




## Note 2: Burn assessment

### Depth assessment

The following table provides guidance in assessing the depth of burn injury.

TABLE: CLASSIFICATION OF BURNS BASED ON DEPTH

<b>ANZBA 2004 CLASSIFICATION</b>	Epidermal	
<b>FORMER CLASSIFICATION</b>	Superficial epidermal	
<b>EXAMPLE</b>	UV light, very short flash	
<b>APPEARANCE</b>	Dry and red, blanches with pressure, no blisters	
<b>SENSATION</b>	May be painful	
<b>HEALING TIME</b>	Within seven days	
<b>SCARRING</b>	No scarring	
<b>ANZBA 2004 CLASSIFICATION</b>	Superficial dermal	
<b>FORMER CLASSIFICATION</b>	Superficial partial thickness	
<b>EXAMPLE</b>	Scald (spill or splash), short flash	
<b>APPEARANCE</b>	Pale pink with fine blistering, blanches with pressure	
<b>SENSATION</b>	Usually extremely painful	
<b>HEALING TIME</b>	Within 14 days	
<b>SCARRING</b>	Can have colour match defect Low risk of hypertrophic scarring	
<b>ANZBA 2004 CLASSIFICATION</b>	Mid dermal	
<b>FORMER CLASSIFICATION</b>	Partial thickness	
<b>EXAMPLE</b>	Scald (spill), flame, oil or grease	
<b>APPEARANCE</b>	Dark pink with large blisters Capillary refill sluggish	
<b>SENSATION</b>	May be painful	
<b>HEALING TIME</b>	14–21 days	
<b>SCARRING</b>	Moderate risk of hypertrophic scarring	
<b>ANZBA 2004 CLASSIFICATION</b>	Deep dermal	
<b>FORMER CLASSIFICATION</b>	Deep partial thickness	
<b>EXAMPLE</b>	Scald (spill), flame, oil or grease	
<b>APPEARANCE</b>	Blotchy red, may blister, no capillary refill In child, may be dark lobster red with mottling	
<b>SENSATION</b>	No sensation	
<b>HEALING TIME</b>	Over 21 days: grafting probably needed	
<b>SCARRING</b>	High risk of hypertrophic scarring	
<b>ANZBA 2004 CLASSIFICATION</b>	Full thickness	
<b>FORMER CLASSIFICATION</b>	Full thickness	
<b>EXAMPLE</b>	Scald (immersion), flame, steam, oil, grease, chemical, high-volt electricity	
<b>APPEARANCE</b>	White, waxy or charred, no blisters, no capillary refill May be dark lobster red with mottling in child	
<b>SENSATION</b>	No sensation	
<b>HEALING TIME</b>	Does not heal spontaneously, grafting needed if >1cm	
<b>SCARRING</b>	Will scar	

### Chemical and electrical injuries<sup>3</sup>

- Chemical burns:            Copious irrigation should continue for one hour  
Do not attempt to neutralise chemical burns in primary care  
All chemical burns should be referred to a burns unit
- Chemical eye injuries:    Treat all chemical burns to the eye with copious irrigation of water  
Ensure contact lenses have been removed  
All significant chemical injuries to the eye should be referred acutely to ophthalmology services
- Electrical injuries:        Small entry and exit wounds may be associated with severe deep tissue damage  
An electrocardiogram (ECG) should be carried out to detect arrhythmias  
All electrical injuries should be referred to a burns unit

### Non-accidental injuries

Indicators of possible non-accidental burns or scalds include the following:

- delay in seeking help
- historical accounts of injury differ over time
- history inconsistent with the injury presented or with the developmental capacity of a child
- past abuse or family violence
- inappropriate behaviour/interaction of child or caregivers
- glove and sock pattern scalds
- scalds with clear-cut immersion lines
- symmetrical burns of uniform depth
- restraint injuries on upper limbs
- other signs of physical abuse or neglect.

