- Complications from minor burns and scalds are rare.
- •You can reduce the risk and minimise the scarring by using an emollient once the wound has completely healed, and by keeping your child protected using sunscreen when outside in the sunshine.

When you get home

- Burns can change in appearance over the initial 24 hours.
- Your child may develop a small blister over the affected area once you have left hospital.
- Do not remove to disrupt the blister, let it burst naturally
- If you are concerned call 111, only attend ED if you believe your child requires energy assistance.

Preventing Burns and Scalds

- The majority of burns and scalds are caused by accidents in the home.
- Keep any hot liquids away from children and babies.
- Test the temperature f bath water before letting your child in the bath.
- Keep matches and lighters out of children's reach
- Use sunscreen and clothing to keep children covered in the summer, especially babies.
- Keep irons, hair straighteners or heaters out of the reach of children.

Resources/contacts

- Your local pharmacy www.nhs.uk.
- Your GP surgery please contact your GP when the surgery is open, and call 111 when the GP is closed.
- NHS 111 provides advice for urgent care needs and is open 24hrs a day. They can arrange urgent GP appointments and calls from landlines and mobiles are free.
- NHS Choices www.nhs.uk.
- www.whittington.nhs.uk.

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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Burns & Scalds In Children

A parent's guide



Introduction

Burns and scalds are damage to the skin caused by heat.

- Burns are caused by a dry heat, for example, fire, irons or hair straightens.
- Scalds are caused by wet heat, for example hot water or hot steam.

Types of Burn

- There are 3 layers of skin. The epidermis is the outer layer. The dermis just below, contains nerve endings & blood capillaries. The subcutis is the deepest layer containing fat and tissue.
- Superficial epidermal the top layer of skin is damaged. It may be red and painful, but no blisters are present.
- Superficial dermal the top layer and part of the middle layer are damaged. Skin will be pink and painful, there may be some blistering.
- Partial thickness top and middle layers are damaged. The skin is red and swollen/ there will be blistering and it will be painful.
- Full thickness all three layers are damaged. The skin will appear white or charred. No blisters are present, and will often not cause much pain due to damage to the nerve endings.

First aid

- When a child has suffered a burn or scald, the first thing to do is remove the source of heat, if a child has been scalded with hot water, remove the clothes immediately.
- Cool the burn in cool water, place them in a bath or wet a tea towel. Do not use ice or iced water or any creams.
- Children get cold quickly, so make sure to keep them warm, use a towel or blanket being careful not to rub the affected area.
- Give your child paracetamol and ibuprofen.

Treatment at home

- Some minor burns and scalds can be treated at home. Keep them clean and dry, and do not pop any blisters.
- Give regular analgesia (pain killers) for the next 1-2 days.

When to go to an Emergency Department

If your child has suffered any of the following burns or scalds, they must be taken to ED

- Any chemical or electrical burn
- Burns to the face, hands, arms, feet, legs or genitals that have caused any blistering.
- Large burns (an area greater than the affected person's hand).
- Burns that have turned the skin white, or have charred the skin black.

 Inhaled fumes, such as smoke or soot, be aware for signs of coughing, difficulty breathing or blackness in or around the mouth & nose.

Treatment in hospital

- To assess the burn or scald it may be required to remove any blisters that have formed.
- We will then be able to assess the size of the affected area and the deepness of the burn.
- We use a system called Trips that enables us to send images over to our local special burns hospital Chelsea and Westminster if required.
- Your child's burn will then be covered with a special non-adhesive dressing.
- You may be asked to come back to ED in the following days for a review, or see the GP for a wound review.

When to worry??

- If your child starts to develop signs of shock. These include pale, cold or clammy skin, any fast breathing or signs of increased lethargy or unconsciousness.
- Heatstroke or heat exhaustion can occur when children have been exposed to the sun for too long. Symptoms include extreme tiredness, vomiting, confusion, headaches or dizziness.
- Infections can occur to any open wounds, so keep the burn clean and dry. Symptoms include pain, swelling, smelly discharge and fevers.