Common Topical Agents in burns

Acetic Acid	3rd line for difficult wounds after initial topicals have plateaued	Alternative when other solutions not working
Acyclovir (Zovirax)	1st line for HSV eruptions	HSV lesions; black crusty lesions esp on mucosal surfaces
Aquaphor Aveeno	1st line after healing of grafts or injured skin	Used for superficial burns (1st deg)/ intact skin.
Bacitracin	1st line for superficial or small burns	BID face. Avoid if patient delayed. Excellent for groin / scrotal burns
Bactroban	1st line smaller burns , possible MRSA	Backup for baci; MRSA suspicion
Dakins 1/4	1st line for infected, deep, or delayed presentation burns	May do BID dressing changes if too dirty. Can increase strength if infection persists
Nystatin Powder	1st line for skin eruptions especially intertriginous	Yeast intertriginous areas; use to dry out wet grafts or donors (apply with dermanet)
Santyl	2nd line topical with eschar in particular when not going to OR	Useful for areas post autografting with some nonviable dermis underneath graft
Silvadene	Place on xeroform for next day removal on donor sites POD 10-14.	Also can be used for nonoperative burn eschar
Silver Nitrate Sticks	1st line treatment of hypergranulation	Apply to raised areas; need to have pain control
Sulfamylon Creme	1st line deep ear burns and non operative eschar	Used on DPT/FT ear burns.
Sulfa/ Nystatin Solution	2nd line solution for infected or deep burns	Must order both nystain/ sulfamylon powder and reconstitute.