## Initial Management of Minor/Small Burns

### First Aid
- Cool with running water for up to 20 minutes
- Consider immersion or wet towels if running water is unavailable
- If water is unavailable consider water gel products (adults only)

### Prepare
- Provide analgesia
- Clean wound with antibacterial soap and water.
- Remove all foreign, loose and nonviable skin/tissue
- Debride blisters if > 5 cm
- Shave hair in and around burn to 2 cm radius

### BURN
- **Superficial**
- **Partial Thickness**
- **Deep Partial Thickness**
- **Full Thickness**

### Assess Depth
- Painful Epidermis damaged but intact. Red color. Sunburn
  - Does not count into total body surface area (TBSA) percent
- Blisters easily removed. Deep red or white. Painful but dull sensation. Delayed or absent capillary return. Hair follicles intact.
- No sensation. No capillary return. Leathery white/brown/black or yellow. Hair follicles not intact.

### Topicals or Primary Dressing
- **Water-based moisturizer** (3-4 times per day and prn)
- **Bacitracin** (daily)
- **Mepilex AG** (5-7 days)
- **Xeroform** (5-7 days)
- **Silvadene (BID)**
- **Sulfamylon (Daily)**
- **Mepilex AG** (5-7 days)
- **Silvadene (BID)** DO NOT USE SILVADENE FOR FACES OR CHILDREN < 2 y/o

### Initial Secondary Layer/ Dressing
- Do not need dressing to cover
  - Partial thickness and deep partial thickness burns produce a significant amount of drainage and exudate in the first 72 hours.
  - Gauze dressings should be considered to manage excess drainage.
  - Secure with adhesive tape or elastic netting. Ensure its non constrictive.
  - Elevate affected area as appropriate.

### Follow-up
- Refer to Nebraska Medicine Burn Center or Regional Burn Center if:
  - Partial thickness burns over 10% of total body surface area
  - Burns that involve face, hands, feet, genitalia, perineum, or major joints
  - Third degree burns in any age group
  - Electrical burns, including lightening injury
  - Chemical burns
  - Inhalation injury
  - Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
  - Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
  - Burned children in hospitals without qualified personnel or equipment for the care of children
  - Burn injury in patients who will require special social, emotional, or rehabilitative intervention

**CALL (402)552-2876 or (800) 995-2876 FOR REFERRALS**