VANDERBILT UNIVERSITY MEDICAL CENTER

Guideline: Friction Burn Management Guidelines

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Content Experts
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I. Indications:

Trauma patients admitted to a trauma service with road rash meeting inclusion criteria.

II. Population:

A. Inclusion: Trauma patients admitted to a trauma service with road rash meeting exclusion criteria.

B. Exclusion: Burn consult should be placed for these patients

1. Friction burns with ≥ 10% TBSA
2. Full thickness friction burns with >5% TBSA
3. Friction burns involving the hands, feet, face.
4. Trauma *attending* discretion.

C. Exemptions: Who should not get a burn consult.

1. Trauma patients with soft tissue injuries and plastics following
2. Any joint involvement with orthopedics following

D. NOTE: if the patient is going to be discharged from the Emergency Department or if they are going to be admitted to a non-trauma service, a burn consult should be placed.

III. Definitions:

% TBSA: Percentage of a total body surface area of burn, as measured by rule of 9's or Lund-Browder.

IV. Assessment:

A. Physical Exam: Full physical examination

B. Documentation: Full physical examination detailing % TBSA, location of burns, and depth in admission or progress note.

V. Anesthesia:

A. None. It is imperative that a multi-modal approach should be taken to treat acute pain and procedural pain. It is recommended that the patient be started on a combination of acetaminophen, ibuprofen, gabapentin, oxycodone/dilaudid, ketorolac PRN if there are no contraindications. Ultimately, pain management will be at the discretion of the primary team.

VI. Goal of Procedural Intervention:

A. Support wound bed healing and minimize scarring.

VII. Procedure:

A. Equipment:

1. Nonsterile gloves
2. Clean wash cloths
3. 4x4 kerlix fluffs
4. Hibiclens or dial soap and clean water
5. Wound care supplies (choose one option per specific wound care guidelines)
    a. Bacitracin, xeroform gauze, kerlix gauze. Note: may substitute adaptic for xeroform if xeroform is not available
    b. Saline, kerlix gauze, ABD pad (may use exu-dry pad)

B. Procedure:

1. Don personal protective equipment
2. Gentle cleansing of wounds with hibiclens or dial soap and water
3. Daily wound care (2 options)
    a. For most road rash wounds, bacitracin and xeroform gauze are appropriate
    b. For road rash wounds with tissue loss creating a cavity, use saline soaked kerlix followed by an ABDpad to create a wet-to-dry dressing.

VIII. Complications:

Infection, bleeding, poor wound healing, scarring, retained debris, decreased mobility, or diminished function.

IX. Special Considerations:

A. Therapy Consults:

1. OT consults should be placed for any patient with friction burns above the waist, including the face and upper extremitiesto encourage mobility and stretching.
2. PT consults should be placed for patients with friction burns of the lower extremities.

B. Follow-up: All patients with friction burns should be scheduled in theburn clinic within 1 week of hospital discharge.

X. Reference

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