

BBA Clinical Practice Guideline for Deroofing Burn Blisters

Deroofing of a burn blister is a clinical procedure, which enables removal of the burn blister fluid and of the dead tissue.

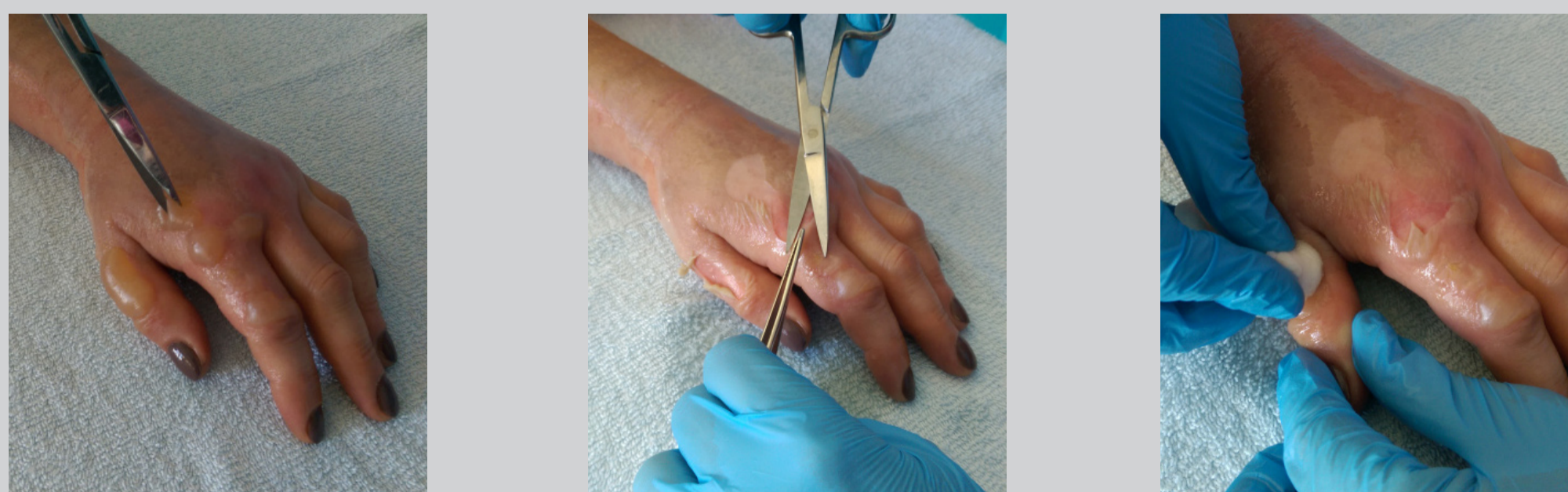
Deroofing Procedure

SKILL SET	<ul style="list-style-type: none"> ☑ Only a practitioner experienced and confident in burn blister management technique should perform the deroofing procedure using appropriate tools
TIMING	<ul style="list-style-type: none"> ☑ Perform on the day of initial assessment to avoid re-adherence of non-viable tissue to the wound bed
TECHNIQUE	<ul style="list-style-type: none"> ☑ Administer analgesia and allow time to be effective, as deroofing procedure may transiently increase pain ☑ Clean the wound with water or saline ☑ Remove all non-viable tissue from the wound bed using either mechanical debridement with moist gauze or sharp dissection with scissors and forceps ☑ Snip the blister, drain the fluid and cut away the dead or devitalised tissue carefully up to (but not including) the margin of sensate tissue ☑ Do not perform blister needle aspiration as bacteria may be introduced into the space and incite infection ☑ Send images of cleaned burn wounds to the local Burn Service via telemedicine, if available locally.

Mechanical debridement with moist gauze for thin-walled blisters



Sharp dissection with scissors and forceps for thick-walled blisters



Dressing a burn wound after deroofing procedure

- ☑ Cover cleaned burn wounds with loose longitudinal strips of Cling Film for all patients requiring prompt transfer to the **local Burn Service**. Do not apply Cling Film to face.
- ☑ Apply a non-adherent primary dressing with a secondary absorbent layer to optimise healing time, reduce hypertrophic scarring, improve the functional and aesthetic outcomes and offer a better option for comfort.
- ☑ Do not use any topical agents, as these are ineffective when placed on intact blisters and should not be used unless the blister has been fully deroofed and only following a consultation with the **local Burn Service**.

References

- Australian and New Zealand Burn Association. 2011. Emergency Management of Severe Burns Course Manual UK Edition. 15th ed. ANZBA: Albany Creek.
- Cleland, H. 2012. Thermal burns: assessment and acute management in the general practice setting. *Australian Family Physician* 41(6):372-375.
- Diaz, LA and Giudice, GJ. 2000. End of the century overview of skin blisters. *Arch Dermatol* 136:106-112.
- duKamp, A. 2001. Deroofing minor burn blisters – what is the evidence? *Accident and Emergency Nursing* 9:217-221.
- Edwards, J. 2012. Burn wound and scar management. *Nursing in Practice* Jan/Feb 2012 (64). [Online]
Available at: <http://www.nursinginpractice.com/article/burn-wound-and-scar-management> (accessed 19.01.2016)
- Edwards, V. 2013. Key aspects of burn wound management. *Wounds UK* 9(Suppl 3):6-9.
- Kavanagh, S and de Jong, A. 2004. Care of burn patients in the hospital. *Burns* 30:A2-A6.
- Gomez, R and Cancio, LC. 2007. Management of burn wounds in the emergency department. *Emerg Med Clin N Am* 25:135-146.
- Murphy, F and Amblum, J. 2014. Treatment for burn blisters: debride or leave intact. *Emergency Nurse* 22(2):24-27.
- Palmieri, TL and Greenhalgh, DG. 2002. Topical treatment of paediatric patients with burns. *Am J Clin Dermatol* 3(8):529-534.
- Reed, JL and Pomerantz, WJ. 2005. Emergency management of paediatric burns. *Paediatric Emergency Care* 25(2):118-129.
- Richard, R and Johnson, RM. 2002. Managing superficial burn wounds. *Advances in Skin & Wound Care* 15(5):246-247.
- Rogers, A, Giaquinto-Cilliers, M, Widgerow, A, Smart, H, Adams, S et al. 2015. WHASA consensus document on the management of acute burns. *Wound Healing Southern Africa* 8(2):6-21.
- Rowley-Conwy, G. 2012. Management of minor burns in the emergency department. *Nursing Standard* 26(24):60-67.
- Sargent, RL. 2006. Management of blisters in the partial-thickness burn: an integrative research review. *Journal of Burn Care & Research* 1(1):66-81.
- Tanzer, C, Sampson, DL, Broadbent, JA et al. 2015. Evaluation of haemoglobin in blister fluid as an indicator of paediatric burn wound depth. *Burns* 41:1114-1121.
- Taylor, P. 2007. To drain or not to drain? – That is the question. *Primary Intention* 15(1):14-17.