**Refer to a regional burns unit if non-accidental injury is suspected.**

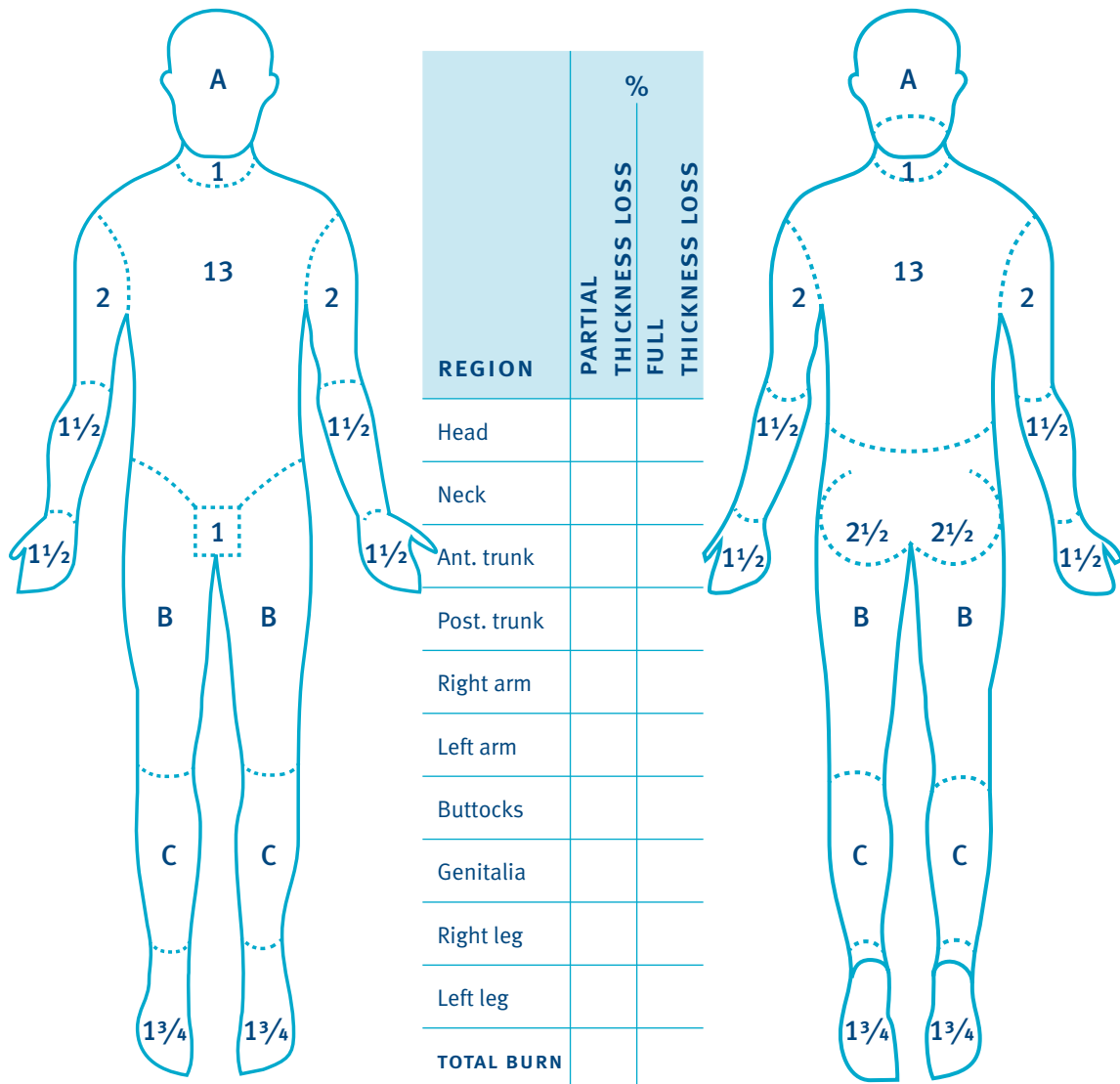
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3. Adapted from: PRODIGY Knowledge. *Burns and scalds*. Revised November 2004. Sowerby Centre for Health Informatics at Newcastle Ltd. (SCHIN); 1998. [http://www.prodigy.nhs.uk/burns\\_and\\_scalds](http://www.prodigy.nhs.uk/burns_and_scalds) [accessed Aug 2005].

## Assessment of burn size: Lund and Browder chart % total body surface area burn

Be clear and accurate, and do not include erythema



AREA	AGE 0	1	5	10	15	ADULT
A = 1/2 of head	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2	3 1/2
B = 1/2 of one thigh	2 3/4	3 1/4	4	4 1/2	4 1/2	4 3/4
C = 1/2 of one lower leg	2 1/2	2 1/2	2 3/4	3	3 1/4	3 1/2

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