using aseptic technique.

**Superficial Dermal <3% TBSA**

Superficial dermal burn wounds <3% should be treated as follows:-

1. Deroof blisters and debride loose skin  
2. Cleanse with warmed normal saline or tap water  
3. Obtain wound swabs  
4. Apply a non-adherent dressing (as per local wound formulary). Use an anti-microbial dressing if required.  
5. Apply a secondary dressing of gauze/burns swabs and crepe bandage if required  
6. Reassess wounds after 24-48 hours and redress as above  
7. Further dressing changes should be carried out as dressing application guidelines dictate or if exudate strikes through or infection is present. Wounds should be redressed until area is completely re-epithelialised.  
8. Apply moisturiser and massage healed skin 3-4 times daily following healing.
USEFUL CONTACTS

YORKHILL HOSPITAL MAIN SWITCHBOARD

0141 201 0000

SHARON RAMSAY- BURNS NURSE SPECIALIST
TEL: 07984 004853 OR
CALL MAIN SWITCHBOARD AND ASK THEM TO PAGE 8361

PLASTIC SURGERY SECRETARY – 0141 232 1853

FAX NO. 0141 201 0671 or 0141 201 0303
**Looking after your child’s burn**

**Dressings**
- Your child’s burn has been covered with a dressing which aims to keep the burn clean and dry and help prevent infection.
- It is important that you keep the dressing on.
- If it gets wet, becomes stained from oozing, smelly or loose, it will need to be changed. This can be arranged by first contacting your GP Practice Nurse or if an appointment is not available, re-attend the Emergency Department.

**Pain**
- Most children do not have much pain once the dressing is on.
- If the burn is still painful, give your child paracetamol (eg calpol™) and/or ibuprofen (eg junofen™) as directed by the bottle.
- Seek medical advice if the burn becomes more painful.

**Itch**
- This can be made worse by overheating- try not to overdress your child especially at night.
- Ensure that fingernails are trimmed to prevent damaging the skin further by scratching.
- An antihistamine medicine may help with the itch, see your GP or local pharmacist for advice.

**Follow up**
- You may have been asked to return to the Emergency Department or attend your Practice nurse for review. It is wise to give a dose of painkiller prior to attending.
- Bring your child back to the Emergency Department immediately in the event of any of the following:
  - Fever (more than 38.5°C)
  - Nausea or vomiting
  - Diarrhoea
  - Red skin rash
  - Confusion/ Drowsiness

As these symptoms may indicate an infection related to the burn injury called toxic shock syndrome.

**Once the dressing is removed**
The healing skin will be dry and flaky and we advise you apply un-perfumed moisturiser (eg E45) twice daily. Never apply to broken/ weeping skin.

**Long term management**
Skin which has been burned is at greater risk of damage from the sun. Try to cover exposed areas or apply sun block to the area of previously burned skin.

Most minor burns heal without difficulty in 10-14 days. If you are worried contact either your own GP or the Emergency Department on RAH 0141 314 7411, IRH 01475 633 777.