

A Guide to Burns

First Aid¹

STOP



Immediately get the person away from the heat source to stop the burning. Do this safely - do not put yourself at risk of getting burnt

REMOVE



Remove any clothing or jewellery that's near the burnt area of skin, including incontinence pads, but do not remove anything that's stuck to the skin. Remove contact lenses if able, when burn to face or eyes.

COOL



Cool the burn area only. Keep the rest of the patient (uninjured areas) warm. **IRRIGATE:** In case of chemical burn, commence urgent continuous large volume irrigation with lukewarm water for at least 20 minutes. As you flush the burn (not before), remove jewellery or articles of clothing with chemical on them, unless they're stuck to the person's body

WARM



Make sure the person keeps warm by using a blanket, for example, but take care not to rub it against the burnt area

COVER



Cover the burn by placing a non-adherent dressing over the affected area

FACE



If the face or eyes are burnt, sit up as much as possible, rather than lying down - this helps to reduce swelling. **Do not rub eyes.** Open eyes to irrigate - frequently blink during irrigation

CALL



CALL for referral If burn is superficial or partial thickness then refer to Tissue Viability Nurse (TVN). If burn is deep dermal or full thickness patient requires urgent assessment at A&E.

Depth of Burn^{3,4}

Superficial Epidermal



Please note: could be aerosol or thermal burns or scalds

Appearance Sensation Management Aims

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ■ Dry, red ■ Blanching with pressure | <ul style="list-style-type: none"> ■ Painful | <ul style="list-style-type: none"> ■ Apply cooling ■ Moisturise often ■ Administer pain relief/analgesia |
|---|---|---|

Superficial partial thickness



Please note: could be aerosol or thermal burns or scalds

Appearance Sensation Management Aims

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> ■ Blisters ■ Moist, red, weeping ■ Blanching with pressure | <ul style="list-style-type: none"> ■ Painful to temperature, air and touch | <ul style="list-style-type: none"> ■ Manage exudate ■ Prevent deterioration of burn depth ■ Promote mobility and function |
|--|---|--|

Deep dermal



Appearance Sensation Management Aims

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> ■ Blisters (intact or collapsed) ■ Moist and wet ■ Variable colour (dark pink/red or white) ■ Fixed red staining may be present ■ Blanching is delayed or absent | <ul style="list-style-type: none"> ■ Sensation is variable (sensitive to deep pressure only or dull pain) | <ul style="list-style-type: none"> ■ Alleviate pain/promote comfort ■ Prevent deterioration of burn depth ■ Prevent infection ■ Promote mobility and function ■ Promote wound healing and minimise scarring ■ Healing - >21 days, usually requires surgical treatment |
|--|--|--|

Full Thickness



Appearance Sensation Management Aims

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ■ Waxy white to leathery grey to charred and black ■ Dry and inelastic quality ■ No blanching with pressure | <ul style="list-style-type: none"> ■ No sensation to burn wound ■ Pain may be present from surrounding (uninjured but inflamed) tissues | <ul style="list-style-type: none"> ■ Prevent infection ■ Promote function ■ Promote wound healing and minimise scarring ■ Healing - Rare, unless surgically treated |
|---|---|---|



The best first aid should consist of cool running tap water for 20 minutes, ideally applied as soon as possible, but still effective up to 3 hours after injury, in order to reduce tissue damage²



A Guide to Burns

Referral Threshold for A&E

Criteria	Threshold
Depth	Any full thickness or deep dermal burn
Site	Any deep dermal or full thickness burn to special areas (face, hands, feet, perineum, genitalia)
	Any non-blanching burns that engulf the entire limb
Mechanism	Any chemical, electrical or inhalation burn
Other Factors	Any patient who appears physically unwell following a burn injury. Staff to ensure regular NEWS 2 monitoring as per Trust policy
	Any patients who are pregnant with a burn injury

Treatment

Flaminal® Hydro/Forte with a non-adherent contact layer, sterile pad and light bandage or Flaminal® Hydro/Forte with a silicone adhesive dressing

The images adjacent are examples of how to apply Flaminal®

Treatment continued

Cover the wound with a sufficiently thick layer (0.5cm) with Flaminal®



Apply with a nozzle



Apply directly on to the dressing



Apply directly from the tube



Apply with a syringe



Flaminal® can remain in place as long as the gel structure is intact (1 to 4 days, depending on the amount of exudate).



Pack Size	PIP Code	NHS CAT Code
5 x 15g tubes	324-2971	ELG021
1 x 50g tube	344-9600	ELG025
500g tub	-	Available to order direct*

Indicated for slightly to moderately-exuding wounds



Pack Size	PIP Code	NHS CAT Code
5 x 15g tubes	324-2963	ELG022
1 x 50g tube	344-9592	ELG023
500g tub	-	Available to order direct*

Indicated for moderately to highly-exuding wounds

*Please contact local territory business manager

Contact Information

Any patient not meeting the referral threshold for A&E should be referred to the Tissue Viability Service.

TVN team

Office number 0191 333 3584
Email tewv.tissueviability@nhs.net

NOTE: Flaminal® is indicated for 2nd degree burns (deep, superficial)

References:

1. NHS.co.uk Burns and scalds treatment [online] <https://www.nhs.uk/conditions/burns-and-scalds/treatment/>
2. Stiles K (2015) Burn wound progression and the importance of first aid. Wounds UK. Vol 11
3. London and South East of England Burn Network "LSEBN Initial Management of Burn Wounds"[online pdf] <https://www.networks.nhs.uk/nhs-networks/south-east-coast-critical-care-network/burns>
4. Rice and Orgill (2019), Assessment and classification of burn injury. Uptodate [internet] Walktham (MA): UpToDate Inc, 2019- uptodate. com

Adapted content by Tissue viability Tees, Esk and Wear Valleys NHS Foundation Trust from Flaminal Guide to Burns Brochure 2022.

Title	Burns Management Pathway		
Approved by	The Fundamental Standards of Holistic Care-Clinical Advisory Group	Date of Approval	02/04/2025
Protocol Number	CLIN-0094-006-v1	Date of Review	02/04/2028

Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance/ Tissue Viability Service
Title	Burns Management Pathway
Type	Procedure/guidance
Geographical area covered	Trust-wide
Aims and objectives	To support staff who care for patients with a burn wound.
Start date of Equality Analysis Screening	25 th February 2025
End date of Equality Analysis Screening	25 th February 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Trust staff and patients
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	This procedure will not negatively impact upon any of the protected characteristic groups.
Describe any positive impacts / Human Rights Implications	Service users receive safe, effective and appropriate wound care for burns and interventions.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Wounds UK British Burn Association
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	This algorithm has been discussed with the Fundamental Standards of Holistic Care Clinical Advisory Group who supports patients from a range of protected characteristics on a daily basis.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	N/A

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Registered healthcare professionals and nursing support staff to undertake wound care training which will incorporate training on lower limb wounds.
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked.