Burn Care
Talk to your doctor or health care team if you have any questions about your care.

For more health information, contact the Library for Health Information at 614-293-3707 or e-mail health-info@osu.edu.

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University Hospital - Doan Hall
Inpatient Care

McC Campbell Hall
Burn Clinic
A burn center specializes in the care of burns, complex wounds and serious skin conditions. In our burn center, we have many staff members that have specialized training in the care of patients with these types of injuries. This includes doctors, nurses, physical and occupational therapists, psychologists, dietitians, social workers, pharmacists, and chaplains.

It is normal to feel scared or anxious during this time about what is happening to you or your family member. It is our goal to help ease your fears and to help you to understand what to expect while you are here. This book will give you some of the information about your treatment plan and what you can do to help the healing process for yourself or your family member.

We believe that it is important to help patients with the physical and psychological healing that takes place after a burn injury. Please ask questions if there is something that you do not understand. It is important that you are able to take part in your care as you recover.

We are looking forward to being a partner in your care during your healing process.

### Phone numbers you may need

- **Burn Center Main Phone**: 614-293-2876 (BURN)
- **Burn Center Fax**: 614-293-3472
- **9th Floor Doan**: 614-293-8603
- **Financial Counselor**: 614-293-3104

### Burn Clinic hours

- **Monday**: 1 - 3:30 pm
- **Wednesday**: 1 - 4 pm
- **Thursday**: 1 - 4 pm
- **Friday**: 9 - 11:30 am

### Burn care locations

#### Inpatient Care - Doan Hall, University Hospital

The Burn Center has two inpatient areas. Most patients will go to the Acute Care Burn Unit on the 9th floor of West Doan Hall. If you or your loved one has a severe injury or is not able to breathe without the help of a machine, you will go to the Surgical Intensive Care Unit on the 4th floor of Doan Hall.

#### Burn Clinic - McCampbell Hall

Follow-up care is provided at the Burn Clinic at McCampbell Hall, located on Ohio State Wexner Medical Center’s main campus. Most patients referred to the Burn Clinic are seen one time each week until wounds are healed. Patients with larger and more serious burns are seen even after their wounds are healed. They are typically seen every 1 to 3 months for at least 1 year after their injury. Patients with burn or wound issues will be seen until those issues are resolved.
Taking a Shower with Burns

Follow these steps for taking a shower when you have burn wounds to protect your healing skin. You may have different kinds of dressings depending on where the burn is on your body and how deep it is. The basic steps are the same, with some special instructions for certain types of dressings.

Follow these steps to care for your wound

1. **Preparing for wound care:**
   - Wash your hands.
   - Clean your work area with soap and water.
   - Gather and set up your supplies.

2. **Removing old dressings**, unless you have a dressing that is meant to stay on, such as the Mepilex Ag or long acting silver dressings:
   - Cut off dressings with clean scissors or unwind the outer wrap.
   - Remove the gauze.
   - If the gauze is stuck, wet the gauze with tap water and then remove it. You do not want to cause bleeding and damage your healing skin.
   - Throw out the old dressing in the trash.
   - Wash your hands again.

3. **Getting ready for the shower:**
   - If you have a long acting silver dressing, cover these with plastic bags or plastic wrap to protect it from getting wet in the shower. You can use bandage tape above and below the dressing to keep the plastic on.
   - Start the shower and check the water temperature before getting into the water. The water temperature should feel comfortable to your unburned skin. If the water is too hot, it will injure your healing skin.

4. **Taking a shower and washing:**
   - Wash your hair first.
   - Next, wash all non-burned and healed skin with one washcloth and soap. Start at your head and work toward your toes. Clean your genitals (private parts) last.
• Use a second washcloth and soap to wash all wounds and unhealed donor sites. Be gentle so you do not further injure your healing skin. If you cause bleeding, you are washing too hard. A little bleeding is normal. Make sure creams are cleaned off the wounds.
• Rinse your hair and body well with tap water.
• Get out of the bathtub or shower.

5. Drying off:
• Use one towel for healed and unburned skin. Use the second towel for unhealed wounds and pat the wounds dry.
• Gently remove crusty scabs and loose pieces of skin with your towel. If the wound starts bleeding, stop.

6. Checking for signs of infection:
• Redness or swelling around the wound
• Increased pain
• Wound smells bad
• Fever of 101 degrees F or higher

7. Apply your dressing as instructed by your healthcare provider.

8. If you were told to hold the dressing in place with a gauze wrap, follow these steps:
• Roll the gauze wrap loosely around the dressing.
• Overlap the gauze wrap about a ½ inch.
• Start wrapping at the far part of your body and wrap towards the center of your body. For example, start at your hand and wrap towards your shoulder, or start at your foot and wrap towards your hip.


