



## Is first aid management of burns a forgotten skill amongst doctors? Tasciana Gordon – The Cairns Hospital, Queensland



### Introduction:

It is expected that a doctor has knowledge of first aid in the management of burns gained from teaching received at medical school. However, the diverse specialisation within medical fields is resulting in neglect of the first aid principals of the management of burns.

### Method:

One hundred doctors completed a survey identifying their qualifications, fields of medicine, and specialisation. Their management plans for superficial, superficial partial, deep partial and full thickness burns secondary to direct heat were documented. The participants also documented a dressing plan for transport of a patient to a tertiary burn facility. This was compared with the Australian and New Zealand Burn Association (ANZBA) guidelines for management of burns.

Burn First Aid  
Factsheet

**Correct First Aid (Green Checkmark):**

- If on fire
  - ✓ Stop, Drop to the ground, Cover face & Roll so fire is smothered.
  - ✓ Smother flames with a fire blanket
  - ✓ Move away from heat source
- Remove clothing and jewellery (including nappies)
  - ✓ Clothing can hold heat on the burnt area.
  - ✓ If swelling occurs jewellery can stop blood flow to the burnt area.
- Apply cool running water
  - ✓ For at least 20 minutes
  - ✓ If running water not available, wet 2 cloths and alternate them onto burn every 2 minutes
- After first aid cover burn with clean cloth and keep the patient warm
- Give pain relief if required

**Incorrect First Aid (Red X):**

- For first aid do not use
  - × Ice
  - × Butter
  - × Toothpaste
  - × Creams
  - × Bandage
- These do not cool the burn

**Seek medical attention (Green Checkmark):**

- ✓ For any burn bigger than 3cm, or with blisters
- ✓ If any concerns

For more information go to [www.anzba.org.au](http://www.anzba.org.au)

Reference: burnfactsheet: [www.anzba.org.au](http://www.anzba.org.au)

### Results:

Doctors working in emergency departments had greater knowledge regarding the management of burn patients. Seventy-five percent (30/40) identified the need for cool water application to the wound for twenty minutes as initial management. They also identified the need to assess tetanus status, pain management and intravenous fluid requirements. All (30/30) junior doctors identified the need for cooling. However, 60%(18/30) did not identify the correct duration of time. The remaining doctors were surgical registrars (16) and medical physicians (14). Both groups identified the need for cooling but did not consider further management. Ten percent of junior doctors identified the need to maintain body temperature and avoid compression for transport and recommended cling wrap application.

### Conclusion:

The management of burn patients is satisfactory within the emergency department. The results suggest the on-going education in the first aid management of burns may improve the overall care and reduce complications. They also suggest that updates in other conditions requiring first aid may be of benefit.

