

WELCOME

Inside this Issue

The Education Advisory Group is overseeing the newsletter. We have some topics for the year however these are flexible so please let us know what you would like to see or contribute to the 'Tissue Issue' this year. Previous editions [click here](#)

- Focus Topic - Minor Burns
- Hot Tips
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- Scholarships & Awards
- What's On

FOCUS TOPIC - MINOR BURNS

Initial Management of Minor Burns

Minor burns are defined as burns which are superficial in depth and cover less than 10% **Total Body Surface Area (TBSA)** in adults or 5% TBSA in children. Minor burns should heal in 10-14 days and are suitable to be managed in the community.

First aid and effective initial management can prevent burn wound progression and limit the tissue damage. The gold standard for burns first aid is to stop the burning process and cool the burn. All burns should be cooled immediately under running water (15°C) for at least 20 minutes. Cooling is still effective within three hours. Don't use ice. This can cause vasoconstriction and worsen tissue ischemia.

Remember: cool the burn, warm the patient. Clothing and jewellery can retain heat and should be removed immediately (unless adhered to the skin). Burns can be temporarily covered with cling film for up to 8 hours following cooling, to allow assessment while preventing bacterial colonisation and relieve pain from the exposed nerve endings. Minor burns can be very painful, multimodal analgesia is recommended.

Prior to assessment, cleanse the wound and remove debris, loose skin and non-viable tissue to minimize the risk of infection and encourage granulation tissue. Burn blisters occur commonly in superficial and mid-dermal burns. There is little international consensus regarding the size of burn blisters which should be

debrided. In general, leave small blisters intact, debride any larger blisters, and any blisters over joints or those that impact movement. Formal tools such as the Lund Browder chart and Rule of Nines are used to estimate burn TBSA. For small burns it can be useful to use the Palmer surface of the patients hand (from wrist to finger tips) to estimate TBSA, one hand area is approximately 1%. Burns depth is determined by subjective assessment of the characteristics of the wound listed below:

Depth	Colour	Blisters	Capillary Refill	Sensation	Healing
Epidermal	Red	No	Present	Present	Yes (usually in days)
Superficial Dermal	Pale pink	Yes	Brisk	Painful	Yes (usually in days)
Mid Dermal	Dark pink/red	Yes	Sluggish	+/-	Usually (14-21 days)
Deep Dermal	Blotchy red or white	+/-	Absent	Absent	Over 21 days. Grafting probab
Full Thickness	White	No	Absent	Absent	No. Grafting needed.

A burn wound is dynamic and often heterogeneous. Do not assume that all areas of the burn are equal depth or will remain as initially assessed. It is important to distinguish between burns that will heal conservatively and those that will require skin grafting. Any burn which meets the Regional Burn Centre referral criteria or is unlikely to heal within 14-21 days should be referred early.

(<http://www.nationalburnservice.co.nz/pdf/RBS-referral-poster.pdf>).

Minor burns heal by a process of re-epithelialisation as surviving keratinocytes in the injured skin proliferate to the epidermal barrier. Dressing choice to facilitate this is guided by burn depth. The Australia New Zealand Burns Association provides guidance around dressings for small burns.

(<https://anzba.org.au/assets/ANZBA-Initial-Management-of-Small-Burns.pdf>). Silver products should be used if a wound is contaminated, mixed depths or if the burn depth is deep dermal or full thickness.

Local oedema is present in the initial days following burn injury. It interferes with tissue perfusion and hinders joint mobilisation. To minimize the effects of oedema, elevate the effected limb, do not apply tight circumferential bandages/tapes, encourage range of motion exercises, and apply elastic compression e.g. Tubigrip.

A review of the burn wound should always occur within 48-72 hours of initial presentation to reassess the depth, monitor healing and determine ongoing management.

Further information on the management of minor burns is available from:

<https://anzba.org.au/assets/ANZBA-Initial-Management-of-Small-Burns.pdf>

<http://www.vicburns.org.au/minor-burns/>

<http://www.nationalburnservice.co.nz/pdf/NBS-initial-assessment-guideline.pdf>

<http://www.nationalburnservice.co.nz/pdf/RBS-referral-poster.pdf>

http://www.woundsinternational.com/media/issues/943/files/content_11308.pdf

<https://www.nzgp-webdirectory.co.nz/site/nzgp-webdirectory2/files/pdfs/Burns%20-%20note2.pdf>

<http://www.vicburns.org.au/wp-content/uploads/2016/06/poster11-post-burn-skin-care.pdf>

Australia & New Zealand Burns Association. (2017). *Emergency Management of Severe Burns: Course Manual* (18th Ed.). Queensland, Australia

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HOT TIPS

- Thick exudate can become trapped under primary dressings leaving the wound bed too wet. To help remedy this cut slits into the primary dressing (if able to be cut e.g. alginate, cuticerin, atrauman) to allow the exudate to pass through the dressing into the secondary dressing.
- Check the interface of the dressing when removing to ensure that the exudate has been absorbed by the dressing product. Some dressings with 'pore like' interfaces may have difficulty absorbing viscous exudate.

NZWCS Website News

Just to update you on what we have been working on for the NZWCS website.

- The on-line joining and membership renewals is going well. We have had a few hiccups but they have been ironed out now.
- Under 'Resources' 'STOP PI Day' we have the, free to download, Patient Leaflet available in 5 languages (English, Maori, Samoan, Hindi & Chinese).
- Under 'Resources' & 'Publications' we have the new NZWCS Brochure which is free to download to use as advertising for the Society at any local events.
- Coming soon will be an 'Event Booking system'. This has been approved by the National Committee and is being worked on behind the scenes.

NZWCS Scholarships

The NZWCS has a new Scholarship & Awards programme. If you are thinking of studying or would like to attend a conference (nationally & internationally) and are looking for funding, please take a look at what the NZWCS has to offer: <https://nzwcs.org.nz/education/scholarships>

What's On

NZWCS Study Day & Seminars for 2018:

Wellington: Study Day - Sat 26 May 2018 - Wellington SPCA, 140 Alexandra Street

Title - 'Wounds - diving deep into the evidence' for more details - [CLICK HERE](#)

Please check regularly on the NZ Wound Care Society website as seminars, education evenings and study days will be added as soon as locations, venues, dates & details are known

PLANNED FUTURE TOPICS FOR TISSUE ISSUE 2018

- June / July - Negative Pressure
- Aug / Sept - Aged Skin
- Oct / Nov - Pressure Injuries

To contact the New Zealand Wound Care Society please email administrator@nzwcs.org.nz
Email all contributions to future newsletters 2 weeks before issue release.
More in-depth information is available on www.nzwcs.org.nz

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