10. Clean up your work area:
• Put dressing supplies away.
• Clean your work area, bathtub, shower, or sink.
• Clean the scissors with alcohol.
• Wash your hands.
Care for Facial Burns

**Daily care routine**

You will do your facial care ___ times a day.

1. Wash your hands with soap and water.
2. Set up your work area.
3. Soak a clean washcloth in warm water.
4. Apply the wet washcloth to your face and leave it there for 20 minutes.
5. Remove the washcloth.
6. Wash your face gently with soap and water. Gently remove any debris on your wound.
7. Check for signs of infection, such as:
   - Skin around wound is more red, swollen, or feels hot
   - Wound smells bad
   - Pus drainage
   - Fever over 101 degrees Fahrenheit (F)
8. Wash your hands again.
9. Apply a thin layer of cream to your facial wounds.
   - Glucan Pro 3000 cream or antibiotic cream

If you have any signs of infection, call your healthcare provider right away.

**Eye Care**

If the skin around the eyes is burned or you have had an electrical injury, an eye care specialist will see you while you are in the hospital.

**Ear and Nose Care**

These areas are made of cartilage. Be sure to keep them clean to prevent infection. Gently clean these areas 2 to 3 times a day and apply Sulfamylon Ointment. Please see page 5 to learn more. Also, be sure to keep pressure from pillows off the burned ear to prevent destroying the cartilage.

**Mouth and Lip Care**

These burns are very painful, but heal more quickly than other areas of the body. Keep your lips lubricated with Vaseline or lip balm and do this 2 to 3 times a day or as needed. Keep doing the facial and mouth exercises the occupational therapist gave you.

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**Special Attention Areas**

**Eye Care**

**Ear and Nose Care**

**Mouth and Lip Care**

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Do not get Glucan Pro 3000 or the antibiotic cream in your eyes. If you do get the cream in your eyes, flush your eyes with water.
Sulfamylon is an antimicrobial (germ killing) ointment used on skin wounds to prevent infection. It can be used for third degree burns and is used for burns on the ears.

**Steps to apply Sulfamylon**

1. Clean off a work area, such as a table top, with soap and water.
2. Wash your hands well with soap and water.
3. Remove the old dressing.
4. Clean the wounds with soap and water. **Be sure to remove all the old Sulfamylon.**
5. Wash your hands again before applying the dressing to the wound.
6. Place the Sulfamylon on a gauze dressing.
   ‣ If you have a tube of Sulfamylon, squeeze out the amount you need for the wound.
7. Place the gauze dressing with the Sulfamylon over your wound.
8. Clean up your work area.

**Call your doctor if**

- You have signs of infection:
  ‣ You develop a fever
  ‣ Skin around the wound is red, swollen, or feels hot
  ‣ Fluid builds up under the dressing
  ‣ Pus drainage
  ‣ Wound smells bad
- Hives or blisters develop

**Stop using Sulfamylon if:**

- Your doctor changed your medicine or told you to stop using it.
- Your wounds have healed. Then moisturizing cream or lotion can be used on healed skin.
1% Silvadene Cream
(Silver Sulfadiazine)

Silvadene is a cream that kills germs (antimicrobial). It will help with wound healing and preventing infection.

**Steps to apply Silvadene**

1. Clean off a work area, such as a table top, with soap and water.
2. Wash your hands.
3. Remove the old dressing.
4. Clean your wounds with soap and water. **Be sure you have cleaned off the old Silvadene.**
5. Wash your hands before applying new Silvadene.
6. Scoop out the amount of Silvadene cream you need for your wound and place it on the gauze dressing.
7. Spread the Silvadene on the gauze like you were putting butter on bread using a very thin layer. Use about 1/16th of an inch thickness of the Silvadene.

8. Place the gauze dressing with the Silvadene on your wound.
9. Hold the dressing in place with netting or a gauze wrap.

**Call your doctor if**

- You have signs of infection:
  - You develop a fever
  - Skin around the wound is red, swollen, or feels hot
  - Fluid builds up under the dressing
  - Pus drainage
  - Wound smells bad
- Hives or blisters develop
Bacitracin Ointment
Use with Adaptic Gauze

Bacitracin ointment is a medication used to prevent infection. It can be applied directly to the wound or used with Adaptic gauze.

Steps to apply Bacitracin with Adaptic gauze

1. Clean off a work area, such as a table top, with soap and water.
2. Wash your hands.
3. Remove the old dressing.
4. Clean the wound with soap and water to remove all the old ointment.
5. Wash your hands again before applying the ointment.
6. Open the Adaptic gauze package and lay it on your clean work area.
7. Squeeze out a small amount of ointment onto the Adaptic gauze and spread it out evenly.
8. Apply the Adaptic gauze with the ointment on it to the wound.
9. Hold the dressing in place with a gauze wrap.

