



Introduction

The treatment your child needs will depend on the size of the burn, the part of the body burnt, and the depth of the burn.

If the burn is large, deep, or involves certain areas of the body that make it hard to treat, the child will be admitted to hospital. Electrical burns may also require admission to hospital.

Many children with burns don't need admission to hospital, however appropriate treatment is important.

First aid

Stop the burning as soon as possible

- Put out the fire ("stop, drop, roll").
- For a scald, remove clothing as quickly as possible because hot fluid soaks into clothing and continues to burn.
- Don't remove any clothing that is stuck to the burn.

Dial 000 if your child is:

- Unconscious.
- Has difficulty breathing.
- Has severe pain that you cannot control.

In most cases simple first aid and pain relief are all that is needed before seeking medical attention.

First Aid:

- Spray, pour or sponge the burn with cold tap water for at least 20 minutes, starting as soon as possible after the accident.
- If first aid is delayed bathing the burn in cool water is still helpful within three hours of the accident.
- If you place a cold wet cloth on the burn, it needs to be rinsed in

cold tap water every minute as the cloth warms up quickly.

- Do not apply ice, iced water or any other creams or lotions (they are not helpful at this stage and may make the burn worse).
- Avoid letting your child get cold (keep the rest of your child warm while you are applying cold water to the burned area).
- Warm the room (or your car) to 28 - 30°C if possible.

Treatment

Dressing the burn will involve:

- Appropriate pain relief for your child.
- Applying a dressing to protect and promote healing.
- Regular checks i.e. every 1-3 days (it may take up to 2 weeks to determine how deep the burn is).
- The type of dressing may change as the burn heals.
- You will be given instructions on how to care for the dressing at home.

Pain relief

All burns are painful.

- Cold water provides excellent pain relief if used early.
- Medicine such as Panadol™, Dymadon™, or Tempra™ can give good pain relief.
- Larger burns may need pain relief by injection (if it is thought that the child will need more than one injection, admission to hospital is needed).

Fact Sheet

Burns and Scalds: burn care advice



- Your child may cry for a number of reasons other than pain (i.e. fear, anxiety and hunger).
- Your reassurance will be comforting to them (listen to their fears and answer their questions truthfully).

What can go wrong? (Infection)

Infection is rare.

Bring your child back to the hospital any time of night or day if your child:

- Seems unwell or won't eat or drink.
- Has a temperature over 38.5 degrees Celsius.
- The wound begins to smell (some yellowish ooze is OK).
- There is pain in the burn area.
- The dressing falls off or comes loose or you notice redness spreading out from the initial injury.

It is important to avoid your child coming into contact with anyone who has or is developing cold sores on the lips, or has chicken pox (unless your child has had chicken pox or has been vaccinated against it).

Diet

It is important your child eats healthy foods so that the body has the right nutrients it needs to heal.

Activity

Keep dressings clean and dry.

Your child should engage in normal play, both with you and other children.

Accidents which cause pain and require the child to go to hospital can make them feel insecure so extra cuddles are needed. Kids often feel guilty because they have caused so much trouble. Be patient but continue to have the same important rules at home even if the details are more relaxed.

Will my child need an operation?

In the first few days following a burn, it is often not possible to tell how deep the injury is, how long it will take to heal or if there will be scarring. Any burn that heals within 2 weeks is unlikely to scar and will probably not require an operation. However, if most or all of the skin in the area of the burn is destroyed, healing is slow, the risk of infection is increased, and there is likely to be scarring, so healing may be improved by an operation. In this operation, the dead skin is removed and the area is then covered with a thin layer of skin taken from another part of the body (a skin graft).area. It may be up to two weeks after the injury before a decision about grafting can be made. If it is needed the operation will be fully explained to you.

Scarring

If the burn has taken longer than 2 to 3 weeks to heal or has required a skin graft, scarring is likely. With time, burns scars can become raised, tight and cause problems with nearby joints. Once the burn is healed, treatment of the scar is crucial, to reduce these problems and improve as much as possible, the long term appearance of the affected skin.



The doctors and physiotherapists will supervise scar treatment and management.

After care

- All new and healed burns are very sensitive to sunburn.
- Keep burn areas covered and apply Factor 30+ sunscreen.
- If the burn has healed quickly (meaning that it has not been very deep) it will become less sensitive after six to twelve months.
- New skin needs to be kept healthy by regular use of moisturising cream (use glycerine and sorbolene cream at least twice a day).
- Deep burns will need moisturiser more frequently, for a longer period of time.

Remember

- First aid –first stop the burning, remove hot clothes, apply cold tap water for 20 minutes.
- With good care, most burns heal with minimal scarring.
- Follow the treatment and advice of your doctor to achieve the best possible outcome in terms of appearance and function for your child.

This fact sheet is for education purposes only.
Please consult with your doctor or other health professional to make sure this information is right for your child.

This document was reviewed on Thursday, 4th May 2006.

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children's
hospital at Westmead

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