

## **Children's Emergency Department (CHED)**

### **Patient Information Leaflet for Children with Burns**

Your child has been seen in the Emergency Department with a burn. The clinician has assessed that your child is safe to be treated at home for their burn.

This leaflet is to advise you about how to manage your child's burn and to help you decide where and when to get further advice or assessment if needed. There is also an important section about how to recognise a rare but serious complication of a burn called toxic shock syndrome.

### **Looking after your child's burn**

#### **Dressing**

- Your child's burn has been covered with a dressing which aims to keep the burn clean and dry and prevent infection.
- It is important that you keep the dressing on
- If it gets wet, becomes stained from oozing, smelly or loose, it will need to be changed. This can be arranged by first contacting your GP Practice Nurse. If this is not possible you can attend the walk-in centre.

#### **Pain**

- Most children do not have much pain once the dressing is on
- If the burn is still painful, give your child paracetamol and/or ibuprofen, as directed by the bottle.
- Seek medical advice if the burn becomes more painful.

#### **Itch**

- This can be made worse by overheating – try not to overdress your child, especially at night.
- Ensure that fingernails are trimmed to prevent damaging the skin further by scratching.
- An antihistamine medicine may help with the itch, see your GP or local pharmacist for advice.

### **Follow up**

- You should have been advised about any plan for review or dressing changes. This may be at NNUH, Broomfield Burns Unit or your GP nurse.

### **Once the dressing is removed**

- The healing skin will be dry and flaky. We advise you apply unperfumed moisturiser (e.g. E45) twice daily. Never apply to weeping skin.

### **Long term management**

- Most minor burns heal without difficulty in 10-14 days.

- Skin which has been burned is at greater risk of damage from the sun. Try to cover exposed areas or apply sun block to the area of previously burned skin.

### **Toxic Shock Syndrome and when to return to the Emergency Department**

Toxic Shock Syndrome (TSS) is a **rare** but life-threatening condition caused by bacteria getting into the body and releasing harmful toxins. It is a rapidly progressing illness and can be fatal. TSS is a risk in an unhealed burn of any size and may not cause the burn to look infected.

The bacteria that cause TSS are usually found on the skin and in the nose or mouth without causing any harm. However, if they penetrate deeper, they can release harmful toxins that damage tissue and stop organs working.

### **Symptoms of TSS**

These symptoms can come on very quickly and progress rapidly. Early recognition and quick time to treatment is key to managing TSS. The symptoms might include any of the following:

- A temperature of 38°C or above.
- Flu-like symptoms such as a headache, feeling cold, very tired, or an aching body.
- Nausea or vomiting.
- Loose stools or diarrhoea.
- A widespread red rash.
- Lips, tongue and the whites of the eyes turning red.
- Irritability or confusion.
- Reduced appetite or fluid intake.
- Decreased urine production: reduced wet nappies or peeing less.
- Dizziness or fainting.
- Difficulty breathing.

### **What to do if your child has any of these symptoms**

TSS is a medical emergency and symptoms should be acted on promptly. These symptoms may be related to a different illness but should be assessed by a clinician as soon as possible.

- Bring your child back to the Emergency Department for assessment as soon as possible unless there are any of the features listed below that would require an ambulance.
- Phone 999 if your child is:
  - Difficult to rouse.
  - Has a mottled appearance (blotchy purple markings over the body)

- Has any signs of breathing distress (fast, shallow breathing, or turning blue around the lips)

