NURSING PROCEDURE

TITLE: BURN WOUND CARE
A. General Burn Wound Care
B. Facial Burn Wound Care
C. Graft and Donor Site Care

CATEGORY: RN – General
LPN – Advanced Practice

PURPOSE
To instruct nursing to safely perform burn wound care in order to;
• maintain form, function and feeling of burn-injured skin.
• avoid any further injury to the surrounding skin or deeper tissues.
• assure an optimal environment for epidermal renewal.
• avoid secondary complications, such as infection.
• minimize pain and discomfort.

NURSING ALERT:
• Sterile technique is maintained throughout all burn dressing application to prevent infection.
• Infection control practice is utilized throughout burn dressing changes.
• Ensure analgesics are administered as required prior to all burn dressings and as needed during burn dressings.

A. General Burn Wound Care

EQUIPMENT
1. PPE
   • Gortex gowns
   • Sterile gloves for dressing changes (cleansing, debridement and application of new dressing)
   • Non-sterile gloves for removal of pre-existing dressing
   • Masks
   • Eye protection
   • Foot coverings
   • Head coverings
2. Sterile normal saline warmed (standard cleansing agent for gauze dressings)
3. Sterile water warmed (standard cleansing agent for ionic silver dressings)
4. Sterile compress bowl
5. Sterile towels
6. Sterile plastic surgeon tray and/or sterile dressing
7. Sterile gauze of appropriate size obtained from processing (quantity dependant on size of burn area)
8. Soft roll of appropriate size
9. Surgical netting of appropriate size
10. Tape
11. Dressing supplies as per Physician’s order

**PROCEDURE**

1. Perform hand hygiene.
2. Don PPE.
3. Provide analgesic if necessary.
4. Position patient for comfort and privacy and to provide easy access to the wound.
5. Prepare sterile field.
6. Remove outer dressing may be necessary to use scissors.
7. Remove inner dressing gently:
   7.1 If necessary soak inner dressing with sterile normal saline or sterile water (dependent on type of dressing ordered) to insure inner dressing does not adhere to the wound on removal.
   7.2 Place sterile towel under limbs, hands or feet after removal of pre-existing dressing.

**NURSING ALERT:**

- Normal Saline is contraindicated with ionic silver dressings.

8. Remove non-sterile gloves.
10. Don sterile gloves.
11. Cleanse wound with sterile normal saline or sterile water (dependent on type of dressing ordered) soaked gauze; wiping wound from center towards outer edges.
   11.1 Ensure with cleansing all excess exudate, topical ointments, and loose skin and eschar are removed without causing trauma or bleeding to healing burn.
   11.2 Gently lift and trim loose skin/eschar only with sterile forceps and scissors if this can be done easily with no resistance and causing no bleeding.
   11.3 Leave blisters intact, unless directed by physician to aspirate or break (clarify this treatment with physician if blisters are limiting range of motion).

12. Assess burn wound noting size, depth, colour, odour, exudate and necrotic tissue.

**NURSING ALERT:**
- Efforts should be made to coordinate dressing changes with physical therapy/occupational therapy.
- Range of motion exercises must be performed in conjunction with assessment for all burns.

13. Remove sterile gloves.
15. Don sterile gloves.
16. Apply prescribed dressing to wound area. See appendices for commonly used dressings.
17. Apply outer dressing over prescribed dressing and secure with soft wrap and tape.
   17.1 Apply moistened gauze as an outer dressing if burn wound is dry.
   17.2 Apply dry gauze as an outer dressing if burn wound has large amount of exudate.
18. Apply appropriate sized surgical netting over soft wrap to help hold dressing in place.

**NURSING ALERT:**
- Burn wounds involving fingers and toes must be individually dressed and wrapped.
- Ensure capillary refill assessment can be performed on finger and toe dressings.

B. Facial Burn Wound Care

EQUIPMENT

1. PPE
   - Gortex gowns
   - Sterile gloves for dressing changes (cleansing, debridement and application of new dressing) minimum of two sets
   - Non-sterile gloves for removal of pre-existing dressing
   - Masks
   - Eye protection
   - Foot coverings
   - Head coverings
2. Sterile normal saline warmed (standard cleansing agent for gauze dressings)
3. Sterile water warmed (standard cleansing agent for ionic silver dressings)
4. Sterile compress bowl
5. Sterile towels
6. Sterile plastic surgeon tray and/or sterile dressing bundle
7. Sterile gauze of appropriate size, obtain from processing (quantity dependent on size of burn area)
8. Antibiotic ointment as per physician order

NOTE: Facial burns are usually treated in a semi-open method, with no gauze dressings.

NOTE: Do not permit ointment and creams to contact the eye as conjunctivitis may result. Silver Sulfadiazine cream and Silver Nitrate solution are NOT recommended for use on the face.

PROCEDURE

1. Perform hand hygiene.
2. Don PPE.
3. Provide analgesic if necessary.
4. Position patients head for comfort and so that areas of burn injury are easily accessible; may use a small towel or pillow.
5. Prepare sterile field.
6. Clip or shave scalp hair from perimeters of involved skin initially, then q2 days.
7. Shave facial hair once daily using disposable razor(s).
NOTE: Never shave eyebrows. Never use shaving cream on facial burns. Antibiotic ointment should provide enough lubrication.

