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

Pathway for Non Complex Burns (Adults)

Definition:

A non- complex burn is a dermal burn less than or equal to 3% Total Body surface Area (TBSA), which does not meet the requirement for an Immediate Burn Referral or Discussion with Burns Service (see Burn Referral Guidance pathway for details)

Top Tips:

- **The size of the patient's whole palm surface is approximately equal to 1% TBSA.**
- **Check tetanus status.**

1. **First Aid** Treat with cool running water for 20 minutes. This is effective for up to 3 hours after the initial injury. (see First Aid Pathway for details).
2. **Analgesia** Administer appropriate analgesia.
3. **Cleanse** Using the aseptic technique follow the Pathway for Wound Cleansing and remove any devitalised tissue or debris using either gauze, tweezers or debridement pad as required.
4. **Blister Management** All blisters more than 6mm^2 should be debrided and de-roofed by a competent practitioner.
5. **Assessment** Check the Northern Burns Network Referral Pathway or use the Adult Burn Referral Guidance Assessment Pathway and based on holistic assessment, assess if patient requires a referral or discussion with Burns Services.

   Primary Care: Complete IR1 per RDASH policy for trauma wound and complete Wound Care IPOC within system1/TPP.

   Secondary Care: Undertake and document a wound assessment on either Symphony, Nervecentre or in the Skin Integrity Wound Assessment and Care Plan.

Observations	Erythema	Superficial Epidermal Burn	Superficial Dermal Burn	Deep Dermal
Appearance				
Skin Loss	No skin loss	Epidermal skin loss only	Epidermal skin loss and upper layer of dermis loss	Maybe some blistering if deep dermal, no blistering if full thickness
Blistering	No blistering	No blistering	Blistering may be present	
Pain	Some pain	Painful	Painful	Painful if deep dermal, minimal pain if full thickness
Oedema	Mild oedema	Mild to moderate oedema	Moderate oedema	
Colour/capillary refill	Redness/ good capillary refill	Pink/ good capillary refill	Pink/ good capillary refill	May look white in appearance with poor capillary refill
Healing Time	Resolves within 3-5 days	Heals under 1 week	Heals under 2 weeks	Over 2 weeks

6. **Dress** - Dress the wound according to the following dressing guidance below as per the local formulary:

Blisters	Erythema	Superficial Epidermal and Superficial Dermal Burns 3% or less TBSA and non-complex deep dermal/ full thickness burns less than 1 % TBSA	
Blisters less than 6mm^2 can be left intact and do not require dressing. If blister ruptures, then this can be deroofed by a competent practitioner and dressed with a Suprasorb P Sensiflex.	Prescribe a non-perfumed emollient in accordance with the local formulary, for application 1- 2 times per day.	Dress with a Suprasorb P Sensiflex every 3 -7 days depending on exudate levels.	
		Finger/hand burns: Dress individual fingers with Atrauman, gauze and finger dressing every 1-3 days as per exudate levels.	**For Limbs:** If deep dermal or full thickness dress as advised and ensure patient is referred to Skin Integrity Team if secondary care or Tier 4 Service if Primary Care patient

Top Tips:

- **The initial 72 hours after a burn is when the wound is in the inflammatory stage of healing and may result in swelling, redness and increased exudate levels. Ensure all bandages allow for swelling and that the dressing will manage the exudate until the next planned dressing change. Encourage patient to elevate limbs when at rest.**

7. **Review** - All burns with skin loss must be reviewed, assessed and redressed within 48 - 72 hours after the initial injury. If there is any deterioration, infection or delayed healing refer to Burns Service, **Sheffield Burns Unit: 0114 2714129. Or via MDSAS on https://referrals.mdsas.com/**

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.

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