

Patient Information

Caring for your child's burn

Introduction

This leaflet provides information about how to help care for your child following a burn.

What is a burn?

Burns are one of the most common household injuries, especially among children. A burn is caused by dry heat, for example, by an iron or fire. A burn caused by something wet, such as hot water or steam is sometimes known as a scald.

Burns can also be caused by contact with chemicals, electricity, friction and the sun.

Burns and scalds are treated in the same way and hospital staff usually refer to them as a burn.

Most burns heal without serious long-term effects but this depends on the cause and degree of injury. Many burns will require immediate emergency medical care and serious burns may take a longer time to recover.

Types of burn

Burns are divided into 3 groups of severity. These groups are described below:

- **Superficial** – only affects the surface of the skin. The skin is red, slightly swollen and very painful. It will usually take 3 to 6 days to heal.
- **Partial thickness** – is a deeper burn. The top layer of skin is destroyed, the next layer is also damaged to varying degrees but the deepest layer remains healthy. The skin will be a dark red or purple colour with swelling or blisters. This type of burn will usually take up to 3 weeks to heal. Partial thickness burns may require care from a specialist burns clinic.
- **Full thickness** – the full depth of the skin is damaged and the skin appears dry and leathery. The skin may be pale or blackened. Your child will be transferred to a specialist burns unit.

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Treatment of serious burns

In Gloucestershire, children with one of the following types of burn are referred to Bristol Children's Burns Unit for assessment:

- **Chemical and electrical burns**
- **Large or deep burns** – any burn bigger than the injured person's hand
- **Burns that cause white or charred skin** – any size
- **Burns on the face, hands, arms, feet, legs or genitals that cause blisters**

If your child is referred, to the Bristol Children's Hospital or any other regional burns unit, then further wound advice and after care will be explained to you at that unit.

The burns unit will want you to contact them for advice if:

- the dressing becomes too loose or falls off.
- the dressing becomes too tight.
- the dressing becomes wet or fluid from the burn leaks through.
- the dressing becomes smelly or looks green.

Caring for a child with a burn

Toxic Shock Syndrome (TSS)

After a burn, your child is at risk of developing TSS. This is a rare but life-threatening condition caused by bacteria getting into the body and releasing harmful toxins. Signs and symptoms of TSS are:

- High fever
- Diarrhoea and vomiting
- Rash
- Very sleepy
- Off food and drink
- Not passing urine

If your child shows any of these symptoms, please seek urgent medical advice from either the team looking after your child, your GP or NHS 111 as your child may need to be admitted to hospital.

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Managing pain

Burns can be very painful and regular pain relief should be given. Paracetamol and ibuprofen can be effective. Please ask your pharmacist for further advice about pain relief.

Care of the dressings

A dressing may be applied to your child's burn to help it heal and reduce the risk of it becoming infected. You will be advised about the dressing used. It is important to keep the dressing clean and dry.

Itching

Itching can be a major problem for some children following treatment for their burns. This is particularly common as the burn begins to heal. It is important that children are discouraged from scratching.

- Wearing loose clothing made from natural materials may be more comfortable.
- Once the wound is healed, regular moisturising cream is required to prevent the area from drying, cracking and becoming sore. Speak to your pharmacist or GP about suitable medicines to help reduce the itch and creams to sooth the skin.

Diet

Your child will need to drink more as a lot of fluid can be lost from a burnt area. They should also have a protein rich diet as this helps the body to repair quickly.

Protein can be found in meat, fish, cheese, eggs, custard, milk, ice cream and yogurts. Vitamins from fresh fruit and vegetables will help fight any infection.

In the future

The area of skin which has been burnt will be fragile for several years. For this reason, it is important not to expose it to sunlight.

It is highly recommended that you keep your child covered with clothing and use a **sun block** which is regularly reapplied.

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After 2 years, protection cream (for both UVA and UVB) should be applied to prevent further skin damage, your pharmacist will be able to advise you on a suitable cream.

Further information

Below is a list of contacts/websites that can provide you with additional support.

Bristol Royal Hospital for Children

Burns Therapy

Tel: 0117 342 7910

Monday to Friday, 7:30am to 4:30pm

Website: www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-royal-hospital-for-children/what-we-do/paediatric-burns-therapy/

Supporting Children with Burns

Website: www.supportingchildrenwithburns.co.uk

Childrens Burns Trust

Website: www.cbtrust.org.uk

Healthier Together

Website: www.what0-18.nhs.uk

Or you can download the Healthier Together app on page www.what0-18.nhs.uk/about-us/adding-our-website

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>