SUPERFICIAL BURNS
- Colour: Red, wet and soft, may be blisters
- Depth: Mostly epidermal
- Blanching: Present
- Healing: 14 days
- Treatment after healing: Continue normal activities
- Final appearance: No true scarring
- Blushing: Rate of capillary return time following light finger pressure

PARTIAL THICKNESS BURNS
- Colour: Mixture of red and white, wet and mostly soft
- Depth: Epidermis and well into dermal layer (ranges from superficial to full thickness)
- Blanching: Can be present
- Healing: 14-21 days usually spontaneous or may require grafting
- Treatment after healing: Continues as long as burn area remains pink or red and if becomes hypertrophic treat as for full thickness
- Final appearance: Possible scarring

FULL THICKNESS BURNS
- Colour: White, dry, leathery to touch
- Depth: All epidermis and dermal layer including hair follicles and sweat glands
- Blanching: None
- Healing: Requires grafting
- Treatment after healing: Pressure garments, splint and exercise, sun care/moisturising cream
- Final appearance: Definite scarring

SCAR INDICATORS
- Colour
- Depth
- Blanching
- Healing
- Positioning
- Treatment after healing
- Final appearance
- Scarring

POSITIONING
- If burn involves the neck area no pillows
- Position of comfort is the position of contracture

TYPE OF GRAFTS
- Sheet graft
- Mesh graft

EXERCISE
- Begin at day 1-2 if possible, gentle and active is preferable
- As oedema decreases full range should be reached, maintained daily and if necessary use a splint
- Encourage early participation in functional activities
- Return to full ROM as soon as possible following graft stability

Electrical Burns
- Appearance is often deceptive
- Usually deep and devastating
- Entrance and exit wounds are usual
- Contact a Burns Unit and consult a Burns Specialist/Surgeon

Hypertrophic Scarring
- Common following delayed healing and grafting
- Appearance
- Red
- Raised
- Firm to touch

Scar Treatment Options
- Treatment options may be used independently or in combination
- Pressure Therapy
- Adhesive tape
- Cohesive bandaging
- Tubular elastic bandages
- Custom made garments
- Contact Media
- Silicone gel sheets
- Hydrocolloid dressings

References
- Occupational Therapy and Physiotherapy: Principles and Guidelines for Burns Patient Management, Allied Health Interest Group Australian and New Zealand Burn Association (ANZBA) www.anzba.org
- Roderick B. et al, Splints and Scar Management for Acute and Reconstructive Burn Care. Clinics in Plastic Surgery, Jan 2000, 27(1), 71

For more information contact therapists at:
- Concord Repatriation General Hospital
  (02) 9767 5000
- Royal North Shore Hospital
  (02) 9926 7111
- The Children’s Hospital at Westmead
  (02) 9845 0000

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BURN SCAR MANAGEMENT FOR THERAPISTS