8. Remove non sterile gloves.


10. Don sterile gloves.

11. Cleanse facial burns q12h with warmed sterile saline; wiping the wound from center towards outer edges.
   11.1 Ensure with cleansing all excess exudate, topical ointments, and loose skin and eschar are removed without causing trauma or bleeding to healing burn.
   11.2 Gently lift and trim loose skin/eschar only with sterile forceps and scissors if this can be done easily with no resistance and causing no bleeding.
   11.3 Leave blisters intact, unless directed by physician to aspirate or break (clarify this treatment with physician if blisters are limiting range of motion).
   11.4 Gently cleanse ears and nostrils using sterile saline soaked cotton tipped swab as per step 11, ensuring that sterile saline does not enter the ear or nasal canals.
   11.5 Apply ophthalmic solutions to eyes as ordered by physician.

12. Remove sterile gloves.

13. Perform hand hygiene.


15. Apply topical antibiotic as ordered.

NURSING ALERT:
- Apply topical antibiotics prn to keep wounds from drying out.

C. Graft and Donor Site Care

NURSING ALERT:

- Nurses less familiar with graft care should consult an experienced burn nurse when caring for the newly grafted patient.
- The first removal of inner graft dressing is always done by the plastic surgeon.
- Nursing may have to remove the staples after plastic surgeon has removed the inner graft dressing.
- Before Plastic Surgeon has done the first dressing change, nursing may reinforce or change the top/outer layers of graft dressing only.
- Changing the outer layers is required when they become saturated with exudate.
- Gentle handling of skin graft is mandatory to prevent dislodging of new grafts. Especially for 5-7 days post-operatively.
- Ensure no pressure cuffs or shearing forces to graft site.
- Ensure to adhere to Plastic Surgeon mobilization and range of motion orders for grafted area.
- Plastic surgeon will leave orders for any further dressings or ointment applications to graft site and donor site after first dressing is removed. For application instructions refer to Section A of this procedure.

EQUIPMENT

1. PPE – includes gloves, gore gown, mask, eye protection, hair covering, foot covering
2. Tape
3. Sterile dressing kit
4. Dry sterile gauze
5. Staple remover
6. Soft roll of appropriate size
7. Surgical netting of appropriate size.
8. Sterile gloves

PROCEDURE

1. Don PPE.
2. Remove outer dressings gently.
3. Saturate any adherent outer dressings with normal saline.
4. Remove gloves, wash hands, don sterile gloves.
5. Anchor inner dressing covering graft or donor site with sterile instrument while removing outer dressings.
NOTE: Inner dressing is usually stapled around the graft or donor site to patient.

6. Inspect integrity of inner graft and donor site dressing for lifting and presence of abnormal or foul smelling drainage. Report any of these to Plastic Surgeon.

7. Gently trim dried loose edges only from inner graft or donor site dressing.

8. Cover inner dressing with dry gauze of appropriate size.


10. Secure soft roll with surgical netting of appropriate size if necessary.
REFERENCES


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Keyword: Burns
Acticoat Dressing Change Recommendations

** These are recommendations only! Always clarify dressing orders with Physician prior to burn care**

Acticoat Flex 3® - Effective over partial and full thickness burns for 3-5 days.
Acticoat Flex 7® - Effective over partial and full thickness burns for 7-10 days.

1. Contraindications;
   - Use of Normal saline with this dressing
   - Patients receiving radiation therapy
   - Patients receiving MRI
   - Patients with sensitivity to silver

2. Using sterile procedures cleanse burn as per nursing procedure.

3. Apply Intrasite Gel to coat the entire piece/pieces of acticoat that you will use to cover the burn wound.

4. For dryer burn wounds you may also need to apply a coat of intrasite gel to the wound bed.

5. Place intrasite gel coated acticoat over the burn wound.

6. Moisten (not saturate) burn dressing compress with sterile water and apply over top of acticoat.

7. Secure dressing with soft roll of appropriate size and tape. May need to use surgical netting of appropriate size to further secure.

8. For largely exudating burn wounds, wrap burn dressing with blue pad and secure with tape.

9. Ensure dressing remains moist (not saturated) between dressing changes. Moisten with **sterile water** as needed.

10. When removing acticoat saturate with sterile water (as needed) to loosen dressing when it adheres to wound; preventing unnecessary trauma to the burn wound bed.
Appendix B

**Polysporin and Adaptic Dressing Change Recommendations**

**These are recommendations only! Always clarify dressing orders with Physician prior to burn care**

- Polysporin has narrow antimicrobial coverage.
- Adaptic is Vaseline impregnated gauze that will not stick to the wound bed causing less pain on removal.
- Polysporin and Adaptic require more frequent dressing changes due to the narrow antimicrobial coverage; Recommendation at least OD.

**Directions**

1. Using sterile procedures cleanse and lightly debride burn as per nursing procedure B.4.
2. With sterile gloves or tongue depressor, apply polysporin liberally to burn wound.
3. Cover polysporin with Adaptic to fit burn wound.
4. Cover Adaptic with dry gauze.
5. Secure gauze with soft roll of appropriate size and tape. May need to use surgical netting of appropriate size to further secure.

**References**
