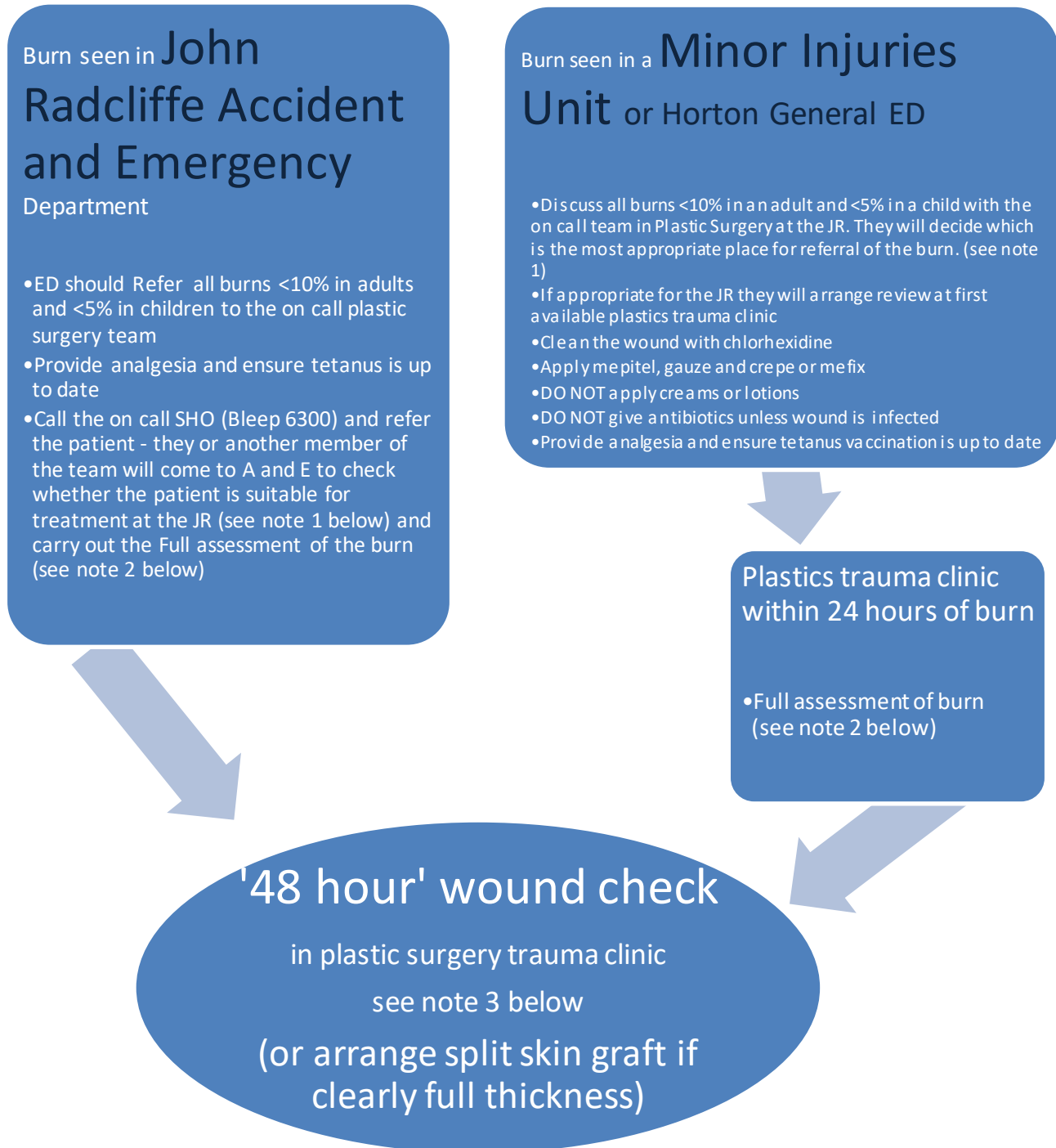


# Burns Care Pathway for minor burns from Oxford and surrounding areas

For burns that are larger than the criteria given below refer as per guidelines on [www.lsebn.nhs.uk/website/X13911/files/LSEBN%20Burns%20Referral%20Criteria.pdf](http://www.lsebn.nhs.uk/website/X13911/files/LSEBN%20Burns%20Referral%20Criteria.pdf)



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Follow up in plastics dressing clinic twice weekly



Consultant or lead nurse Review at 2 weeks

## Notes:

### 1. Assessment of whether a burn is suitable for treatment at John Radcliffe Burns Facility.

Specialised Burns care is provided in a stratified manner, JR is a burns facility which only takes minor burns. Moderate burns still go to a burns unit e.g. Stoke Mandeville, and major burns go to a burns centre e.g. Chelsea and Westminster.

Burns suitable for treatment at a burn facility are those that are non-complex and of less than 5% total body surface area in a child and less than 10% total body surface area in an adult. Some cases that are within these % guidelines may still be more appropriately treated at a burns unit if they have significant involvement of the face, hands, genitalia or feet, but this decision lies with the on call plastic surgery team. Referral direct to the appropriate burns unit or burns centre should be made for burns affecting greater areas than this.

Further information on referral thresholds can be found at

[http://www.specialisedservices.nhs.uk/library/35/National\\_Burn\\_Care\\_Referral\\_Guidance.pdf](http://www.specialisedservices.nhs.uk/library/35/National_Burn_Care_Referral_Guidance.pdf)

### 2. Full assessment of the burn wound

On attending ED the junior member of the team therefore needs to;

- Document the **history, consideration of any safeguarding issues** and **examination findings** on EPR
- Arrange or take **Clinical Photographs**
  - 09.00 to 16.00
    - the photos will be done by Medical Illustration. Please call them on 20900 to arrange this but MAKE SURE YOU HAVE DONE A PHOTOGRAPHY CONSENT FORM Entitled; Oxford Medical Illustration Clinical Photography Request.
    - These images will be uploaded to fotoweb so that they are available to a senior clinician to review
  - Outside of these hours
    - Photographs can only be taken using the recognised photoapp for which the necessary permissions will need to have been sought through Oxford Medical Illustration (email Jo.Black @ouh.nhs.uk)

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- Deroof all blisters and wipe the burn wound clean with aqueous chlorhexidine soaked gauze
- Application of an appropriate dressing following advice from senior doctor as to burn depth:
  - Superficial and partial thickness – see burns dressing diagram below
  - Clearly full thickness – jelonet and arrange for SSG
- Arrange for F/U or SSG according to burn depth

### 3. 48 hour wound check

Day of Injury	Day to attend trauma clinic for '48 hour' review
Sat/Sun/Mon	Tuesday
Tue	Thursday
Wed/Thur	Friday
Fri	Monday

At this review ensure consultant level input if patient has not yet been seen by a consultant.

If Aquacel Ag has been used and is clearly gelatinous and adherent it can be left in place. All new blisters must be deroofed and the burn wound cleansed with chlorhexidine soaked gauze. This will require adequate analgesia such as oromorph and/or Entonox.

If there is any concern about the burn – e.g. aquacell Ag not adherent – or it has progressed since initially seen, then further photos should be taken. Call medical illustration on 20900 to arrange this.

After this all further dressings are done in the plastics dressing clinic until 2 weeks when they are seen in the Friday morning burns clinic (adults) or a PDC parallel to Sarah Tucker's clinic (children).

**TOXIC SHOCK** links to guidance on [DIAGNOSIS](#) and [MANAGEMENT](#) which must include scrubbing the burn wound clean