VANDERBILT UNIVERSITY MEDICAL CENTER

Guideline: Burn Clinic Dressing Takedown

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Content Experts
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I. Purpose:

To define a standard of care for initial surgical dressing takedown of grafted areas completed in Outpatient Burn Clinic. The Outpatient Burn clinic nurses follow these Standards of Care to provide high-quality, cost-effective care to all patients.

II. Key Points:

a. Following excision and autografting, a patient may return to the Burn Clinic for takedown of surgical dressing over grafted and donor sites. Surgical dressing takedown typically occurs at day 3-5 post op. In this guideline, we are addressing care of both graft and donor sites at initial post-surgical dressing removal.
b. The RN (Registered Nurse) or the APP (Advanced Practice Provider) will be responsible for all initial post operative dressing takedown of graft and donor site(s). This process is also referred to as a "burn pack takedown".
c. Surgical dressings are ordered by the Burn Surgeon at the time of operative intervention. The operative dressing stack over the grafted site(s) will typically include the following:
    i. Contact layer placed directly over graft site
    ii. Topical antibiotic ointment, silver impregnated dressing, or antibiotic soaks
    iii. Kerlix gauze or burn dressings
    iv. ACE wrap
d. The dressing over the donor site may include the following:
    i. Contact layer directly over the donor site (Suprathel, Mepilex AG, Mepitel 1)
    ii. Suprathel will be covered with Adaptic that will be adherent
    iii. Kerlex gauze or burn dressing
    iv. Ace wrap
    v. Alternatively small donor sites may be covered with Tegasorb only
e. Exact dressings included in the burn pack can be found in the surgeon's operative note. These will be depending upon the operating surgeon's preference.
f. All patients (adult and pediatric) should have recommendations to take their pain medications **30 minutes** prior to their clinic visit. These medications should include Ibuprofen, Acetaminophen, and low dose narcotics unless contraindicated. The combination of Ibuprofen and Acetaminophen has been studied and shown to be more effective than narcotics and avoids GI upset.
g. In attempts to **avoid unplanned readmission**, BPTD and acute burn follow-ups that are appropriate for clinic include:
    i. <10% TBSA open burn wounds (not healed)
    ii. Pain controlled with PO pain medication (see above) after the operation or for daily wound care or debridement for acute partial thickness burn wounds not taken to the operating room.
    iii. Avoid clinic BPTD for patients who are grafted or have dressings in highly sensitive areas such as buttocks or groin.
    iv. Avoid clinic BPTD for stapled and/or tie-over bolstered dressings placed to secure burn pack.

v. Avoid dressing partial thickness acute burn wounds in Mepilex AG Transfer. Mepilex AG Transfer is often firmly stuck to the wound and ends up needing additional pain management to remove. If planning on takedown in the clinic place the patient in Mepilex AG.

III. Surgical Dressing Removal:

a. The APP or RN is responsible for removal of dressings during the patient's post operative visit.
b. All layers of dressing covering the graft/operative site will be removed to allow for clinic provider/burn attending to evaluate graft – unless otherwise specified by operating Burn Surgeon
c. Ace wraps should be removed when able and dressings should be saturated with tepid water to help ease dressing removal. If there are concerns about integrity of graft or difficultly removing dressings attending burn provider should be alerted to provide assistance.
d. Grafted site (s) should be gently cleansed using a washcloth with Hibba cleanse or antibacterial soap and water, rinsed and gently patted dry or allowed to air dry.
e. Grafted areas under a wound vac should be removed by taking the vac off suction, saturating the sponge with tepid water, soaking the sponge with 4% topical lidocaine may make removal easier when able. Allow the sponge to remain saturated for 15 minutes prior to removal. The sticky contact layer should then be removed with the sponge taking care to not pull up the graft, followed by removal of the silver layer and non-stick base layer. Any questions regarding removal, the attending burn provider can be called to assist.
f. RN should saturate dressings with tepid water to help ease dressing removal. If there are concerns about integrity of graft or difficultly removing dressings provider should be alerted to provide assistance.
g. Grafted site (s) should be gently cleansed using a washcloth with Hibba cleanse or antibacterial soap and water, rinsed and gently patted dry.

