




Burns					
Picture of wound	Wound	Indicator/descriptor	Management Aims	Recommended Products	Relevant links
	Superficial Burn	Involves only the epidermis and the upper part of the dermal papillae. May appear bright pink or red in colour (erythema). Blisters may or may not be present. The texture is normal or firm and the area is very painful and hypersensitive to touch. On pressure the burn area will blanch and capillary return is brisk. In time the erythema will fade and spontaneous healing will occur with no surgical intervention.	Comfort Protection	An occlusive dressing can be used for this sort of burn: Dress with Silicone dressing (e.g.Mepitel), Non-adherent dry dressing (e.g.Melolin) and crepe bandage. Secure with fixation sheet such as Hyperfix.	Burns Unit : Clinical information - dressings for Superficial Wounds
	Partial Thickness Burns	Injury results in the entire epidermal layer destroyed along with varying thickness of the dermis. Can be Superficial or Deep. Sweat glands and hair follicles generally remain undamaged, but some can be affected. It is characterised by a creamy coloured base which is mottled in appearance. Will usually heal itself by regeneration of the epithelial layer but will take longer to heal than a superficial burn. A deep partial burn where only the deeper substructure, sweat glands and hair follicles, untreated will leave scar tissue.	Retain Moisture Promote Healing Prevent Infection	A closed dressing can be used; Silver dressing (e.g.; Acticote or Acticote 7), moisten with sterile water, covered with hydrogel (e.g.Intrasite conformable) , gladwrap and crepe bandage, secure with Fixative (e.g.Hyperfix)	Burns Unit : Clinical information - dressings for partial Thickness Burns

	<p align="center">Full Thickness Burns</p>	<p>Injury occurs to entire thickness of the epidermis, epithelial elements and dermal appendages. Spontaneous healing is not possible. If left, the area will heal by contraction thus reducing function. Is whitish leather appearance, can also be brown, cherry red or charred black. It is firm and leathery in texture. Few, if any, blisters are present, those present are thin walled and break easily. Areas will not blanch under pressure. Initially, nerve sensation is greatly diminished or lost completely, later pain associated with the burn area can be severe as the child undergoes grafting. The eschar is extremely inelastic and leads to compression of the underlying tissue as oedema occurs</p>	<p>Retain Moisture Promote Healing Prevent Infection</p>	<p>A closed dressing should be used; Silver dressing (e.g.; Acticote or Acticote 7), moisten with sterile water, covered with hydrogel (Intrasite conformable) , gladwrap and crepe bandage, secure with Fixative (e.g., Hyperfix)</p>	<p>Burns Unit : Clinical information - dressings for full Thickness Burns</p>
	<p align="center">Friction burns</p>	<p>A friction burn occurs when skin is scraped off by contact with surfaces such as roads, carpets, or other hard floor surfaces. It usually is both a scrape (abrasion) and a heat burn. Children who fall on treadmills, often get friction burns to the skin. Children on bicycles, scooters or skateboards who have road accidents may get friction burns.</p>	<p>Retain Moisture Promote Healing Prevent Infection</p>	<p>These wounds need medical assesment to determine appropriate management. A non stick dressing maybe used whilst waiting for medical review</p>	

Note: All dressing choices should be dependent on clinical assessment and individual patient needs