

SCOPE		OUTCOMES
<b>Nurse Practitioner</b>	Superficial Burn	Identifies patients suitable for OHNP CPG
<b>Medical Practitioner +/- Nurse Practitioner</b>	<ul style="list-style-type: none"> <li>• Superficial partial thickness burns</li> <li>• Deep partial thickness burns</li> <li>• Full thickness burns</li> <li>• Burns with associated trauma</li> <li>• Chemical burns</li> <li>• Burns complicated by inhalation injury</li> <li>• Burns complicated by electrical injury</li> </ul>	<b>Patient identified as not suitable for OHNP CPG – refer to Medical Practitioner</b>
INITIAL ASSESSMENT AND INTERVENTIONS		OUTCOMES
<b>Primary Survey Assessment</b>	<ul style="list-style-type: none"> <li>• Airway</li> <li>• Breathing</li> <li>• Circulation</li> </ul>	Abnormal primary survey assessment – consult with Medical Practitioner
<b>History to document Presenting complaint History of presenting complaint</b>	<ul style="list-style-type: none"> <li>• Mechanism of injuries sustained</li> <li>• Specific time and date of Injury</li> <li>• Treatment given on site/First Aid</li> <li>• Occupation/job description/current shift time</li> <li>• Hazard identifying cause of injury</li> <li>• Past medical history /medications</li> <li>• Allergies/immunisation/tetanus status</li> <li>• Last food/Fluids</li> </ul>	<b>Patient identified as not suitable for OHNP CPG – refer to Medical Practitioner</b>
<b>Focused clinical Assessment</b>	<ul style="list-style-type: none"> <li>• Assess the size and area of Total Body Surface Area, (if applicable) using Wallace's "Rule of Nines" - see appendices</li> <li>• Assess location and depth of burn: <ul style="list-style-type: none"> <li>§ Colour and appearance</li> <li>§ Blistering</li> <li>§ Sensation</li> <li>§ Capillary return</li> <li>§ exudates</li> </ul> </li> </ul>	Abnormal focused clinical assessment – consult with Medical Practitioner
<b>Pain Assessment</b>	Pain Scale	Determine Need for analgesia
<b>Analgesia / First Aid Management</b>	<ul style="list-style-type: none"> <li>• Administration of analgesia</li> <li>• Irrigation with cool water for up to 20 minutes</li> <li>• Remove jewellery and clothing gently</li> <li>• Clean with sterile NaCl</li> </ul>	Reduction / relief of pain Minimise/prevention possible complications
WORKING DIAGNOSIS AND INVESTIGATIONS		OUTCOMES
<b>Imaging</b>	Imaging may not be required if no concurrent injuries	Identify specific cause and determine patient management
<b>Pathology</b>	Not generally required	

INTERPRETATION OF RESULTS (DIAGNOSTIC FEATURES) AND MANAGEMENT DECISIONS		OUTCOMES
<b>Goals of treatment</b>	<ul style="list-style-type: none"> <li>Protect the wound during the healing process</li> <li>Prevent infection</li> <li>Provide pain relief</li> </ul>	
<b>Burns requiring acute referral</b>	<p>Criteria for specialised burn treatment:</p> <ul style="list-style-type: none"> <li>Special areas-face, hands, feet, genitalia, perineum and major joints.</li> <li>Full thickness burns</li> <li>Burns involving body surface area of &gt;10% in all adults</li> <li>Circumferential burns.</li> <li>Those with pre-existing medical disorders that could complicate management prolong recovery or increase mortality.</li> <li>Any infected burn.</li> </ul>	<b>Patient identified as not suitable for OHNP CPG – refer to Medical Practitioner</b>
<b>Superficial burn</b> (i.e. sunburn or minor flash burns, minimal exposure time) <b>Epidermal in depth, red, minimal pain</b>	<p>OHNP review with view to discharge</p> <ul style="list-style-type: none"> <li>No dressing unless protection required</li> <li>Patient education/health promotion</li> <li>Expected to heal spontaneously within 7-14 days with minimal scarring</li> </ul>	<p>Patient identified as suitable for OHNP CPG and treated accordingly</p> <p>Care of dressings, hand outs (see appendices)</p>
<b>Superficial partial thickness burn</b> (i.e. epidermal and papillary dermis involvement, blisters present, extremely painful with exposed nerve endings)	OHNP review with view to refer to Medical Practitioner	<b>Patient identified as not suitable for OHNP CPG – refer to Medical Practitioner</b>
<b>Deep partial thickness burn</b> (i.e. larger zone of necrosis, can be painful, delayed capillary return and reduced sensation to pinprick test)	OHNP review with view to refer to Medical Practitioner	<b>Patient identified as not suitable for OHNP CPG – refer to Medical Practitioner</b>
<b>Full thickness burn</b> (i.e. dense white waxy or charred appearance, no sensation to pinprick test with leathery appearance)	OHNP review with view to refer to Medical Practitioner	<b>Patient identified as not suitable for OHNP CPG – refer to Medical Practitioner</b>
<b>Facial burn</b>	OHNP review with view to refer to Medical Practitioner	<b>Patient identified as not suitable for OHNP CPG – refer to Medical Practitioner</b>
<b>Foreign body identified</b>	OHNP review with view to refer to Medical Practitioner	<b>Patient identified as not suitable for OHNP CPG – refer to Medical Practitioner</b>

