

SELF-CARE INFORMATION ON BURNS AND SCALDS

This leaflet tells you about minor burns and scalds, how to assess and treat them. It will also help you decide whether you need to go to a hospital Accident and Emergency Department for treatment.

What are burns or scalds?

Burns happen when your skin is exposed to:

- heat, for example, flames, hot surfaces, or sunlight
- chemicals, for example, battery acid, strong household cleaners.

Scalds are caused by hot liquids.

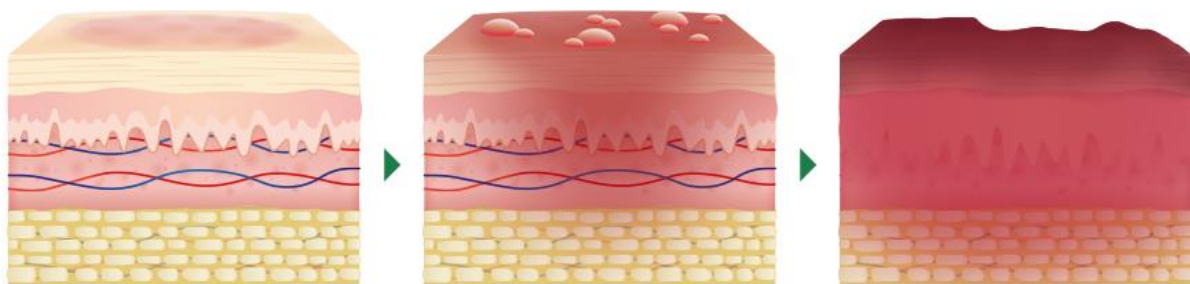
How severe is my burn or scald?

The severity of burns and scalds is judged by:

- *how deep* your skin is affected.
- *The area/size* of skin affected.

Burns are divided into 3 degrees:

- **1st degree burns** affect only the top layer of your skin. Your skin will be red and tender to touch but there are no blisters, for example, mild sunburn.
- **2nd degree burns** cause slightly deeper damage, but the deeper layers of your skin are intact. You will see blisters and burst blisters. The burnt or scalded area may weep clear fluid.
- **3rd degree burns** are much more serious. Here the full thickness of your skin is damaged. Your skin may be white or even blackened or feel hard to the touch. You may not be in any pain because your nerve endings have been damaged. You must go to the Accident and Emergency Department immediately, not a walk-in centre. You may need to be admitted to hospital for treatment.



1st Degree

2nd Degree

3rd Degree

What should I do if I get burnt or scalded?

- *Cool the area down* by holding the affected area under a tap or shower for 10 - 20 minutes. Have the water cool, not ice cold. Let the water run gently. This will reduce the pain quickly and reduce the damage done to your skin. If your skin is burnt by a chemical, rinse the area for at least 20 minutes.
- *Remove clothing* from the affected area. However, if your clothes are stuck to the burnt skin, you must not try to remove them.
- *Remove jewellery* - any rings, bracelets, or watches from the affected area if possible.
- *Wrap a cold compress*, for example, a clean wet tea towel, around it.
- *cling film* can help if you need to go to Accident and Emergency. Place cling film in layers, rather than round like a bandage to prevent it causing pressure if the area becomes swollen.
- *Take painkillers*, as instructed by your doctor, for example, paracetamol, 2 tablets 4 times a day. Take no more than 8 tablets in 24 hours. Do not take paracetamol with any other medicines that contain paracetamol.

If the burn was caused by a chemical, try to bring the container or the name of the chemical with you.

Do not:

- put antiseptic cream, butter, or oil on the burn
- puncture any blisters
- try to remove clothing if it is stuck to your skin.

Do I need to go to hospital?

You can manage at home:

- 1st degree burns affecting a small area. Small superficial (surface) burns can be either left open or covered with a dry, non-adhesive (non-sticky) and non-fluffy dressing.
- 2nd degree burns with small blisters (in an adult less than the size of a 50p coin), can be treated in the same way as a 1st degree burn.

