**Guidance for when an intra-operative burn injury is suspected**

Area of tissue damage noted during or after operation

Remove drapes and examine area fully.

**Is it a burn?**

Use chart below for help with diagnosis.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Depth of Burn** | **Usual History** | **Appearance** | **Sensation** | **Hairs** | **Blisters** |
| **Erythema** | SunburnMinor scald | Red | Painful | Present | Absent |
| **Superficial/Partial Thickness** | Scalds of limited duration | Red or pink with good capillary return | Very Painful | Present | Present |
| **Partial Thickness/Deep Dermal** | Scalds of long duration. Flame burns or contact with high temperatures of limited duration, e.g. flash flame, hot fat. | Pale pink with limited/no capillary return. Sometimes bright red with fixed staining. | Often painful around the margins with altered sensation in deeper areas. | Present and easily removed or absent. | Absent |
| **Full Thickness** | Contact with high temperature for long duration, e.g. flame burns, contact burns.  | Charred, white/yellowish, dry with thrombosed vessels.  | Initially insensate but painful at later stages | Absent | Absent |

Establish other cause, e.g. allergy from tapes

**NO** it isn’t a burn

**YES** it is a burn

**Risk assessment by Surgeon of need for First Aid**

NB: It may not be necessary to follow first aid guidelines below for some very minor diathermy burns.

**Duty of Candour**: Inform patient of burn irrespective of severity

**First Aid Guidance**

**Apply cold water to the affected area for 20 minutes using one or more of the following methods:**

Pour water from a jug over the burn and collect water in a bowl/towel/inco pad

Use bags of saline or water for irrigation

Apply gauze pads soaked in cold water repeatedly

**Note:** Cooling of the burn is still beneficial up to 3 hours post injury

Monitor the temperature of the patient during first aid

It may be appropriate to cover an incision with a waterproof dressing prior to first aid

**Contact** – Burns and Plastics on call to review burn – bleep 1460

**For advice** - speak to Clinical Nurse Specialist, Burns and Plastics, ext 3507 or the Nurse in Charge on the Burns and Plastics Unit, bleep 1029 or ext 3507.

**Duty of Candour** – Inform patient.

**Further information:** **British Burns Association first aid recommendations:**

<http://www.britishburnassociation.org/downloads/BBA_First_Aid_Position_Statement_-_8.10.14.pdf>