

# Burns (15 years and above only)

## Emergency Department factsheets



### What are the different types of burns?

Your doctor or nurse will classify your burn as either superficial or deep.

Superficial burns are usually treated with moisturiser and heal without complications.

Deep burns require more specific management initially through your emergency department or local health professional. Some deep burns heal with just dressings while others eventually require surgery.

The depth of burns can change over the first few days. It is therefore important for your doctor or nurse to monitor your burn so that they can consult the Burns Unit at the Royal Brisbane Hospital if it needs specialist care or needs consideration for surgery.

### Burns treatment

#### Preparation

- Burns within 3 hours of presentation will be run under running water for 20 minutes.
- Rings, bracelets and watches will need to be removed and not replaced until after the burn has healed.
- Your burn will then be thoroughly cleaned using a hospital grade antiseptic solution as dust and dirt can cause infection.
- Depending on the burn, your doctor or nurse will decide if blisters are left intact or lanced and/or removed using a sterile method. Blisters that develop after seeing the doctor or nurse should be allowed to 'pop' on their own or kept intact until your next review to prevent infection.

#### Dressings

There are many different ways to dress a burn. The doctor or nurse will choose what is best for your burn. The following are the most common dressings and how to look after them.

##### “Foam Dressing” (Mepilex® Ag)

- Mepilex® Ag contains silver which acts as a strong antibacterial/antimicrobial agent as well as promoting healing. This type of dressing needs to be KEPT DRY and can be left on for 3 to 5 days.
- The doctor or nurse may apply a moisturising gel under the dressing to keep it moist and further promote healing.

##### “Foil Dressing” (Acticoat® 3)

- Acticoat® 3 also contains silver to prevent infection and promote healing. This type of dressing needs to be KEPT MOIST with tap water every 4 to 6 hours and can be left on for 3 days.
- Failure to keep this dressing moist may cause damage to the burn and delay healing which may deepen the burn or cause scarring.

##### “Cream Dressing” (Flamazine®)

- Flamazine® is a cream containing sulphur and silver to prevent infection and promote healing. This type of dressing needs to be KEPT DRY and changed daily. If you cannot do this yourself, see your local doctor or health care professional.
- Failure to change the dressing every 1 to 2 days may cause damage and/or infection to the burn and delay healing which may deepen the burn or cause scarring.
- The burn is usually dressed with an absorbent dressing on top of the cream to contain the Flamazine® and held in place with white tape.

## Face

- Burns on the face are usually treated with Chlorsig® ointment every 4 to 6 hours as a thin layer. A neutral moisturiser can be used in between these times if your burn feels dry.
- Facial hair will need to be shaven on a daily basis to prevent infection of the hair follicles (which tend to harbour bacteria) and secondary infection of the burn. Ensure hair is removed at least 2.5cm around the burn.

## Arms or legs

- Burns on arms or legs require elevation of the affected limb to minimise swelling which in turn causes pain and delays healing.
- Burns on arms should be elevated at least above the level of the heart. Burns on the legs should be elevated at least above the level of the hip.
- Failure to elevate appropriately may cause damage to the burn and delay healing which may deepen the burn or cause scarring.

## Other ways to help healing

### Diet

It is recommended that you have a normal well-balanced diet high in protein, fruit and vegetables and extra fluid intake in the first few days following the injury to promote healing.

### Exercise

Gentle exercise is important to prevent joints from 'stiffening'. The following exercises should be done every hour while awake:

- Hands: Spread your fingers and thumb wide then make a fist.
- Feet: Rotate your foot and pull your toes away & towards you.
- Face: Grin and blow kisses to ease any tightness to the face.
- Other: Any joint affected by a burn should be moved in a similar manner.

## Pain management

If you have pain, take simple pain relief medication such as paracetamol and/or ibuprofen as directed. Your doctor or nurse will assess your pain and instruct you on a medication regime if required. Make sure you are not taking any other products containing paracetamol (such as some cough and pain medicines and cold and flu preparations).

Stronger pain medications (eg endone®) will make you drowsy. Always follow instructions regarding driving and operating machinery.

