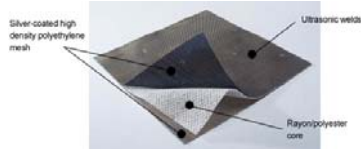


Burn Dressings

For detailed information on how to apply burn dressing please see BCCH Nursing Policy and Procedures

www.bcchildrens.ca

ACTICOAT™/ACTICOAT 7™/ACTICOAT FLEX:



Composition: This silver antimicrobial barrier dressing consists of a rayon/ polyester non-woven core laminated between an upper and lower layer of silver coated high density polyethylene mesh.¹

Benefits: is an effective barrier to a broad spectrum of wound micro organisms and the antimicrobial barrier remains effective for up to 3 days.¹

Intended use: As an antimicrobial barrier layer over partial and full thickness wounds such as: First and second degree burns and donor and recipient graft sites, pressure ulcers, venous ulcers, diabetic ulcers.¹ Water elutes the silver ions from the dressing so we need to keep it moist to keep the silver levels high. To do this, we use intrasite gel and an occlusive dressing (food wrap) to lock the moisture in.

Tips for use:

- Cut to the size of the burn or make the margin of overlap to healthy skin as small as possible. Acticoat™ will stain healthy skin, but will come off eventually.²
- Difficult to use on the face or neck due to inability to secure the dressing
- Although different colours, both sides of the Acticoat™ work the same. It does not matter what side you put on the skin.²
- Only moisten Acticoat™ with sterile water. NS binds the silver ions.²
- For small fingers, weave Acticoat™ between fingers and then apply one piece to cover tops of fingers and one piece to cover the palm side.

Similar Product:

- Acticoat™ 7: Antimicrobial barrier remains effective for up to 7 days.¹ Can also just use a double layer of regular acticoat



INTRASITE™ Gel:



Composition: Amorphous Hydrogel dressing.¹

Benefits:

- The gel's partially hydrated formulation allows the gel to donate moisture to drier environments and absorb in wetter environments, creating a moist wound healing environment.¹
- Rehydrates necrotic tissue and, by its gentle yet effective action, promotes rapid debridement.¹
- Debrides autolytically without damaging fragile granulation tissue.¹
- Is non-adherent so is easily removed from the wound by irrigation with NS; without damaging fragile tissue or causing unnecessary pain for the patient.¹

Intended use: Shallow and deep open wounds e.g. pressure ulcers, leg ulcers, surgical and malignant wounds, **partial thickness burns, scalds**, lacerations and grazes, and also for the management of granulation cavity wounds and necrotic wounds. Ideal for every stage in the wound healing process. ¹ We use it to keep the Acticoat moist.

Tips for use:

- IntraSite™ can be applied to either the grey or blue side of Acticoat™ and can be on the "skin" side or the "non-skin" side. However, we suggest applying IntraSite™ to the "skin side" of Acticoat™ to make dressing removal easier as well as act as an anchor so Acticoat™ does not slip or fall off during application.
- If the pt complains that the IntraSite™ stings, it can be applied to the "non-skin" side of the Acticoat™.¹

Similar Product:

IntraSite™ Conformable: Combines the advantages of the gel with a non-woven dressing to aid in the gentle packing of deep, shallow or open undermined wounds.¹

- Apply this on the "non-skin" side of the Acticoat (between Acticoat and the burn gauze)



Flamazine™:



Composition: Is a white cream containing 1% silver sulfadiazine in a water soluble vehicle.¹

Benefits:

- An effective barrier to a broad spectrum of wound micro organisms and the antimicrobial barrier remains effective for up to 1 day.¹
- Can be easily reapplied to the perineum in the case of frequent diaper changes.²

Intended use:

- For the treatment of leg ulcers, **burns**, incisions and other clean lesions, abrasions, minor cuts and wounds.¹
- Applied to areas of the body where dressing it with Acticoat™ is impractical, such as the perineum.²

Tips for use:

- Using a tongue depressor, spread Flamazine™ onto burn gauze, like making a thick layer of icing on a cake.⁵
- Burn gauze with Flamazine™ on the perineum is held in place with diaper.⁵
- Educate parents on how to change daily and prn dressings.