CONTINUANCE OF SERVICE		OUTCOMES
<b>Follow up appointments</b>	<ul style="list-style-type: none"> <li>24 hour follow up</li> <li>3 day follow up</li> </ul>	All injuries for acute review in 24 hours
<b>Correspondence</b>	Employer phone call to discuss injury, treatment and management plan	Customer service requirement and explanation of progress certificate for employer
<b>Medication instructions</b>	<ul style="list-style-type: none"> <li>Verbal instructions as well as written order onto dispensed medications</li> </ul>	Care of dressings, hand outs (see appendices)
<b>Safety instructions</b>	<ul style="list-style-type: none"> <li>Appropriate dressing fitted to burn</li> <li>Correct fitting of aids (i.e. broad arm sling, crutches)</li> </ul>	Ensure patient understands problem, treatment, follow up and is safe for discharge
<b>Certificates</b>	<ul style="list-style-type: none"> <li>Worker's Compensation Progress Certificate</li> <li>Absence from work, certificate of attendance</li> </ul>	Appropriate documentation completed
<b>Letters</b>	Letter to GP if applicable	Ensures continuity of care and referral to health care team
MEDICATIONS		OUTCOMES
<b>Simple analgesia</b> <b>S2</b> <b>Mild pain</b>	<b>Paracetamol 500mg:</b> 1 to 2 tablets 4-6 hours, not exceeding 8 tablets in 24 hours	Patients given analgesia appropriate to allergies, current medications and past medical history.
<b>NSAIDS</b> <b>S4</b> <b>Moderate pain</b>	<p><b>ADD to paracetamol if still in pain-</b> <b>Naproxen:</b> 500mg initially then 250 mg 6-8 hourly to a maximum of 1250mg in 24 hours</p> <p>Instead of paracetamol, <b>Panadeine Forté:</b> 1 to 2 tablets 4-6 hours, not exceeding 8 tablets in 24 hours</p> <p><b>If NSAIDS contraindicated, contraindicated in epilepsy and SSRI use:</b> Oral: 50-100mg QID, maximum 400mg over 24 hours</p>	
<b>Narcotic Analgesia</b> <b>S8</b> <b>Severe pain</b>	<p><b>If still in pain, refer to Medical Practitioner</b></p> <p><i>Currently NP's require Medical Prescription for Schedule 8 medication</i></p>	<b>Patient identified as not suitable for OHNP CPG – refer to Medical Practitioner</b>
<b>Anti-emetic</b> <b>S4</b> <b>PRN</b>	<p><b>Metaclopramide hydrochloride:</b> (Oral/IM) 10-20mg every 8 hours</p> <p><b>Prochlorperazine:</b> Oral 5-10mg every 8-12 hours, initial 10mg orally if acute, deep IM 12.5mg every 8 hours</p>	

