

Emergency Department Discharge Advice

Burns

Burns can be caused by: heat (direct contact), chemicals (e.g. strong acids), electricity and radiation (e.g. sunburn).

Nearly half of severe burns and scalds occur in children aged less than five years. About half of these accidents happen in the kitchen, with scalds from hot liquids being the most common. Other common causes include children falling or climbing into a bath of very hot water, and accidents with kettles, teapots, coffee-pots, pans, irons, cookers, fires and heaters.

Types of burn:

- Superficial burns affect the top layer of skin only. The skin looks red and is painful and may form blisters. The top layer of skin may peel a day or so after the burn, but the underlying skin is healthy. It heals well and does not usually scar. A good example is mild sunburn
- Deeper burns (including full thickness burns) usually have little or no pain. There is damage to all layers of skin. The skin is white or charred black. These burns often do not heal by themselves, and may require skin grafting by a plastic surgeon
- Electrical burns can cause damage inside the body even if there is little damage to the skin

Note: a burn from one accident may have various types of burn within it. For example, some areas of the burnt skin may be superficial, some partial thickness and some full thickness.

Treatment

Treatment of burns depends on both the type and the severity.

Types of treatment:

- The most important step in treatment is usually first aid – cooling the affected area to prevent further damage. Cooling can be achieved by immersing the affected area in cold water, or holding it in running water from the cold tap.

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- Paracetamol or Ibuprofen may help to ease pain for small burns. A doctor may give stronger painkillers, if required
- A non-adhesive dressing will be put on the burn if there is blistering. This helps both with pain relief and keeping the burn clean. You should keep this clean and dry. Your doctor/ nurse should instruct you when to change the dressing, and whether you can do this yourself or if you need to see a doctor or nurse to check on the burn at the same time
- Deeper burns and some affecting special areas of the body such as the face, hands, feet and genitalia may need to be referred to the plastic surgery team
- Tetanus booster if you are not up to date
- Keeping the arm or leg that is burnt raised on a pillow for the first day after a burn will help blood flow and reduce swelling and help with pain relief

See a doctor or nurse as soon as possible if you develop:

- Any redness which feels hot to the touch and that spreads beyond the edge of the dressing
- A green/ brown smelly discharge through the dressing
- Feeling generally unwell
- Bleeding through the dressing that does not stop with gentle pressure
- Very swollen hands or legs
- Pins and needles in the arm or leg with the burn

Dressing change

Please change your dressing

Yourself at home / at your GP practice nurse / the Emergency Department staff

In days.

Plastic surgery unit

The nearest plastic surgery unit for Central and West Dorset is based at Salisbury District Hospital.

Please attend

The Emergency Department / the Burns Unit (Level 4, North Wing) / Outpatients

Salisbury District Hospital
Salisbury
Wiltshire
SP2 8BJ
01722 336262

On (Date) at (Time)