

MINOR BURN BLISTER MANAGEMENT

Blister management is a key component of burn care. Blisters are formed when there is separation of the epidermal and dermal layers, often with fluid present. The management of these blisters is generally guided by specialist clinician or institutional preference. The ACI Statewide Burn Injury Service recommended management for burn blisters is 'de-roofing' (removal of skin and fluid), after adequate analgesia.

NB If your facility does not have capacity or resources (access to adequate analgesia and dressings) to follow this guideline, incise and drain the blister and contact the appropriate Burn Unit.

De-roofing is done to:

- remove non-viable tissue
- prevent uncontrolled rupture of blister
- avoid risk of blister infection
- relieve pain from tense blisters
- reduce restriction of movement of joints
- assess the burn wound bed

Blister management example



Blister in situ



Carefully trim blister skin



Clean wound bed. Dress

Prior to de-roofing

- Assess blister size. Burn blisters $\leq 5\text{mm}$ can be left intact.
- If patient is being transferred to a burn unit contact the receiving unit before de-roofing.
- Obtain consent from the patient or family.
- Administer appropriate analgesia and allow time to take effect prior to procedure.
- Take digital image before and after de-roofing procedure if possible.

Procedure for de-roofing blisters $>5\text{mm}$

- de-roof blister either with moist gauze or forceps and scissors
- dress wound appropriately with a moist, non or low-adherent dressing¹
- refer patient to local emergency department or burn service if your facility does not have the capacity or resources to de-roof blisters.

Important clinical considerations

- There is risk of infection or desiccation if removing blister skin when adequate facilities or resources are not available (i.e. in remote area). Consider leaving blister intact until patient transferred to appropriate facility.
- Skin on the palm of the hand and the sole of the foot is thicker. Consider leaving blisters intact in these areas if appropriate.
- Consider leaving small, non-tense blisters intact when there is a risk of poor patient compliance with the procedure and on-going care i.e. patients with dementia, learning difficulties, etc.

Contacts

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Concord Repatriation Hospital - slhd-concordburnsunit@health.nsw.gov.au
Burn Unit (02) 9767 7776 Ambulatory Care (02) 9767 7775

The Children's Hospital at Westmead (all paediatrics $<16\text{yrs}$) – kidsburns@chw.edu.au
Burn Unit (02) 9845 1114 Ambulatory Care (02) 9845 1850

ACI Statewide Burn Injury Service resources
aci.health.nsw.gov.au/resources/burn-injury