Consensus on Burn Blister Management

Blisters are formed when there is separation of the epidermal and dermal layers, often with fluid present. The management of these blisters is generally guided by specialist clinician or institutional preference. For the non-burn clinician there may be conflicting recommendations which can lead to confusion on the best management plan.

The ACI Statewide Burn Injury Service (SBIS) recommended management for burn blisters is ‘de-roofing’ (removal of skin and fluid), after adequate analgesia.

Rationale for de-roofing is:
• removal of non-viable tissue
• prevention of uncontrolled rupture of blister
• avoidance of risk of blister infection
• relief of pain in tense blisters
• reduction of restriction of movement of joints
• allow the assessment of the burn wound bed.

Procedure for de-roofing blisters

1. Obtain consent from the patient or family.
2. Administer appropriate analgesia and allow time to take effect prior to procedure.
3. Take digital image before and after de-roofing procedure if possible.
   • Burn blisters ≤5mm can be left intact.
   • Burn blisters >5mm should be:
     − de-roofed either with moist gauze (for thin-walled) or forceps and scissors (for thick-walled)
     − dressed appropriately with a moist, non or low-adherent dressing\(^1\)
     − referred to local emergency department or burn service if your facility does not have the capacity or resources to de-roof blisters.

Considerations
• if patient being transferred to burn unit contact receiving unit prior to debriding
• the risk or benefit of removing blister skin when infection may occur (i.e. in remote area)
• the risk or benefit of de-roofing blisters on the palmar surface of the hand and the plantar aspect of the foot
• patient compliance with the procedure and on-going care when considering the management of small, non-tense blisters i.e. patients with dementia, learning difficulties, etc.

Blister Management Example

1. Blister in situ
2. Carefully trim blister skin
3. Clean wound bed. Dress

Reference

Clinical Practice Guidelines: Summary of Evidence, for supporting material for this document.

Contacts
Royal North Shore Hospital
Ph: (02) 9463 2111 (Burn Unit)
Ph: (02) 9463 2110 (Ambulatory Care)
NSLHD-BurnsConsult@health.nsw.gov.au

The Children’s Hospital at Westmead
(all paediatrics <16yrs)
Ph: (02) 9845 1114 (Burn Unit)
Ph: (02) 9845 1850 (Ambulatory Care)
kidsburns@chw.edu.au

Concord Repatriation General Hospital
Ph: (02) 9767 7775 (Burn Unit)
Ph: (02) 9767 7776 (Ambulatory Care)
slh-concordburnsunit@health.nsw.gov.au

ACI Statewide
Burn Injury Service resources

ACI_0004 [02/18] Version 4.1 Dec 2017

AGENCY FOR CLINICAL INNOVATION

NSW GOVERNMENT