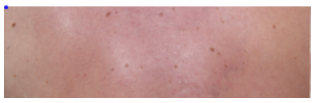
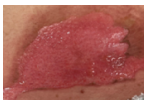
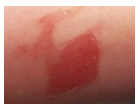
In association with: NHS South West Yorkshire Partnership NHS Foundation Trust

Paediatric Minor Burns Injury Pathway

Definition: Any burn that is epidermal, superficial or mid dermal (blanching) that is < 2% Total Body Surface Area (TBSA) and does not cover any joint. Refer to MDSAS paediatric burn injury referrals for further information. https://www.dbth.nhs.uk/wp-content/uploads/2024/03/MDSAS-ED-referral-crieria-poster-update-2022-Copy.pdf

Red flag statement:	**Urgent referral to the Sheffield Children's Burns Unit (01142260694)** for: • Burns associated with chemical or electrical injuries, exposure to ionising radiation or high pressure steam, suspicion of non-accidental injury, inhalation or trauma. • Burns located on the buttocks, nappy area, perineum, facial area, neck, hands, feet, joints, flexural creases. • All circumferential burns. • Burns with signs of infection/ Toxic shock syndrome/ Burn sepsis syndrome

1. **First Aid** TCool the burn (not the patient) with cool running water for **20 minutes**. This can be effective up to 3 hours after initial injury. Wet soaks can be applied to facial burns but the cloth should be changed every minute for 20 minutes. Cooling large areas can cause hypothermia check the patients temperature regularly. **Ice must not be applied.**
   If the patient is being transferred to a burns unit cover the burn in layers of PVC film after the cooling i.e. cling film. **Do not wrap circumferentially.**
2. **Analgesia** Administer appropriate analgesia throughout the process. Analgesia minimum: Paracetamol 20mg/ per patients weight (kgs) and Ibuprofen 10mg/ per patients weight (kgs) 1 hour prior to dressing change.
3. **Blister Management** Blisters larger than the patients fingertips should be de roofed. Blisters to the palm of the hand should be removed if >6mm and not small, non tense. The de-roofing procedure should only be performed by a practitioner competent in the burn blister management technique. If there is no one available locally, refer to the Burns service for immediate review.
4. **Assessment** Assess the size and depth of the wound. The size of the patients whole palm surface is approximately equal to 1% TBSA. The size can be measured in cms if <1% TBSA .

Observation	Erythema	Superficial Epidermal	Superficial Dermal
Appearance			
Skin Loss	Erythema is intact skin	Epidermal skin loss only	Epidermal, upper and mid dermal layers lost
Blisters	If blistering occurs in the next 48 hours following injury, advise to re attend the Emergency Department.	Thin walled blisters may be present	Blistering may be present
Pain	Yes	Yes	Yes
Capillary refill	Good	Good	Good
Healing time	Usually within 7 days.	Usually within 7 days.	Usually within 14 days.

5. **Treatment For non-limb burns**: Biatain silicone 3DFIT Foam OR Atrauman with Kliniderm super absorbent pad and safe soft bandaging, change every 3-5 days. **For limb burns:** Atrauma, Kliniderm, super absorbent pad and safe soft bandaging, change every 3-7 days or as per exudate

N.B Do not apply any adhesive clear dressings e.g. clearfilm to edges of the dressing as this can cause skin damage.

6. **Documentation**: Document the wound assessment, diagnosis and treatment plan on your organisations documentation systems accordingly. If the burn was acquired within the organisation complete, an incident form/IR1/Datix is required.
7. **Follow up**: The first wound re review/follow up should be done within 48- 72 hours of the initial injury. If the capillary refill is poor/ non existent at this review, if considering prescribing antibiotics for possible wound infection of if the wound is not significantly healed by 10-14 days, refer the the burns service.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.

Peer reviewed by the Burns specialist Nurse at Sheffield Children's Hospital. Developed by the Skin Integrity Team. Updated January 2025. For review by July 2028