

Burns Patient Information

Classification of burn depth

Epidermal (first degree) burns are usually treated with moisturiser alone and heal within a few days and without complications.

Partial thickness (second degree) burns require specific burns dressings and generally require treatment via your local GP, emergency department or other healthcare professional. If looked after, partial thickness burns often heal without the need for surgery. If a partial thickness burn is taking too long to heal (more than 2–3 weeks) surgery may be recommended after consultation with a burns specialist.

Full thickness (third degree) burns will often require surgery, depending on their size and location. A consultation from a burns specialist is usually required.

The depth of a burn may change in the few days following burn injury. It is important that the burn be monitored by a healthcare professional in order to facilitate a referral to a burns unit if required. The burn may become deeper and require surgery if not dressed correctly, if swelling develops (particularly in the feet and legs) or if there are other medical conditions which affect wound healing, such as diabetes and vascular disease (poor circulation). Smoking also affects wound healing and if you smoke, you should consider stopping altogether.

Initial treatment of burns

After a burn injury, apply cool running water for 20 minutes (first aid). This is effective up to 3 hours after a burn injury. Cooling the burn helps to limit its depth and can have a big impact on healing.

Remove all rings, bracelets and other jewellery and do not wear again until the burn has healed.

If the burn is contaminated with dirt, soot or dirty water, it is best to cleanse the wound with an antiseptic solution after performing first aid. Remove dirt and debris to help prevent infection.

Blisters may form on the skin after a burn injury. Some blisters burst on their own, others stay intact and fill up with fluid. It is best to seek medical advice about what to do with blisters. Sometimes the blisters are allowed to stay intact and other times we may let the fluid out or remove the blister completely. You should have the opportunity to discuss these options with your healthcare professional.

Dressings

There are many different burns dressings available. Your healthcare professional will help you to decide on which dressing is right for you. Importantly, burns need a moist, clean environment to help them heal. [Each particular dressing](#) requires a different method of application and care.

The most common dressings are:

Flamazine

Flamazine is an antibacterial, white cream that is applied daily to a burn. After showering or cleansing the burn wound, pat the area dry and apply Flamazine cream to a thickness of 1–2mm. The area is then covered with Melolin (a highly absorbent dressing) and secured with bandages or garments. Keep the area dry until the next dressing change.

Mepilex Ag

Mepilex Ag is an antibacterial, silver foam pad. After showering or cleansing the burn wound, pat the area dry and apply Mepilex Ag onto the wound with the sticky side down. There should be some overlap onto normal surrounding skin. Sometimes you will be advised to apply a layer of wound gel (such as Solosite gel) directly to the burn before applying the Mepilex Ag. This may help to prevent excess drying of the burn, but not all burns need this. Mepilex Ag can stay intact for up to 7 days, but you will be advised on when best to change it. You should try to keep Mepilex Ag dry.

Acticoat

Acticoat is an antibacterial, silver foil dressing. After showering or cleansing the burn wound, apply Acticoat directly to the burn. Sometimes a layer of Mepitel (a non-stick silicone dressing) is used between the burn and the Acticoat. For Acticoat to work properly, it must be kept moist at all times. You can achieve this by spraying the dressings with water from a spray bottle from time to time or by running the dressing under some tap water and then drying the excess water with a towel. Do not saturate the dressing, it should feel moist to the touch at all times. Acticoat may be left for 3–7 days, but you will be advised on how often to change it.

Xeroform

Xeroform is an antibacterial, yellow-coloured gauze. After showering or cleansing the burn wound, pat the area dry and apply a single or double layer of Xeroform. Soft, white paraffin is often used to prevent the burn from drying out and can be applied onto the burn itself as well as the Xeroform. The Xeroform is then secured with bandages or garments and can be left for 2–3 days (if using a double layer with paraffin) before changing.

Burns to special areas

Face

You should treat burns on the face with a topical ointment (such as Chlorsig ointment) every 4 hours, or more frequently if the burn feels dry. Paraffin can also be used in between these times. Most facial burns heal within 1–2 weeks. Facial hair should be shaved daily using plenty of shaving gel or foam and fresh, sharp razor blades. This will help to prevent infections of the hair follicles. Ensure hair is shaved at least 2.5cm from around the burn.

Limbs (arms and legs)

After applying dressings, elevate the limbs as much as possible. Elevate arms above the level of the heart to encourage fluid to drain out of the limb. You should continue to use your arms and hands and perform exercises as suggested by your healthcare professional. Elevate legs on pillows when sitting or lying down. While it is important to keep walking around, avoid prolonged walking or standing, which may lead to worsening of swelling, slow wound healing and infection.

Hands

It is important to maintain movement in your fingers and hands. Tense blisters, swelling and pain often restrict movement, but it is still best to [perform the exercises](#) that may have been provided to you.

Genital area

The genital area can be a difficult place to dress. It is often best to shower and apply Flamazine cream each day as the burn heals. It is important to keep the burn wound moist. You can cover the Flamazine cream with Melolin and then wear an undergarment or bicycle pants to hold everything in place. After going to the toilet, it may be necessary to shower or bath and dress the burn again.

Pain and itch

If you have pain, take simple pain relief such as paracetamol or ibuprofen as directed. For more severe pain, you may require a prescription from your doctor. Stronger pain medications may make you drowsy. Always follow instructions regarding driving and operating machinery when taking prescription painkillers.

Itch is a difficult problem to treat and can often get worse as the burn heals. To treat an itch, make sure the burn and skin is well hydrated (use moisturisers or paraffin) as dry skin tends to be more itchy. Avoid scratching or rubbing the burn as this may delay the healing process. Pressing down on the area with a cold pack may also reduce an itch. It may be necessary to take an antihistamine (available over the counter at pharmacies).

Ways in which to support burn healing

Diet

It is recommended that you have a normal, well balanced diet, high in protein, fruit and vegetables. You should also consider increasing your fluid intake in the first few days to help promote healing.

Exercise

[Gentle exercise](#) is important to prevent joints from stiffening.

Stop smoking

Smoking slows down any wound healing, including burns. This may lead to worsening of the burn and also infection. You should consider stopping smoking altogether.

Further information

For further information about The Professor Stuart Pegg Adult Burn Centre, please visit: <https://metronorth.health.qld.gov.au/rbwh/healthcare-services/burns>

Burns Outpatient Clinic

Level 1

James Mayne Building

Royal Brisbane and Women's Hospital

The burns clinic is open Monday–Friday.

To make an enquiry, please phone during office hours, 7.30am–4.00pm Monday–Friday on (07) 3646 7388 or (07) 36467586..

In an emergency, please contact your general practitioner or seek assistance from your nearest hospital emergency department.