IV. Donor Site Dressing Removal:

a. RN or clinic APP is responsible for removal of donor site dressings during the patient post operative visit.
b. As above, the ace wrap should be taken down and the underlying dressings should be saturated with tepid water.
c. Gauze (kerlex or burn dressing) should be removed.
d. If Mepilex AG or Mepilex AG transfer was used it should be taken down next and the wound pour over cleaned with soap and water and allowed to air dry
e. If Suprathel was placed, the adaptic or contact layer overlying the Suprathel should be left in place. Any overlapping areas should be trimmed and the area should be pour over cleaned with soap and water and allowed to air dry.
f. If a Tegasorb was placed, it should be removed and the area cleaned as above and allowed to air dry.
g. Donor sites dressed in Mepilex AG, Mepilex AG Transfer or a Tegasorb can be re-dressed in any of the three (or with Mepilex AG Border). Consider going around the

edges of the cleaned wound with Mastisol to make the dressing stick better. Mepilex AG, Mepilex AG border and Tegasorb do not require gauze. Meplex AG can be held in place with a large Tegaderm or an ace wrap. Mepilex AG Transfer needs to be wrapped in some form of gauze and an ace wrap.

h. Donor sites dressed in Suprathel, cover with some form of gauze (kerlex or burn dressing), and an ace wrap. Suprathel does best when under compression and kept dry.

i. The donor site dressing can be left in place until the patient's next weekly visit. The patient should be sent with extra ace wraps and/or kerlex and allowed to replace as needed.

V. Dermal Substrates

Any dermal substrate placed in the operating room should be documented by the operative surgeon with a description of how it is dressed. Any questions on how to re-dress in the clinic can be brought to the weekly rounding burn attending. There are new dermal substrates added from time to time and as they are added directions on their care will be done with in-services to both the inpatient and clinic staff.

VI. Graft and Donor Site Assessment:

a. All grafted and donor sites should be assessed by the clinic provider.
b. The APP covering clinic may need to elevate concerns of infection or graft failure to the weekly burn attending.
c. If there is concern for infection the wound should have a wound culture sent.

VII. Daily Wound Care Patient Education:

a. Following assessment of the graft, clinic provider will order daily wound care to be completed at home over the operative site. The patient must meet the following criteria to be discharged home with daily wound care:
    i. A patient must be able to perform daily dressing changes independently or with the assistance of a friend or family member.
    ii. The patient must have access to clean water for showering/cleansing wounds.
    iii. Patients must be able to tolerate daily dressing changes with oral pain medication.
b. Should the provider deviate from daily wound care for wound management, clinical indication will be documented in the provider's note and may be discussed with the weekly burn attending.
c. Dressings for daily wound care will include an ointment, a non-stick layer, kerlix gauze and ACE wrap.
d. Patients will be educated to apply ACE wraps at a 50% compression while they are up and active. ACE wraps should be left on and removed for daily wound care.
e. All patients will be educated on appropriate steps of cleansing wounds and applications of dressings prior to discharge from burn clinic. Written instructions will also be provided.

VIII. Care of the Donor Site at Initial Dressing Takedown

a. Donor site dressing will be removed in clinic at day of BPTD.
b. Provider and nurse will have reviewed the post-op note to know what exactly the patient was dressed in at time of surgery.
c. Care for donor site will be determined based on the dressing which was applied in OR.

IX. Silver Dressing Wound Care Patient Education:

If a patient does not meet criteria as stated above to perform daily dressing changes, the provider will order a silver-based dressing (preferably Mepilex AG) to be applied. Any silver dressing applied to a grafted area will have a contact layer **with Mepitel 1 or Mepitel AG**, applied directly over the graft site prior to application of silver dressing. The Mepilex AG can be dressed in a similar fashion to the donor site discussed above.

X. Safety:

Identification: The presence of the correct patient ID band is assessed upon intake and during BCMA.

XI. Infection Control:

a. Standard Precautions: Standard Precautions are implemented with all patients regardless of their medical diagnosis or history.
b. Anyone actively participating in the wound care of an outpatient burn patient will wash their hands thoroughly and wear gloves during wound care.