Call your doctor if

• You have signs of infection:
  › You develop a fever
  › Skin around the wound is red, swollen, or feels hot
  › Fluid builds up under the dressing
  › Pus drainage
  › Wound smells bad
• Hives or blisters develop

Precautions

• Do not use the ointment for more than 1 week unless directed by your doctor.
• Do not use the ointment if you are allergic to any of the ingredients.
• Stop using the ointment if your wound gets worse, you develop a rash, or have an allergic reaction.
Mepilex Ag (Silver) Dressing

Mepilex Ag dressing is used on burn wounds to help with healing and prevent infection. This dressing will be in place for about 7 to 10 days.

Caring for your Mepilex Ag dressing

- The Mepilex Ag (gray sponge) should be left in place until it is removed by your healthcare provider in 7 to 10 days.
- The outer gauze dressing and ace wrap may be changed daily if desired.
- Do not get your Mepilex Ag wet. If it becomes too wet, it may not stick and will need to be replaced.
- You may shower if you can cover your dressing(s) with plastic bags or plastic wrap and securely close with tape to keep your dressings dry.
- Your Mepilex Ag may get darker in color and become hard as it soaks up drainage from your wound. This is normal.
- Your Mepilex Ag may begin to have an odor, especially towards the end of the 7 to 10 day period. This is expected. If there is a large amount of drainage or odor, or the Mepilex Ag is not sticking, please call the Burn Clinic.

Please call the Burn Clinic at 614-293-BURN (2876) if you have any questions or concerns.

Stop using Mepilex Ag if

- Your wounds have healed. Moisturizing cream or other lotion should be used on the healed skin.
- You have a known sensitivity to silver.

Precautions

- Mepilex Ag may discolor the skin around the area to look gray for a time.
- If you need to have an MRI (magnetic resonance imaging) or an x-ray, be sure to remove the Mepilex Ag dressing from your wound before the test.
Skin Grafting

To help your burns or other skin wounds heal, you may need a surgery called a skin graft. Your doctor will use healthy skin from a non-burned part of your body called the donor site. The non-burned skin will be placed on your burn site. This information will tell you why a skin graft is needed, how it is done, and what to expect.

Why a skin graft is needed
Skin grafting is a very important part of healing your wound. Without it, your wound may take months to heal, be very painful, and be at risk for infection.

A skin graft may be used to:
• Treat a deep burn.
• Help your wound heal faster.
• Help reduce scarring and preserve function.

Placing the graft
• You will go to the operating room and be given a medicine called anesthesia so you will sleep during the surgery.
• The damaged skin is removed.
• There are different types of skin grafts. An autograft uses your own healthy skin to replace the skin on your burn site. If you are having an autograft, your doctor will remove a very thin layer of healthy skin from your body. This is called the donor site.
• The graft is placed and held there with:
  › Tissue glue
  › Skin staples
• You may notice the meshing of the graft when your dressings are removed after surgery. This is normal.
• Your wound is often more comfortable after being covered with a skin graft. Skin grafts usually heal in 7 to 10 days.
Donor site

- The donor site is a new wound made by taking the skin for the graft.
- The donor site feels like a burn because some of the tiny nerves and capillaries are exposed. After surgery, most people feel more pain from donor sites than from grafted areas.
- The donor site will be covered with a dressing and will be healed in 7 to 14 days.

Skin graft care

- You will be given pain medicine to keep you as comfortable as possible.
- Your new skin graft is very fragile. Steps will be taken to protect your graft, such as bed rest, sitting or lying in certain positions, or using a splint or special type of dressing called a bolster.
- Your nurse will explain any activity limits and answer any questions you may have.
- Avoid the use of tobacco products. Nicotine can limit blood flow to the wound, which can slow healing.
- Eat a well-balanced diet to help with wound healing. Ask your doctor or nurse if you have questions about your diet.
Managing Pain

Burns can be very painful and you may need medicine to help you manage your pain. Over-the-counter medicine may be used to manage mild pain and narcotics may be used for severe pain. Other medicine may be added for nerve pain. Sometimes pain can be managed without medicine.

Using narcotics safely

- Your medicine may come as a liquid, tablets, or long-acting tablets.
- Your healthcare provider will tell you how much of this medicine to use and how often.
- Ask your healthcare provider or pharmacist if you have questions.
- Your healthcare provider might ask you to sign some forms to show you understand the information.
- Measure the oral liquid medicine with a marked measuring spoon, oral syringe, or medicine cup.
- If you miss a dose or forget to use your medicine:
  ‣ Use the medicine as soon as you can.
  ‣ If it is almost time for your next dose, wait until then to use the medicine and skip the missed dose.
  ‣ Do not use extra medicine to make up for the missed dose.
- Your healthcare provider will need to check your progress at regular visits while you are using this medicine. Be sure to keep all appointments.

