






Burns Wound Care – Do's & Don'ts







(Practical Emergency & Ward Guide – ED Ready Version)

DO's in Burns Wound Care


Immediate First Aid





-  Cool the burn with running tap water for 20 minutes (within first 3 hours).
-  Remove rings, bangles, tight clothing early (before edema).
-  Cover with clean cling film / sterile non-adherent dressing.
-  Provide adequate analgesia early (IV opioids in ED if required).
-  Assess ABCD first — especially airway in flame/inhalation burns.

Wound Cleaning & Dressing

-  Gentle irrigation with normal saline.
-  Debride loose, non-viable tissue (trained personnel).
-  Use non-adherent dressings.
-  Consider topical antimicrobials (e.g., silver-based) when indicated.
-  Maintain a moist wound environment (not wet, not dry).
-  Tetanus prophylaxis as per status










Monitoring

-  Monitor for compartment syndrome in circumferential burns.

-  Monitor urine output (≥ 0.5 ml/kg/hr adults).
 -  Early referral to burn center if indicated.
 -  Nutritional support within 6 hours for major burns.
 -  Glycemic control in diabetics.
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DON'Ts in Burns Wound Care

At Scene / First Aid

-  Do NOT apply ice directly.
 -  Do NOT apply toothpaste, ink, turmeric, ghee, coffee powder, etc.
 -  Do NOT break blisters intentionally in prehospital setting.
 -  Do NOT delay resuscitation for dressing.
 -  Do NOT use cotton wool directly on wound.
 -  Do NOT apply tight bandages over circumferential burns.
 -  Do NOT ignore pain out of proportion (possible ischemia).
 -  Do NOT underestimate electrical burns (deep tissue injury).
 -  Do NOT delay escharotomy if indicated.
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Red Flag Signs (Urgent Escalation)

- Hoarseness / singed nasal hair (inhalation injury)

- Circumferential limb burns
 - TBSA >10% in adults (>5% in children)
 - Burns involving face, hands, perineum
 - Electrical / chemical burns
 - Associated trauma
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Burn Center Referral (Indian ED Context)

Refer early if:

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- Any full thickness burn
- Airway involvement
- Electrical/chemical burns
- Pediatric burns >5%
- Significant comorbidities