XII. Guidelines for Pediatric Patients:

a. Consult Child Life when appropriate
b. Engage parents in care. Utilize tools such as distraction to assist with procedure

XIII. Criteria for Mepilex AG takedown in Burn Clinic for non-surgical wounds

Adult:

- < 10% TBSA, partial thickness burns **dressed in Mepilex AG**
- Patient tolerating dressing changes/application of Mepilex, with PO medication only, prior to return to clinic for removal
- Adult patients requiring IV medication or sedation for placement of Mepilex due to poor pain control should be carefully considered on case-by-case basis. These patients often result in a readmission.
- Please avoid stapling Mepilex to patient – this increases anxiety and pain with procedure

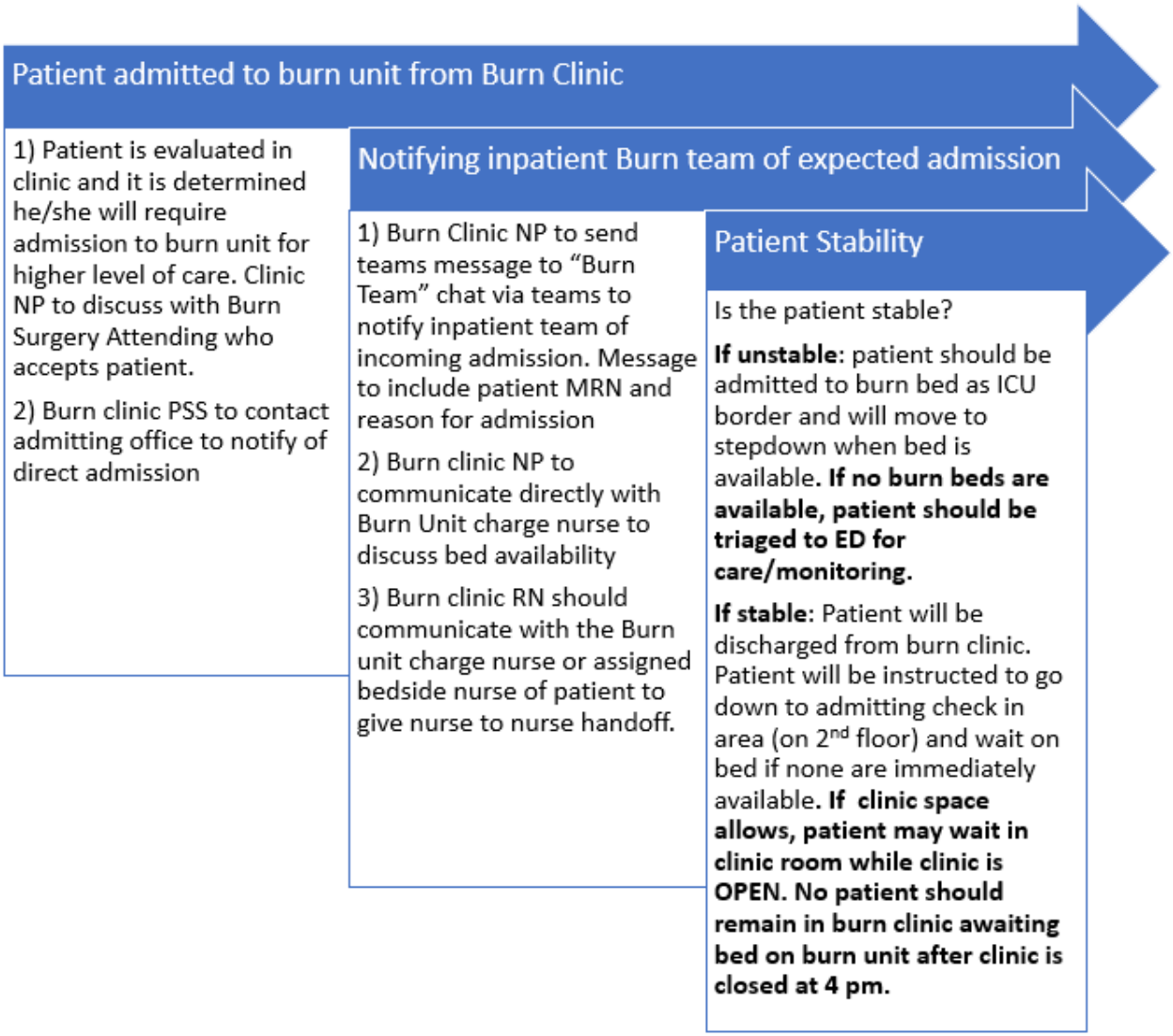
Pediatric:

