

Burn Wound Care Formulary

Classification of Wound	Appearance	Management Aims	Other Considerations	Infection Potential	Treatment Options
Erythema	<p>Skin Intact No blistering Red or pink Painful Capillary refill normal (<2 seconds)</p>	<p>Alleviate pain / promote comfort Protect against any potential delayed blistering / skin loss</p> <p>Should spontaneously resolve within 48 hours</p>	<p>Analgesia Un-perfumed moisturising cream</p> <p>Erythema must be assessed for potential to develop blisters which can occur up to 48 hours post injury. If in doubt dress the area</p>	None	<p>Low adherents Hydrocolloids Thin Foam Dressings Hydrogels</p>
Superficial/ Epidermal	<p>Blistering present Wet Pink Very painful Capillary refill normal (<2 seconds)</p>	<p>Alleviate pain / promote comfort Be fully healed within 7 days (Adults), 5 days (Paediatrics) Prevent infection Maintain function</p>	<p>A moist wound healing environment and protecting against infection will limit the possibility of burn wound conversion – reassess in 48 hours for adults</p>	Low	<p>Low adherents Silicone dressings Hydrogels Foam Dressings Hydrocolloids</p>
Superficial Dermal	<p>Pink / red with infrequent patchy white areas Painful Capillary refill normal</p>	<p>Alleviate pain / promote comfort Prevent deterioration of burn depth Prevent infection Promote function Promote wound healing (10-14 days for adults/ 7–10 for paediatrics) and minimise scarring</p>	<p>Reassess for burn wound conversion in 48 hours for adults The deeper the burn the greater the amount of devitalised tissue and the increased risk of infection. If using a dressing product with no antimicrobial properties more frequent inspection is required</p>	Low / Medium	<p>Low adherents Silicone dressings Hydrogels Foam Dressings Antimicrobials Silver Dressings</p>

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	Silicone dressings Low adherents Foam Dressings Honey based dressings Silver Dressings Antimicrobials
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	Silver dressings Foams Hydrogels Hydrocolloids Honey based dressings
Donor Site	Painful Readily bleeds	Promote comfort Be fully healed within 10–14 days Prevent infection Manage leakage Prevent slippage of dressing	For non acute donor site - seek advice from Burn Unit. Leave intact for at least 14 days	Low	Silver dressings Silicone dressings Low adherents
Face	Varies depending on mechanism of injury and depth	Alleviate pain / promote comfort Prevent infection Limit oedema/swelling Maintain flexibility which allows essential functionality Control exudate Promote timely healing	Refer new burn injuries to local burns service as per referral guidelines. Dressings as per Burn Unit discharge guidelines for admitted patients	Low	Antimicrobial Ointment Arachis oil/Olive oil Silver Dressings

<p>Hands and Feet</p>	<p>Varies depending on mechanism of injury and depth</p>	<p>Alleviate pain / promote comfort Maintain function Manage exudate Promote timely healing Limit oedema/swelling Prevent infection</p>	<p>Refer new burn injuries to local burns services as per referral guidelines Dressings as per burn unit discharge guidelines for admitted patients Dressing choice geared towards preventing infection, and promoting function. Aim to reduce bulk of dressings as soon as exudate levels will allow</p>	<p>High</p>	<p>Low adherents Silicone dressings Bags Hydrocolloids Antimicrobials</p>
<p>Hypertrophic Scars</p>	<p>Scar is raised above level of surrounding skin. Reddening is present as well as itching, and sometimes pain</p>	<p>Prevent formation Treat symptoms Reduce scar</p>	<p>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</p>	<p>None</p>	<p>Emollients Silicone Gels Silicone Sheets</p>

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