Warnings for pain medicine use

- This medicine may be habit-forming. Some people become addicted to the medicine and have trouble stopping its use or use too much, even when they do not have physical pain.
- If you feel that the medicine is not working as well, do not use more than your prescribed dose. Call your healthcare provider for instructions.
- Do not stop using this medicine suddenly without asking your doctor. You may need to slowly decrease your dose before stopping it completely.
- This medicine may make you dizzy. Avoid driving, using machines, or doing anything else that could be dangerous if you are not alert. Getting up slowly from sitting or lying down may also help.
- This medicine may cause constipation. This is more common if you use it for a long time. Drink plenty of fluids to help prevent this. Ask your doctor if you should also use a laxative to prevent and treat constipation.
Medicines and food to avoid

Ask your healthcare provider or pharmacist before using any other medicines, including over the counter medicines, vitamins, and herbs.

- There are many medicines that interact with narcotics. Make sure your doctor knows about all other medicines you are using.
- Tell your doctor if you are using medicines that make you sleepy. These include sleeping pills, cold and allergy medicines, narcotic pain relievers, and sedatives.
- Do not drink alcohol while on this medicine.

Options to manage pain

There are other methods that can sometimes be used to manage pain. They may also help you lessen the amount or strength of the medicine you need.

- Relaxation with breathing exercises
- Relaxation with music or sounds
Burn patients have many of the same problems after leaving the hospital, such as dealing with blisters, itching, dryness, and being sensitive to the cold and sunlight. Here are some solutions to help you feel better while healing at home.

**Blisters**

**Problem:** Blisters can happen when there is pressure on the newly healed skin. This skin is thin and will thicken as it continues to heal.

**Solution**
- Do not wear tight clothing around the area of your wound.
- Test water temperature before showering or bathing.
- Check splints and pressure garments for tight areas causing irritation.
- Do not break the blisters. If a blister breaks, clean it with soap and water, then apply Bacitracin and a bandage.

**Itching and dryness**

**Problem:** Itching and dryness can be caused by damage to the oil producing glands of your skin.

**Solution:**
- Use an anti-itch over-the-counter medicine (Benadryl, Zyrtec, or Zantac) or talk with your healthcare provider about the best option for you.
- Use lotions as often as you need them to keep your skin lubricated. Avoid lotions with perfume or alcohol.
- Try not to become sweaty. Wear loose, cool clothing. Avoid heat above 90 degrees F or humidity over 80%, if possible.
- Do not scratch newly healed skin. It is very fragile and will open easily.

**Sensitivity to sunlight**

**Problem:** Healing skin exposed to sunlight will burn easier than normal skin. It may blister within minutes of sun exposure. This sensitivity will last for about 1 year and will lessen as the skin heals.

**Solution:**
- Avoid direct sunlight, even through a car window.
- Keep newly healed areas covered with light, loose clothing while in the sun.
- Use a sunscreen with SPF of 40 or more. UVA and UVB are recommended.
- Plan outside activities for the early morning or late evening.
- Wear a large brimmed hat while in the sunlight.
Sensitivity to cold
Problem: Healing skin is thin and nerve endings may be damaged with deeper burn wounds. This effects how your healing skin responds when you are exposed to the cold. You may have tingling or may not be able to stand being in cold weather. Cold sensitivity will get better as your wounds heal.
Solution:
- Wear warm, loose clothing in the winter.

Cuts and bruises
Problem: Healing skin is thin and will bruise or tear easily. This will happen less often as the skin heals and thickens.
Solution:
- Avoid bumping into objects.
- Wear properly fitting shoes and clothes to help prevent falling.
- If you get a cut or skin tear, wash with warm water and soap. Apply a thin layer of Bacitracin and a bandage.

Discolored skin
Problem: Your skin will be discolored and vary in color from light pink to dark brown. This is normal and will fade with time. The rate and amount of fading is different with each person. In deeper wounds some color changes may never go away. Sun exposure can also effect color changes. There are no medicines or creams that will prevent this.
Solution:
- You may want to try make-up to even out skin tones.
- Avoid being in the sun. Wearing sunscreen will not stop color changes.

Scarring
Problem: Second and third degree burns can cause scarring. Scarring varies from person to person. It can take up to 18 months for scars to stop changing.
Solution:
- Keep your joints stretched by doing exercises every day.
- You may be prescribed pressure garments. This is a tight fitting garment, such as a sleeve or a vest, that puts pressure on the scars and on the tissue underneath. Wear them as directed by your doctor.
- Massaging the area may also limit scarring. Talk to your healthcare provider about how to do that.