A REVIEW OF PARENTAL FIRST AID PRACTICES IN PAEDIATRIC BURNS (P011)

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Introduction: Current evidence suggests that prompt first aid following a burn injury tends to improve outcome in terms of healing and scarring. The exact form of first has been heavily debated, however a general consensus has recently been reached following a number of reviews. These studies suggest the application of water between 2-15 degree Celsius immediately following the burn for a duration of between 10 minutes to 1 hour (with 20 minutes being the ideal length of time) as being the optimal form of first aid.[1][2] We undertook a retrospective review to gauge compliance with this guidance by parents following burn injuries in children presenting to our unit.

Methods: A retrospective review of parental first aid to all paediatric burns under the age of 3 years for the period March-May 2014 was undertaken.

Results: 102 cases were identified (72 male and 30 female). The majority of burns were scald burns (75%) and contact burns (20%). The commonest sites involved included the face, chest and limbs. The mean %TBSA was 3.75% with one child suffering 45% TBSA. All parents performed first aid on their children. Apart from 6 cases where first aid was delayed, all other cases received first aid immediately following the injury. Cold tap water was the commonest agent with 89% of parents holding the burn under cold tap water for an average of 12.5 minutes. Other agents used included application of moisturiser, egg, honey and aloe vera over the burn wound. Nineteen children required debridement and biobrane application with 6 of these children going on to require skin grafts. The mean time to heal was 20.2 days.

Conclusion: Parents appear to be performing adequate first aid on their children following a burn injury in the vast majority of cases. They are immediately applying cool flowing water from a tap the parameters of which are within the guidelines. This is in opposition to previous studies which suggest that the knowledge of burns first aid among parents is inadequate.[3] This study provides evidence that perseverance in patient and public education does eventually bear fruit.

References: