Burn Blister Deroofing Guideline

Deroofing of a burn blister is a clinical procedure, which enables removal of the burn blister fluid and of the dead tissue.

Deroofing procedure

| SKILL SET | ☑ Only a practitioner experienced and confident in burn blister management technique should perform the deroofing procedure using appropriate tools |
| TIMING | ☑ Perform on the day of initial assessment to avoid re-adherence of non-viable tissue to the wound bed |

TECHNIQUE

- ☑ Administer analgesia and allow time to be effective, as deroofing procedure may transiently increase pain
- ☑ Clean the wound with water or saline
- ☑ Remove all non-viable tissue from the wound bed using either mechanical debridement with moist gauze or sharp dissection with scissors and forceps
- ☑ Snip the blister, drain the fluid and cut away the dead or devitalised tissue carefully up to (but not including) the margin of sensate tissue
- ☑ Do not perform blister needle aspiration as bacteria may be introduced into the space and incite infection
- ☑ Send images of cleaned burn wounds to the local Burn Service via www.trips.nhs.uk

Mechanical debridement with moist gauze for thin-walled blisters

Sharp dissection with scissors and forceps for thick-walled blisters

Dressing a burn wound after deroofing procedure

- ☑ Cover cleaned burn wounds with loose longitudinal strips of Cling Film for all patients requiring prompt transfer to the local Burn Service. Do not apply Cling Film to face.
- ☑ Apply a non-adherent primary dressing with a secondary absorbent layer to optimize healing time, reduce hypertrophic scarring, improve the functional and aesthetic outcomes and offer a better option for comfort. Further wound care information in LSEBN Initial Management of Burn Wounds.
- ☑ Do not use any topical agents, as these are ineffective when placed on intact blisters and should not be used unless the blister has been fully deroofed and only following a consultation with the local Burn Service.

References are available via www.lsebn.nhs.uk

Developed by LSEBN March 2016