

Title	NAI Burns
Applies to	RAH, IRH Paediatrics
Date of this version	February 2021
Author (s)	Lucy Thomas/Amy Cassidy

# THINK! COULD THIS BE NAI?

# **Artifactual or contact burns**

- Burn wholly or partially resembles hot object e.g. iron, hair straightener, or implement that can be heated e.g. Spoon, fork.
- Uniform depth and clearly demarcated









- One or more rounded blistered/eroded lesion
- often multiple and on 'hidden' areas of skin
- · Can be of differing ages





# **Forced Immersion Scalds**

- Symmetrical distribution
- Sharply delineated borders
- Absence of splash marks
- involve buttocks, perineum and lower limbs
- "donut sparing" on buttocks or soles of feet (forced against bottom of cool bathtub)
- 'glove or stocking' distribution

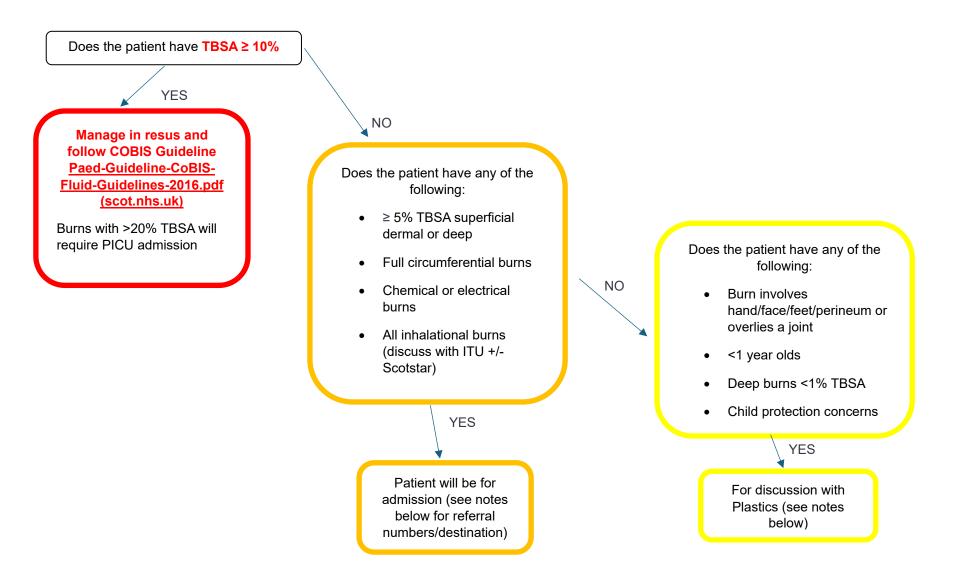




## Paediatric Burns Pathway for RAH/IRH/VOL

## At all times think 'Could this be Non Accidental Injury?' - NAI

For patients with airway/inhalational burns consider management in resus/early senior and ITU involvement



#### To refer contact:

Monday-Friday 8am-5om Plastics registrar page 13931. If any difficulty contacting call Burns CNS on 84866 or 07984004853

Out of hours contact Plastics registrar on call via switchboard and if you are unable to contact them then contact the paediatric surgical registrar on call

Patients will be admitted to 2C

Follow up for patients not being admitted. This should be as near to 48 hours after initial attendance as possible

- Nurse led burns clinic at RHC (Monday, Tuesday, and Friday)
- For all patients with above criteria that are not admitted
- More complicated burns/larger burns likely to need further management.
- If in doubt discuss with burns team.
- Email clinical and parent contact details: appointments.newchildrenshospital@ggc.scot. nhs.uk and cc in ggc.paediatricburns@nhs.scot. Parents will be called with an appointment, most likely the day before. Please ask parents to give analgesia 30 mins prior to the appointment.
- If a burns clinic appointment is not available within the appropriate time frame (within 48 hours), children can be referred to the CCNT for a dressing change prior to being reviewed in the burns clinic.

## **Childrens' Community Nursing Teams (CCNT)**

- The CCNT can do dressing changes and provide parental education on burns management. This is suitable for simple burns, smaller areas and fingertip burns.
- Referral to CCNT
- Paisley: 0141-3144662
- Inverclyde: Fill in referral form and place in notes for scanning (on CEM/in drawers in IRH) and email <a href="mailto:ggc.ccninver@nhs.scot">ggc.ccninver@nhs.scot</a>
- Vol.: Email ggc.acorncommunitychildrensnursingteam@nhs.scot
- Include the following details: Patient name/CHI/injury mechanism and time/treatment given/date of follow up required/parent name and phone number. Please check address and phone number is correct.
- CCNT see the patient in their own home. They work Mon-Fri excluding public holidays.
- They can liaise with the burns team at RHC as needed.
- All patients referred to CCNT should be discharged with supplies for dressing changes x2
- 2x: dressing pack, saline sachets, urgotul SSD, any bandages.
- Please create a PORTAL note for children referred to CCNT

# **ED** management

## Nursing:

- Give analgesia
- Deroof blisters and debride as needed
- Swab all separate areas
- Dress with urgotul SSD/silver
- Facial burns should be given prontosan gel and advised to keep clean/away from pets/stay indoors where possible

## Medical:

- Ensure the family have adequate analgesia for the child at home and advise a dose should be given before their next dressing change.
- Arrange appropriate follow up as above.
- Advise the parents to return to the ED if their child develops any symptoms of infection or Toxic Shock Syndrome. These are fever and/or vomiting and/or diarrhoea and /or rash.
  - Young children are at risk of developing Toxic Shock Syndrome even from a very small burn.
- Give the advice sheet 'Looking after your Childs Burn'