<b>Vaccine</b>	<p><b>Tetanus Immunoglobulin</b> intramuscular injection <b>Absorbed diphtheria and tetanus toxoid (ADT)</b> 0.5mL intramuscular injection</p> <p>Refer to Australian Immunisation Handbook 9<sup>th</sup> Edition – section on Immunisation for tetanus prone wounds – for dosage regimen (dependent on previous immunisation status and type of exposure) online @ <a href="http://www1.health.gov.au/immhandbook/">http://www1.health.gov.au/immhandbook/</a></p>	
<b>Topical agents S4</b>	<p>Silver sulfadiazine (SSD) cream, topically applied in a layer 3-5mm thick once every 24 hours</p> <p><b>Contraindicated with history of “sulfa” drug allergy</b></p>	
<b>WORKER'S COMPENSATION CPG</b>		<b>OUTCOMES</b>
Day of injury initial presentation	Completed history, assessment and treatment plan by Nurse practitioner	Nurse Practitioner to complete
Return to work procedure	Collaboration with Medical Practitioner, on discussion of case and prognosis of injury correction	Medical Practitioner to complete
Continual care	Care of burn injuries, infection control and follow up checks	Maintained by Nurse Practitioner
Fit for work assessment	Collaboration with Medical Practitioner, on discussion of case and prognosis of injury correction	Medical Practitioner to complete First/Progress Certificates
Final certificate	Collaboration with Medical Practitioner, on discussion of case and prognosis of injury correction	Medical Practitioner to complete
<b>REFERENCES AND EXISTING CPG'S</b>		
JHC – Nurse Practitioner – Emergency Services <i>CLINICAL PRACTICE GUIDELINE INJURY – BURNS</i>		

Occupational Health Nurse Practitioner (OHNP)  
Clinical Practice Guideline (CPG):

BURNS - SUPERFICIAL



#### **AUTHORSHIP AND ENDORSEMENT**

This guideline has been developed in collaboration with the CIHS OHNP CPG Review Committee comprising Dr Gavin Harrison B.Sc. MBChB. FRACGP.MBA. D.O.H., Clinton Fonceca R.N., N.P. (Candidate) & Michael Bateman-Cooke R.N., N.P. (Candidate)

Joondalup Health Campus Nurse Practitioners currently uses a version of this CPG with endorsement by Dr Simon Wood: Medical Director, Dr Paul Bailey: Emergency Consultant, Mary Farrier: Clinical Nurse Consultant, Dr Steve Ward: Haematologist, Dr Kit Fraser: Radiologist, Shelley Pember: Pharmacist.

#### **This CPG was written by:**

Michael Bateman-Cooke  
Occupational Health Nurse Practitioner (OHNP) Intern  
Carepoint Industrial Health Services

#### **Reviewed and authorised by :**

**Dr Gavin Harrison**  
Medical Manager  
Carepoint Industrial Health Services

Signature:

Date:

#### **Key to terms**

**CPG** - Clinical Practice Guideline  
**OHNP** -Occupational Health Nurse Practitioner  
**S1-S4** -Schedule of the Drug Administration Act

Date written: November 2008  
Review date: November 2009

#### **Appendices**





Burn Depth Assessment tool and product selection guide  
Indications for referral to a burns unit

## APPENDICIES

### BURN DEPTH ASSESSMENT TOOL & PRODUCT SELECTION GUIDE

Indications for referral to a burns unit:

- Burns greater than 10% TBSA
- Burns for special areas: hands, face, genitalia
- Full thickness burns greater than 5% TBSA
- Electrical burns
- Chemical burns
- Burns with associated inhalation injury
- Circumferential Burns of chest or limbs
- Extremes of age
- Pre – existing medical conditions

	Physical Appearance	Characteristics	Dressing Choices
<b>Minor/Epidermal</b>		Red Painful Usually not blistered Will heal within approximately 7 days with no scarring	Hydrogel eg, <b>Intrasite Gel</b> or <b>Solosite</b> Film eg <b>Opsite</b>
<b>Superficial Dermal</b>		Blistered with pale pink base Very painful Usually heals by epithelialisation in 10 - 14 days with no scarring	Clean Scald Calcium Alginate <b>Algisite M</b> Foam <b>Allevyn</b> Infection risk <b>Silvazine</b> with low adherent pad eg <b>Melonin</b> or <b>exudry</b> <b>Acticoat</b>
<b>Mid - Deep Dermal</b>		Blotchy Red or white base +/- blisters No capillary return Predominantly painless Prolonged healing with possible scarring and contracture Heal in 14 - 28 days	Referral to burns clinician Unusually requires grafting or skin substitutes. Dressing for transfer – <b>Silvazine</b> with low adherent dressing such as <b>Melonin</b> or <b>Exudry</b>
<b>Full Thickness</b>		Leathery, white or charred Painless Prolonged healing with scarring and possible loss of function	Referral to burns clinician. Will require grafting or use of skin substitutes. Dressing for transfer – <b>Silvazine</b> with low adherent dressing such as <b>Melonin</b> or <b>Exudry</b>

