**Clinical Practice Guidelines**

4. **Consider Functional and Aesthetic Outcome**
   a. Debride blisters that impede functional ability especially ROM (burns to the hands)
   b. Debride blisters to speed healing time

5. **Use Wound Healing Strategies**
   a. Remove non-viable tissue from the wound bed to promote healing
   b. Maintain a moist wound healing environment by using synthetic dressings
   c. Use dressings that don’t cause mechanical trauma to the woundbed
   d. Silver sulfadiazine should be used as a last resort (debris accumulation and daily dressing changes)

6. **Optimize Patient Comfort**
   a. Small blisters can be left intact as a natural method of pain control
   b. Stage debridement (aspirate first)
   c. Choose dressings with longer wear times to minimize discomfort

7. **Improve Cost-Effectiveness**
   a. Synthetic dressings can speed healing, reduce dressing frequency, decrease narcotic use, potentially reduce hypertrophic scarring and decrease need for additional treatments / procedures

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**Dressing Options - ACH**

1. **Hydrofiber with Silver**
   a. With absorbent soft silicone dressing (moist healing); 2-3 days wear time for mid to deep partial thickness burns
   b. With bulky gauze dressing (allowed to dry out and adhere to superficial partial thickness burn); up to 14 days wear time

2. **Nanocrystalline Silver**
   a. Moisten with sterile H2O not saline
   b. Needs to be kept continually moist (should use hydro gel with absorbent silicone dressing); up to 3 days wear time
   c. Can be painful without hydro gel

3. **Absorbent Soft Silicone Dressing with Silver**
   a. Direct application; up to 7 days wear time

4. **Polymyxin B Sulfate and Gramicidin Ointment**
   a. Can use with absorbent silicone dressing (1-2 days wear time) or with soft silicone dressing and gauze (daily change)

5. **Silver Sulfadiazine**
   a. Can use with absorbent soft silicone dressing or soft silicone dressing and gauze but requires a daily dressing change

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**References**


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**Partial Thickness Burns and Blister Management**

**Quick Reference Guide**
**Wound Bed Preparation Paradigm**

- **Treat the Cause**
  - Teach prevention
  - Consider co-factors to healing (nutrition, co-morbid diagnoses, smoking)

- **Address Patient-centred Concerns**
  - Foster adherence to plan of care
  - Consider quality of life (pain)
    - Medicate prior to treatment
  - Educate the pt / family / caregiver

- **Local Wound Care**
  - Prevent burn wound desiccation
  - Cleanse the burn wound with low-toxicity solutions
    - Sterile Water / Saline
    - Potable Tap Water

- **Debridement**
  - Remove non-viable tissue to reduce bacterial burden
    - Gauze, forceps, scissors

- **Infection / Inflammation**
  - Assess and treat with topical antimicrobials

- **Moisture Balance**
  - Select a dressing that fits the needs of the wound

- **Monitor the Edge of the Wound**
  - Consider referral to Plastic Surgery to assess for possible skin grafting if projected wound closure to be > 2-3 weeks

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**The Paradigm Explained**

1. Use Infection-Prevention Strategies
   - Blister should be debrided to:
     i. Remove non-viable tissue from the wound bed
     ii. Allow proper visualization of burn depth
     iii. Remove fluid that may suppress local and systemic immune function

2. Consider Blister Size
   - Blisters under 6 mm in diameter may be left intact (less likely to rupture spontaneously, impede healing or function)
   - Large blisters should be debrided to:
     i. Prevent spontaneous rupture
     ii. Prevent mechanical pressure on wound bed

3. Consider Blister Type
   - Debride thin-walled blisters to prevent spontaneous rupture
   - Thick-walled blisters may be left intact as they are less likely to rupture (often occur on soles of feet or palms of hand – may not apply to younger pediatric population) unless they restrict range of motion (ROM)

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**Post Burn Care**

- Moisturize with scent-free cream (i.e. Glaxal Base)
- Limit UV exposure (SPF >30)
- Prevent itching (may need oral medication)
- Consult OT for scar management if necessary
- Return if blisters / wounds occur

Adapted from Sibbald et. al.

Clinical Practice Guidelines

Adapted from Alsbjørn et. al.