You should go to an Accident and Emergency Department if you have:

- Large blisters
- 3rd degree burns (see above)
- Burns affecting your face, hands, feet, or private parts.
- A baby or small child (pre-school age) with any burns or scalds
- A burn from electricity, even if the burn is tiny. The damage may be much deeper than it seems.

Toxic shock syndrome

If a wound becomes infected, it can affect the whole body, causing a serious illness called Toxic Shock Syndrome. This is not a common illness; however, it is important that it is recognised. The signs and symptoms are:

- Fever
- Rash – anywhere on the body
- Vomiting
- Diarrhoea
- Lethargy

This can happen even with small burns and scalds.

If you or your child shows any of these symptoms, contact the Emergency Department immediately

What will happen in hospital?

- The severity and depth of the burn will be assessed.
- A decision will be made as to whether your burn or scald can be treated with dressings, or if further treatment is needed.
- Any large or tense blisters may be punctured to make you more comfortable. Do not burst any blisters yourself at home.
- If you have not had a tetanus vaccination in the last 10 years you may need a booster.
- Antibiotics are not usually needed unless the burn or scald is old or infected.
- You may be asked to return to A&E or Minor Injuries Unit in 2 days for follow-up, or you may be referred to a burns centre.

What should I do when I go home?

- Leave any dressing undisturbed and keep it dry and clean
- If the burn or scald is on your arm or leg keep it elevated for about 2 days, to help reduce any swelling.
- Take painkillers such as paracetamol or ibuprofen when you need them as per direction on the packaging. Always check the list of ingredients of other medication. Do not take ibuprofen if you are allergic to it or to aspirin; if you have a stomach ulcer, asthma or if you are pregnant.

How long will it take to heal?

This depends on the depth of your burn.

- *1st degree* burns may peel after a few days and tend to heal within a week
- *2nd degree* burns may take up to 3 weeks to heal
- *3rd degree* burns are usually treated in hospital and the time they take to heal will vary greatly depending on how severe they are.

Will I have a scar?

- *1st degree* burns do not usually leave a scar
- *2nd degree* burns do not usually leave a scar as long as they do not become infected. There may be discolouration of your skin for several months, but this will eventually fade.
- *3rd degree* burns usually leave a scar.

Skin care following a minor burn or scald

Moisturising

The injury may have damaged the small skin glands which make oils – they keep the skin moist. It is important to replace these oils to prevent the healed skin from drying out and cracking. This can be sore and itchy. Scratching the delicate new skin which may in turn lead to infection. You may use any bland, non-perfumed moisturising cream e.g. Nivea.

How often should the skin be moisturised?

2-3 times a day, depending on how dry the skin is. As the weeks go by, you should be able to reduce it to once a day and eventually stop – when the redness has gone. A small amount of cream should be massaged in until the cream disappears.

What about washing?

Before the cream is applied, the skin should be gently washed using baby bath or mild non perfumed soap. This is to prevent too much cream from building up on the skin, which can cause spots.

Swimming

Once the skin has healed completely, swimming is allowed. Chlorine and sea water tend to dry the skin so apply moisturiser before and after swimming to prevent this.

Sunshine

Do not expose this area to sunlight in the first 6 months without using a high factor sunscreen, for example, factor 30 or higher, to protect your new skin. Newly healed skin is very delicate and will burn quickly when exposed to the sun. If the clothing is a very light material, sun block cream should also be used as the sun's rays can easily get through.

You should contact your GP, Practice Nurse, or A&E department if:

- The dressing becomes wet, dirty, or loose
- There is an offensive smell from the dressing
- There is leakage through the outer layer of bandage
- There is increased pain from the wound
- The bandage appears too tight, and the fingers / toes become swollen, cold, or blue

Some of these signs could mean that the wound is infected. If left untreated this could delay healing.

Useful contacts

- Ask your pharmacist
- Patient UK - www.patient.co.uk
- NHS Choices, www.nhs.uk/conditions/

If you have further questions:

Call the **practice** on *01285 653184* or *01285 653122*

If you require **urgent** medical advice, call *111 (24 Hrs)*

In an **emergency** call **999**