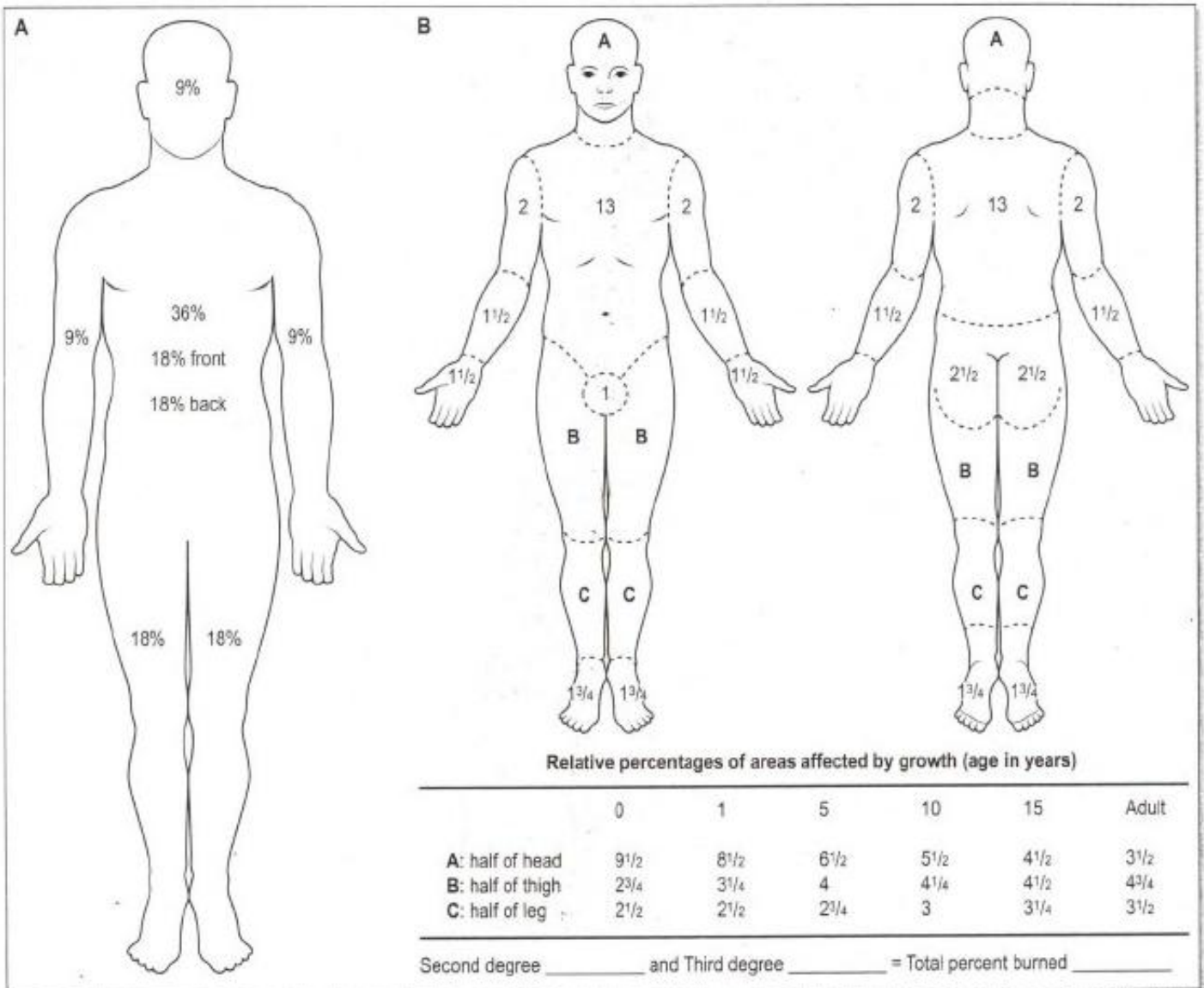


Fig. 2.12.2 (A) 'Rule of nines' diagram and (B) Lund and Browder chart.