

Outpatient burn wound dressing removal technique

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Introduction:

As the paediatric Burn Service in Western Australia we continually strive to improve all aspects of the burn injured patient journey. As such, innovations and advances in burn care are evaluated and implemented in our nursing practice.

Due to the changes in our population and technological advances the burns population in Western Australia is ever evolving. The reduced number of major burns and the increase in minor injuries being treated in the outpatient environment has resulted in change of practice in dressing products and dressing removal techniques. There is notably less retention tapes being used to secure dressings, which is more time efficient and less painful than previous practice.

Removal of dressings can be traumatic and painful for patients. Previous products for method of gentle mechanical removal of burn wound dressing (with or without soapy water or saline soak) include oiling up with vegetable oil at least 4 hours prior to dressing change, Uni-solve Adhesive Remover Wipes or Niltac™ sting Free Adhesive Remover spray.

Aim:

Our ultimate aim is to decrease the pain and trauma of our paediatric burn patients, while providing best practice wound care. We assessed the effectiveness of various dressing removal techniques.

Method:

A nursing cohort questionnaire addressing the methods of removing adherent dressings was provided, responses reviewed and themes collated.

Results:

A comparison of nursing preference for dressing removal techniques was investigated. Nursing approach for dressing changes involve assessment of the patient, family and situation, focusing on wound requirements and potential for complications.

Factors in order of importance

- Previous anxiety
- Patients age, developmental stage and past history
- Parental anxiety
- Type of dressing
- Parental compliance
- Body part being dressed
- Weather and environment
- Analgesic requirements
- Need for physiotherapy
- Presence of hair

Additional considerations identified:

- Size of burn
- Child's understanding
- Wound age and appearance
- Presence of infection



Best practice recommended:

Nursing decision making process for each patient

- Assessment of the child history and coping skills
- Assessment of the current dressing (how adhered or loose and dirty the dressing is)
- Assessment of wound size (soaking in a bath, unisolve wipes for small area, Niltac™ for larger area, oiling up for specific areas and cases as per Consultant preference)
- Assessment of wound appearance and dressing choice (Uni-Solve can cause stinging, Niltac™ is gentle on the wound but feels cold and is noisy, oiling up can result in itch, if mechanical removal will pull on hair)
- Assessment of biofilm and scabs
- Consideration of outpatient clinic flow and time management

Conclusion:

Burn wounds are painful and patients are anxious. The importance of the patient experience is highlighted as this impacts compliance and coping. Atraumatic dressing removal is critical from both a patient pain experience and wound healing perspective. Niltac™ has revolutionised atraumatic dressing removal in our paediatric population. Best practice is the aim of all interventions in the burn care journey.

Website References:

- www.convatec.com.au
(Niltac™ sting Free Adhesive Remover: 420787)
- www.smith-nephew.com
(Uni-solve Adhesive Remover Wipes: SN402300)