'Blood rush' pain may be experienced when lowering your feet to the ground. If this occurs, wriggle your toes and move your feet to increase circulation and then gradually lower your feet to the floor.

## Itch management

Itchiness is a sign of your burn healing. It is important that you do not scratch or rub the burn as this will delay healing.

Pressing down on the area with a cold pack may reduce symptoms. Antihistamines may also assist in managing symptoms and are available over the counter – please consult your pharmacist for further advice. If the itchy area does not have a dressing, applying extra moisturiser may also help relieve the itch.

## How long will my burn take to heal?

Skin heals at different rates depending on factors such as your general health, age, diet, smoking status, complexion and whether or not the burn is looked after or becomes infected.

In general, most burns should heal within 7 to 14 days. Burns on thick skin (such as your palms and soles) and ears can take up to 6 weeks to heal.

Deeper burns may take even longer and will need Burns consultation to determine the benefit of surgery (a skin graft).

## Will I have a scar?

In general, burns that heal within 7 to 14 days do not scar.

Some people may form a keloid scar. This is where the scar becomes thicker and raised. Ask your doctor or nurse for advice and treatment options for treating this type of scar.

Once your burn has healed skin discolouration will persist up to 12 months after healing – this is part of the normal healing process. During this time you should use a non-perfumed hypoallergenic moisturiser to prevent the new skin from drying out. It is important to avoid the sun if possible, as this will cause the discolouration to be prolonged (and sometimes permanent). Use SPF 30+ sunscreen and wear protective clothing.

## Showering

If you have been advised that you can shower your burn at home then use a soap-free wash, warm water and a soft cloth or face washer to cleanse the area gently.

## Can I swim?

If your burn is not completely healed it is recommended that you DO NOT swim in either a pool or the ocean as there is a significant risk of infection to your burn.

## Can I drive?

Your doctor will advise you on your suitability to drive depending on the severity and location of your burn and the pain medications that you are taking.

## Tetanus

Any burn, even a small one, can become infected with the bacteria that causes tetanus. Tetanus is a rare disease but can be fatal. These bacteria are found in soil and animal faeces (poo). The risk is greatest in the young or the elderly. A tetanus booster (injection) should protect you for at least five years. If you have not had a tetanus vaccine in the past five years

you may need a booster. Ask your doctor or nurse for more advice.

## Follow up

Burns will need to be examined by your local health professional in 3 to 5 days after initial treatment. This is to check the burn is healing appropriately and to look for any signs of infection.

Depending on how the burn looks, your health professional will continue to manage the burn or refer you to the Burns Outpatient Department at the Royal Brisbane Hospital for ongoing care.

The Burns Outpatient Department is located on Level 1 Dr James Mayne Building (East Block). Use the main entrance off Butterfield Street. Appointment enquiries can be made by calling (07) 3646 6738. Please report at the reception area to check-in for your clinic and confirm contact details otherwise clinic staff will not know that you have arrived.

## Seeking help

In a medical emergency, go to the nearest hospital emergency department or call an ambulance (dial 000).

Burns can become infected and early medical review is necessary through your local health professional to identify this. Signs that may suggest your burn is becoming infected include:

- pain that is out of proportion to your initial level
- redness developing in the skin surrounding the burn
- new swelling in or around the burn
- fevers (above 37.5°C).

For other medical problems see your local doctor or health-care professional.

13 HEALTH (13 43 25 84) provides health information, referral and teletriage services to the public in all parts of Queensland and is available 24 hours a day, 7 days a week, 365 days a year for the cost of a local call\*.

\*Calls from mobile phones may be charged at a higher rate. Please check with your telephone service provider

Disclaimer: This health information is for general education purposes only. Please consult with your doctor or other health professional to make sure this information is right for you.

## Want to know more?

The Burns Outpatient Department, Royal Brisbane & Women's Hospital, phone (07) 3646 6738.

*The general content of this fact sheet were originally created by Dr Viet Tran and Dr Jason Brown and reproduced with the permission of the Royal Brisbane and Women's Hospital Adult Burns Unit.*