A minor burn is defined as a first-degree or a partial thickness superficial burn that can be treated with local wound care and does not require hospitalization or advanced medical care. Major burns require urgent medical care in a wound care center or emergency department.

**ASSESSMENT**

Perform a standard health history and physical exam (HPE) with the goal of determining the location and depth of burn, which determines treatment course.

**Minor Burns**

- **Superficial (1st degree):** Burn affects epidermis only. Epidermis is dry and red; blanches. Example: sunburn.
- **Superficial partial thickness (2nd degree):** Blisters are evident. Once removed, the wound bed is moist, red, weeping. Burn site blanches on palpation and is painful to the touch.

**Major Burns (3rd degree)**

- **Deep partial thickness:** Blisters are evident. Once unroofed, the wound bed appears to be white, wet or waxy-dry. Compared to superficial partial thickness burns, blanching is reduced and child experiences less or no pain when wound is touched.
- **Full thickness:** Burn is waxy-white to leathery-dry and inelastic; does not blanch; pain is absent.

**MANAGEMENT/TREATMENT**

Burns can be treated in the primary care setting if they are superficial to superficial partial thickness.

For superficial burns, apply moisturizer (Aquaphor) or aloe vera to the area. The burn will heal without burn team involvement.

For superficial partial thickness burns, clean the area with soap and water daily. Apply antibiotic ointment and non-stick gauze at least daily.
Minor Burn Care

**Patient Presents**

- Location of burn
- Depth of burn

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**

- Deep partial thickness to full thickness burn
- Burns to hands, feet, genitalia
- Burn is over a joint
- Concern for dehydration
- Concern for infection

- Burns larger than 10% TBSA
- Decreased function/ROM to area involved
- Circumferential burns
- Concern for possible child abuse


**Any Red Flags?**

- Yes: Refer to Emergency Department
- No: Manage burn in the primary care setting

**Superficial**

- Apply moisturizer (Aquaflo) or aloe vera

**Superficial partial thickness**

- Clean with soap and water daily
- Apply antibiotic ointment and non-stick gauze (Adaptic or Xeroform)

**Dressing change instructions**

- Gather supplies: soap, soft washcloth, warm and soapy washcloth, towel, antibiotic ointment, non-stick gauze (Adaptic), gauze wrap, tubular dressing, scissors
- Remove the old dressing. Moisten with lukewarm water first if areas adhere to the wound.
- Clean the area with warm, soapy water and washcloth to gently remove drainage or old antibiotic ointment
- Rinse the area with water and pat dry
- Apply antibiotic ointment to the non-stick gauze and place to the burn
- Wrap the area with gauze roll
- Secure the dressing with the tubular dressing or tape
- Change dressing at least daily

**VISUAL REFERENCE TO BURN SEVERITY**

- **Superficial**
- **Moderate**
- **Severe**

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.