

General burns first aid

- Most burns fortunately only affect a very small area of our skin surface. However, they can be very painful and may require specialised treatment.
- Contact with a hot dry surface or object, a hot liquid, corrosive substances or electricity can result in a burn to the skin. Swift action following contact with the surface or substance will help.
- Rinse the burned area under cool running water for at least 20 minutes. Then loosely cover the burn with cling film (not to the face, nor wound around a limb as there will be swelling). This will reduce the level of pain and minimize blistering.
- Do not remove clothing if it is stuck to the skin. Leave this for medical staff to remove.
- Remove any jewellery near the burn site but only if it can be done without causing any damage to the burn.
- Never place a child in a bath full of cold water. This can cause them to go into shock and other complications.
- Do not use any ointment or cream on the burn. And never use butter, oil, spray or any other household cream.
- Never burst or pop any blisters on a burn, as this can lead to an infection.

General support

- For general medical advice please use the NHS website, the NHS 111 service, walk-in-centres, or your GP.
- The **NHS** website provides online health information and guidance www.nhs.uk
- The **NHS 111** phone line offers medical help and advice from trained advisers supported by nurses and paramedics. Available 24 hours a day. Calls are free from landlines and mobile phones.
- There are walk-in and urgent treatment services at Brighton Station, in Crawley and at Lewes Victoria Hospital. www.bsuh.nhs.uk/services/ae/
- **Patient Advice and Liaison Service (PALS)** can be contacted with your comments and concerns, and to provide general support. PALS@bsuh.nhs.uk
RSCH: 01273 664683.
PRH: 01444 448678
PALS, Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE

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Disclaimer: The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Ref number: 916
Publication Date: February 2019
Review Date: February 2021



Brighton and Sussex
University Hospitals
NHS Trust

Burns

Advice for patients visiting the Emergency Department

Emergency Department

Royal Sussex County Hospital
Level 5, Thomas Kemp Tower,
Eastern Road, Brighton BN2 5BE
01273 696955 extn. 64261

Princess Royal Hospital
Lewes Road, Haywards Heath RH16 4EX
01444 448745

www.bsuh.nhs.uk

Types of burns

You have been discharged home from the Emergency Department following assessment of your burn. Burns are categorised according to the depth and extent of skin affected, and this guides our treatment.

Superficial burns:

- These affect just the surface of the skin, causing redness and pain.

Partial thickness burns:

- These are deeper than the superficial burns and can cause the skin to become blotchy and red or pale pink. These burns may be painful and develop blisters.

Full thickness burns:

- These cause damage to all layers of the skin, resulting in a brown or white leathery appearance. They usually need treatment at a specialist burns unit.

Treatment

Blisters

- These can develop soon after the original injury, but can also take some time to fully form. Blisters are collections of fluid which cover the skin that has died as a result of the burn. Blisters that are smaller than your little fingernail can be left alone, but larger blisters which

may burst are sometimes treated by having the top layer removed. This also allows us to see how severe the burn is under the blister. The process of removing blisters is known as 'de-roofing'. It can be done by a trained nurse or doctor.

Photographs

- We usually take photographs of the burn injury at the start of treatment, so we can monitor that it is healing appropriately.

Burns dressings

- Most wounds will require being dressed with a specialist dressing for a few days.

Aftercare

- If your burn has been dressed, this dressing should remain undisturbed until your next attendance at hospital (or with your own family doctor).
- It is important to keep the dressing clean and dry while the injury is healing, to prevent any infection.
- The nurse will give you advice about washing or bathing while the dressing is in place. We usually advise to cover the affected area with a plastic bag, if possible, and to keep the affected area out of the water as much as you can.
- Take pain killers regularly as burns can be very painful initially.

- You should **return to the Emergency Department or your GP surgery** earlier than requested if:
 - The dressing becomes accidentally wet, fluid is seeping through the dressing or the dressing becomes loose or falls off;
 - You experience increasing discomfort after initial improvement;
 - You feel ill and/or develop a temperature;
 - You develop redness and warmth extending from the burn site.

Long-term aftercare

- Once the burn wound has healed, the skin may become dry or itchy. Moisturise the area regularly with a non-perfumed, water-based moisturiser, such as aqueous cream.
- There will be a scar (patch of tissue) that remains once the wound has healed. To reduce the risk of permanent or noticeable scarring, continue to moisturise with a non-perfumed, water-based moisturiser, such as aqueous cream.
- For the first eighteen months to two years after a burn, the area of skin may be very sensitive, particularly to sunburn. Avoid exposing the affected area to the sun, if possible, and use a high factor sun block, even if it is not warm, as the sun's UV rays can still damage the skin.