Guidance: Burns and Scald v1 April 2023

TVN	Referral form on EPRDatix
GP / DOCTOR	Refer patient to GP/ ward doctor for initial review of site
	Stop the burning process if safe to do so
TREAT Thermal burns	2. Remove non adherent clothing and restricting jewellery
	 Within 20 minutes of the injury, irrigate the burn with cool or tepid running water for 15 – 30 minutes. If water is not available, use wet towels or compresses
	 *Do Not use ice or very cold water as it may cause vasocontriction and may deepen the wound
	5. Ensure patient is kept warm to avoid hypothermia
	6. Cover the burn using a film dressing (i.e. Tegaderm film, Opsite)
	7. Elevate the affected area if possible, to reduce the risk of oedema
	8. Offer pain relief for mild to moderate pain
TREAT Electrical burns	Arrange immediate admission to A&E
	Remove affected clothing
TREAT Chemical burns	Irrigate the burn with copious amounts of water for about an hour
	3. If the chemical is in a dry form, wipe off the skin
	4. Cover the burn using film dressing (i.e. Tegaderm film, Opsite)
	Arrange immediate admission to A&E
	o. Arrange immediate admission to AGE
	• Irrigate burn site with Proptoson solution
Review	Irrigate burn site with Prontosan solution Change discoing if the continue value of the discoing (Tagadayes files, One) to the continue of the continue
neview	 Change dressing – if dry, continue using film dressing (Tegaderm film, Opsite); if with discharge use adhesive foam (Allevyn gentle border)
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Healed	Continue routine skin care, moisturise the site well
	Refer – If no improvement to burn site, refer to GP/ward doctor for follow up
REFER	review and TVN by completing the TVN referral form on EPR.