WHAT SHOULD YOU DO RIGHT AFTER A BURN?

+ Remove ALL clothing and jewelry.
+ Run cool water over the burn for several minutes. Do not place any home remedies including butter, ointments or ice on burned areas. Do not use cotton balls or wool to clean a burn. Do not burst any blisters.
+ Cover the burn with a clean bandage or clean cloth.
+ Call 911 if the burn is deep (large broken blisters), involves the face, genitalia or a large body surface area (such as the entire chest, arm, leg or more), or if you are unable to care for the burn.
+ Take ibuprofen or acetaminophen to relieve any pain.

HOW ARE BURNS CLASSIFIED?

CLASSIFY BURN IN TERMS OF DEGREES:

First Degree (also called Superficial Partial Thickness)
+ These burns only include the outer layer for skin (the dermis), and are marked by red, pink or dark pink skin. The burns are usually painful, but there are no blisters and will heal in a week or so.

Second Degree (also called Partial Thickness)
+ These burns progress deeper into the dermis and may includes large blisters and may have a wet appearance.

Third Degree (also called Full Thickness)
+ These burns may have a charred appearance, be leathery or white in color and feel dry to the touch. Often, the burned areas will lose sensation and include the entire depth of skin. Healing will likely require skin grafts and rarely more intensive methods.

Fourth Degree (also called Full Thickness)
+ These burns progress down to muscles, tendons and bones. Often, skin grafts, intensive surgeries and even amputations may be required for healing.

TREATING THIRD AND FOURTH DEGREE BURNS

+ Both third and fourth degree burns almost always require skin grafting and/or some type of surgery. In many cases, fourth degree burns will also require some level of amputation to ensure the best possible outcome.
+ These burns usually take at least four to six weeks to heal. Depending on the size of the burn, it may be longer.
+ They also require expertise in excisions that is only available in a burn center. Both rehabilitation and long-term scar management modalities should be part of the care plan.