Viscopaste™:



Composition: This bandage is made of open woven cloth impregnated with a paste containing 10% Zinc Oxide

Benefits:

- Provides mild compression²
- Provides a moist wound-healing environment.¹
- Reduces skin irritation.²
- Soothes and protects healing skin.²

Intended use:

- As a topical treatment only.¹
- Treatment of chronic eczema/dermatitis, where occlusion is indicated.¹
- Over healing burn graft & donor sites.²
- In areas of varying burn depth (such as a partial thickness area surrounded by healing burn)

Tips for use:

- Never wrap circumferentially (it doesn't stretch), alternate directions or create pleats – this allows for room to swell.²
- Wrap distal to proximal.²
- Don't *need* an interface between the viscopaste and the skin, like jelonel or mepitel, but you can combine it with jelonel, mepitel or even acticoat
- In areas of varying burn depth Viscopaste™ can substitute the layers of IntraSite™, moist burn gauze, and saran wrap to act as the moisture layer over Acticoat™. Viscopaste™ can then be extended over the Acticoat™ to areas of healing burn (areas that could otherwise be lotioned) to help reduce skin irritation and soothe and protect the surrounding healing skin.²

DuoDERM Extra Thin™:



Composition: primary hydrocolloid dressing.³

Benefits:

- On contact with a moist wound surface it form a gel that creates a moist wound healing environment.³
- Outer film provides a waterproof barrier.³
- Keeps wounds moist, which helps provide relief from discomfort.³
- Can be removed with out damaging newly formed tissue.³
- Reduces the risk of further skin breakdown due to friction by preventing contact with clothes/bed linen.³
- Ease of application in awkward and difficult to dress areas.³
- Maybe cut to fit.³
- Can be worn continuously for up to 7 days.³

Intended use: for dry to lightly exuding wounds.³ Also used in scar management over the long-term to soften a scar.²

Tips for use:

- Can be left on for 7 days, but if covering a moist burn or on a busy toddler's hands, it usually needs to be changed daily.⁵
- Best for small healing burns on fingers and hands⁵, educate parents on how to change dressing.⁵

More Dressing Tips:

1. Most pediatric burn patients will experience severe itching and it is the worst at night time.⁴ Once they begin itching start antipruritics and give regularly.²
2. The important part of lotioning is the *massaging* of lotion into the healed burn wound. It helps lay scar tissue down flat as well as relieves itching.²
3. Glaxal base cream works the best for patients who have a lot of sensitivities (can get at superstore or shoppers), but any non-fragrant, non-alcohol base, basic cream works just as well.²
4. For busy toddlers, anchor the edges of all dressings with tegaderm to prevent slipping and rolling.⁵
5. For diapered patients, try lining leg and abdominal dressings with tegaderm to prevent slipping and rolling of the dressing as well as soiling from the diaper.⁵
6. For chest dressings, tape cling gauze at back and chest to prevent it from rolling into the shoulders and arm pits.⁵
7. For chubby upper thighs of babies and toddlers, anchor dressing by wrapping cling gauze around waist and/or line with tegaderm.⁵
8. 3R has some great burn information about itching, skin care, diet information, and much more on a computer by the charge nurse under the "physio tools" program.⁵ The most common information has been copied and put in a burn resource binder in ER and MDU.

References:

www.smith-nephew.com
Dr. Cindy Verchere, Plastics Attending, BCCH
www.convatec.com
Goutos, Ioannis; Dzielwski, Peter; Richardson, Patricia M. (2009). Pruritus in Burns: Review Article. *Journal of Burn Care and Research*, 30, (2), March/April, 221-228
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