

**Information / advice for the care of Children with SMALL Burn Injuries
NOT requiring admission to a Burns Service**

Please refer to the Midland Burn Operational Delivery Network (MB ODN) Referral Guidelines in your department for the admission and transfer of Burn Patients in the Midlands. These Guidelines are also available on the MB ODN website www.midlandsburnnetwork.nhs.uk

Antibiotics

There is limited current literature that supports the use of prophylactic antibiotics for children following a burn injury. Therefore, the MB ODN Clinicians have decided it is not appropriate to give prophylactic antibiotics to children after they have sustained a burn injury and advise that antibiotics should not be given unless there is a clinical indication to do so.

However, guidance on wound cleansing and dressings needs to be followed as indicated in dressing flowchart below.

Wound Cleansing and dressings

- All wounds need to be thoroughly cleaned - this means the removal of all dead and loose skin
- De roof all large blisters
- Consider using a diluted antiseptic solution / saline washes to clean the wound and surrounding skin
- Please see dressing flow chart for advice on appropriate dressings

Toxic Shock Syndrome (TSS)

Very rarely a child may become unwell with a burn injury of any size. Toxic Shock Syndrome is serious but an uncommon condition that can make a child feel really poorly very quickly. There is a risk of TSS in the UK in the toddler age group who have sustained a 2- 3 % burn injury symptoms usually occur 2 – 3 days after the injury(1).

It is important that the child’s parent / carer are informed of the signs and symptoms of TSS and when to seek medical advice. Ideally information should be written as well as verbal.

If you do not have an information leaflet detailing how to care for a burn injury then one can be obtained for you to use from the MB ODN website www.midlandsburnnetwork.nhs.uk Further information can always be obtained from your local Burns Service.

Safeguarding

Any burn with suspicion of non-accidental injury should be referred to a specialised Burn Service for an expert assessment within 24 hours.

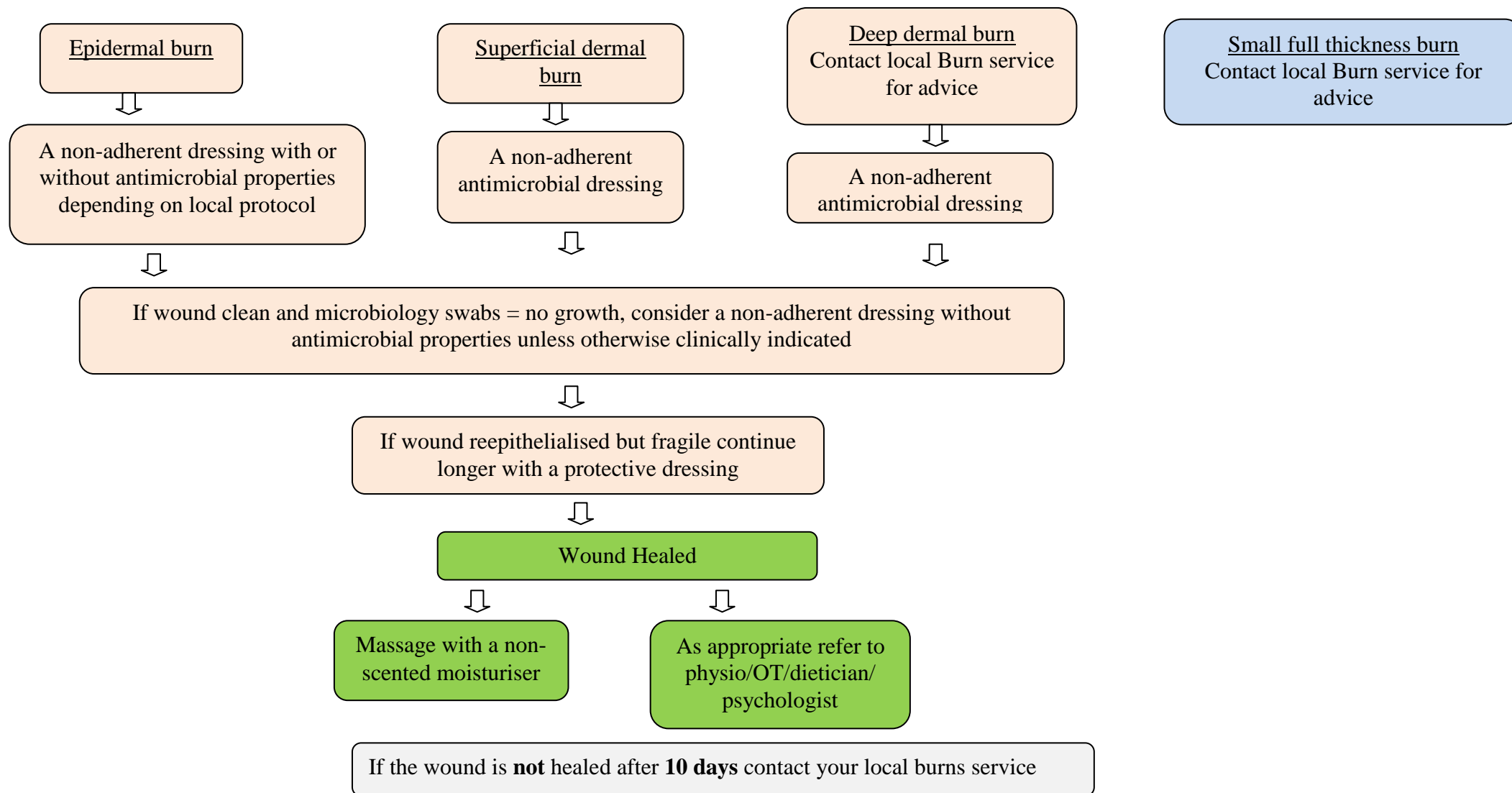
Please contact Children’s Burns Service on phone numbers listed.

Children’s Burn Services	Site	Level	Contact
Birmingham Children’s Hospital NHSFT	Birmingham Children’s Hospital	Centre	0121 333 8964 / 8965
Nottingham University Hospitals NHS Trust	Queens Medical Centre	Unit	0115 9249924 ext 70362 or 62388
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	Facility	Childrens day care (Clinic hours). 0116 2586317 or 0116 2586922. Out of hours SpR on call for Plastics.
University Hospitals Coventry and Warwickshire NHS Trust	University Hospital	Facility	02476 964000 On call SHO or SpR for Plastic Surgery
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	Facility	01782 715444 On call SHO or SpR for Plastic Surgery

1. Reference: Young, A. and Thornton, K. (2007). Toxic shock syndrome in burns: diagnosis and management. Archives of Disease in Childhood Education and Practice. 92(4). P.p. 97-100.

Midland Burn Operational Delivery Network (MB ODN) ED/MIU Dressing Flowchart

Burn assessed by ED Clinician, decision made that referral to Burns Service is **not** required (see MB ODN referral guidelines) and considered suitable for clinic. Thoroughly clean wound, remove all loose / dead skin and de roof large blisters, a diluted antiseptic solution may be used.



Examples of Dressings

Non-adherent dressings – Urgotul, Atrauman, Mepitel, Silflex

Non-adherent antimicrobial dressings –Urgotul Ag / SSD Mepilex Ag, Atrauman Ag.

Protective dressing – Duoderm - only use if minimal wound exudate, mepilex border lite, Urgotul, Atrauman, Cutimed Siltec B.