






Burn Depth and Minor Burn Dressings: THS Burns Service State wide

First Aid	Preparation & Blisters		Further Information		BURNSTAS Minor Burns Clinic
Cool running water for at least 20 mins Remove affected clothing & jewellery Cooling continues to be beneficial for up to 3 hrs post burn injury Never use ice	Provide analgesia & clean wound & remove all foreign matter, loose and non-viable tissue/skin. De-roof all blisters if tense, over a joint, or if signs of infection are present. Remove all blistered skin 48-72 hrs post burn injury		THS Burns Referral and Transfer Flow Chart THS Burns Wound Management Guideline Intranet: Burns Service Tasmania (Statewide) Tasmanian Department of Health Intranet Internet: Tasmanian Burns Services Tasmanian Department of Health		Minor Burn Digital Imaging Clinic Statewide Send referral and photo: <ul style="list-style-type: none"> e-Referrals RMS or email burnstas@ths.tas.gov.au Telephone Burns NP RHH 0428 370 714 Monday- Friday Business Hours only
Burns Referral & Transfer Flow Chart	Epidermal	Superficial Dermal	Mid Dermal	Deep Dermal	Full Thickness
					
	Brisk capillary return Epidermis damaged but intact Red, no blisters Painful, dry Healing 3-7 days	Brisk capillary return Blistered, painful Red/pale pink Moist Healing < 14 days	Sluggish capillary return +/- Blisters Dark pink or mottled red Variable sensation Hair follicles intact Healing 10-21 days	Severely delayed or absent capillary return +/- Blistered skin & hair follicles Cherry red or white or mottled Sensation to deep pressure ↓ Moisture, healing > 21 days Require skin grafting	No capillary return No blisters, hair follicles or sensation, dry Leathery or brown or white or yellow or black Require skin grafting
	Moisturiser E.g. sorbolene cream 4 times/day	Absorbent dressing: •Foam •Alginate/gelling fibre •Silver Dressing if contaminated	Absorbent dressing: •Foam •Alginate/gelling fibre •Silver Dressing if contaminated	Topical antimicrobial E.g. Silver dressing: •Acticoat®- see application guide •Silver foam Refer: THS Burns Service	Topical antimicrobial E.g. Silver dressing: •Acticoat®- see application guide •Silver foam Refer: THS Burns Service
	Moisturiser E.g. sorbolene cream Reapply 4 times/day	•Foam •Hydrocolloid •Silver Dressing if contaminated Redress every 3-4 days	•Foam •Hydrocolloid •Silver Dressing if contaminated Redress every 3-4 days	Silver dressing: •Acticoat®- see application guide •Silver foam Redress every 3-4 days Refer: THS Burns Service	Silver dressing: •Acticoat®- see application guide •Silver foam Redress every 3-4 days Refer: THS Burns Service
	Silver Dressings	Please consider a silver based dressing for the following: <ul style="list-style-type: none"> Paed ≥ 5% TBSA and Adult ≥ 10% TBSA (Contact & Refer to RHH Burns/Plastics Team and utilise Transfer Dressings as per guidelines) Flame and chemical burns Deep dermal and full thickness burns Immuno-suppressed patients (including diabetics and patients receiving high dose steroids) Signs of infection &/or systemically unwell Compromised First Aid (e.g. contaminated water, sea water etc) 			
	Follow up	General Practitioner & Community Nursing 24- 48 hrs post burn & initial review. Refer to RHH Burns Outpatient Clinic or LGH Plastics clinic as per the Burns Referral & Transfer Flow chart . Burns referral and transfer (health.tas.gov.au) All burns that take > 2 weeks to heal, deep dermal & full thickness burns or receive a skin graft, require scar management & referral to the Tasmanian Burns Unit RHH			
Contact	State-wide and South: BURNSTAS Clinic; RHH Burns Outpatient Clinic Ph: 03 6166 0098; RHH Burns/Plastics Registrar 24/7 Ph: 03 6166 8308 North and Northwest: BURNSTAS Clinic; Plastics Clinic LGH Ph: 03 6777 6777. Plastics Registrar available 24/7 Ph: 03 6777 6777				