

Initial Burn Dressings

(after good debridement)

acb 5.5.2023

Face, Neck, and Superficial (blanching) burns

- Bacitracin BID
- Cover if needed with telfas / stretchnet to hold if areas large

Weekend admits need topicals scheduled and nursing wound care orders / instructions e.g. change daily or no change until Monday.

Indeterminate-deep partial thickness burns

FRIDAY PM – SATURDAY

- Mepilex Ag (FOAM) to bridge weekend – can stay on 72 hours; compatible with bacitracin if needed
- Kerlix ok unless circumferential
- Soft sorbs ok all circumstances
- Sofsorb/Tape/Stretchnet for extremities,
- Sofsorb/stretchnet/islands help on trunk

Indeterminate to deep partial thickness burns

ALL OTHER TIMES/DAYS

- If <5% TBSA, Baci / telfa or softsorbs is fine
- If >5% TBSA, just use ¼ Dakins-softsorb wring outs or bacitracin/softsorb
- If >20% TBSA dry soft sorbs and let BICU nurses add ¼ dakins after admission (avoid hypothermia)

Perineal and genital burns

- Baci / xeroform
1tube per 5x9" xero sheet ratio
Xeroform needs to come off next day or it sticks

Full thickness, infected, 72+ hour delayed, infected, or circumferential burns

- Will need daily care and re-assessment of burn wounds.
- Do not use silver dressings e.g. NO Mepilex or foam.
- If delayed presentation or concerns for infection can use ¼ dakins or sulfa/nystatin solution w/ softsorbs or telfas
- Full thickness burns or circumferential burns prefer ¼ dakins
- lace in dry dressings ie softsorbs if >20% TBSA and send to BICU for initial soaks to be done once temperature stabilize
- Dressing: Softsorb then loose kerlix/Stretchnet if needed
- No direct kerlix or ACE wraps on circumferential extremity burns
- Dakins soaks q8 hours & change entire dressing daily
- Dry dressings at first for large or hypothermic burns
- Elevate extremities – hang on IV pole or multiple pillows or both