- <10% TBSA, PT burns

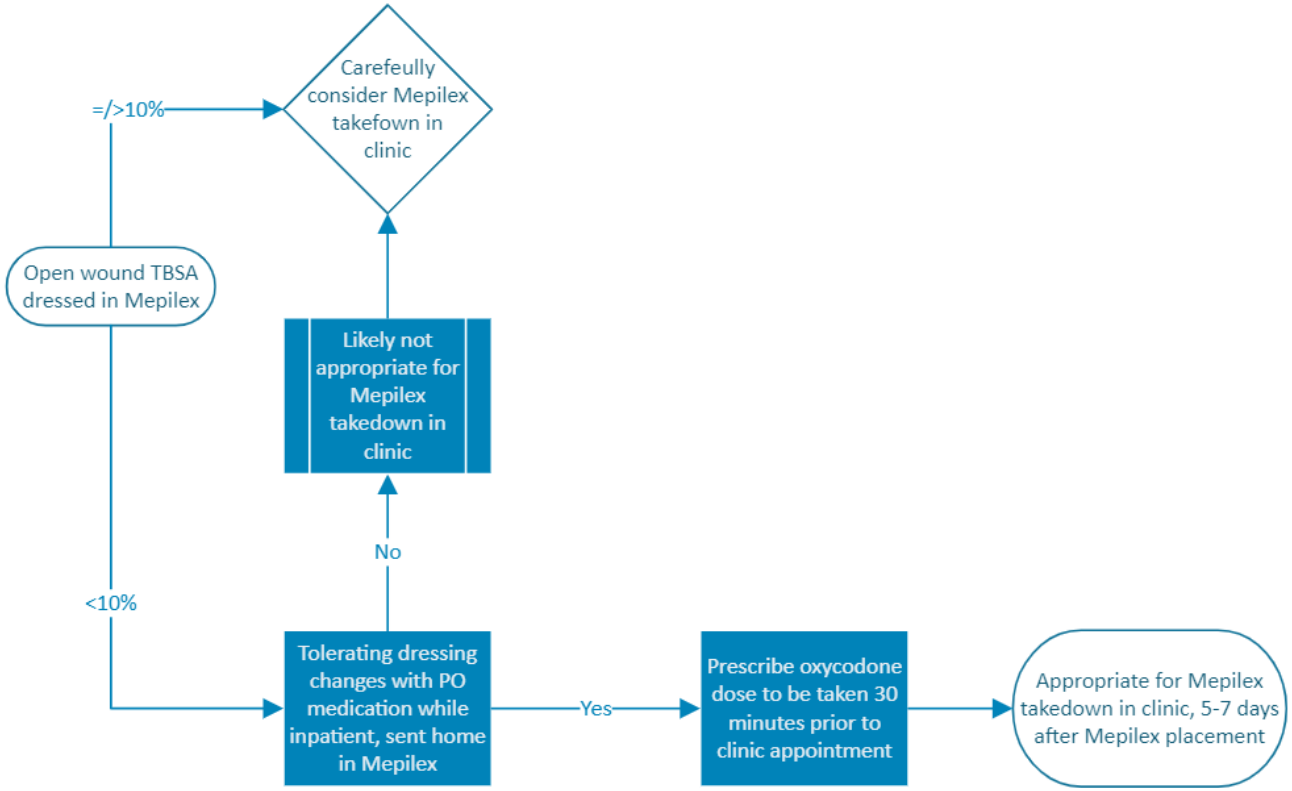
- Tolerating dressing changes with PO medication while inpatient – sent home in Mepilex AG for wound care holiday, OK to RTC for Mepilex takedown
- If Mepilex was placed under sedation for initial debridement and all clearly partial thickness burn wounds, OK to send to clinic for takedown. Patients should have prescription pain medication to take 30 minutes prior to dressing change.
- Please avoid stapling Mepilex to patient – this increases anxiety and pain with procedure

XIV. Burn Clinic Admission Algorithm

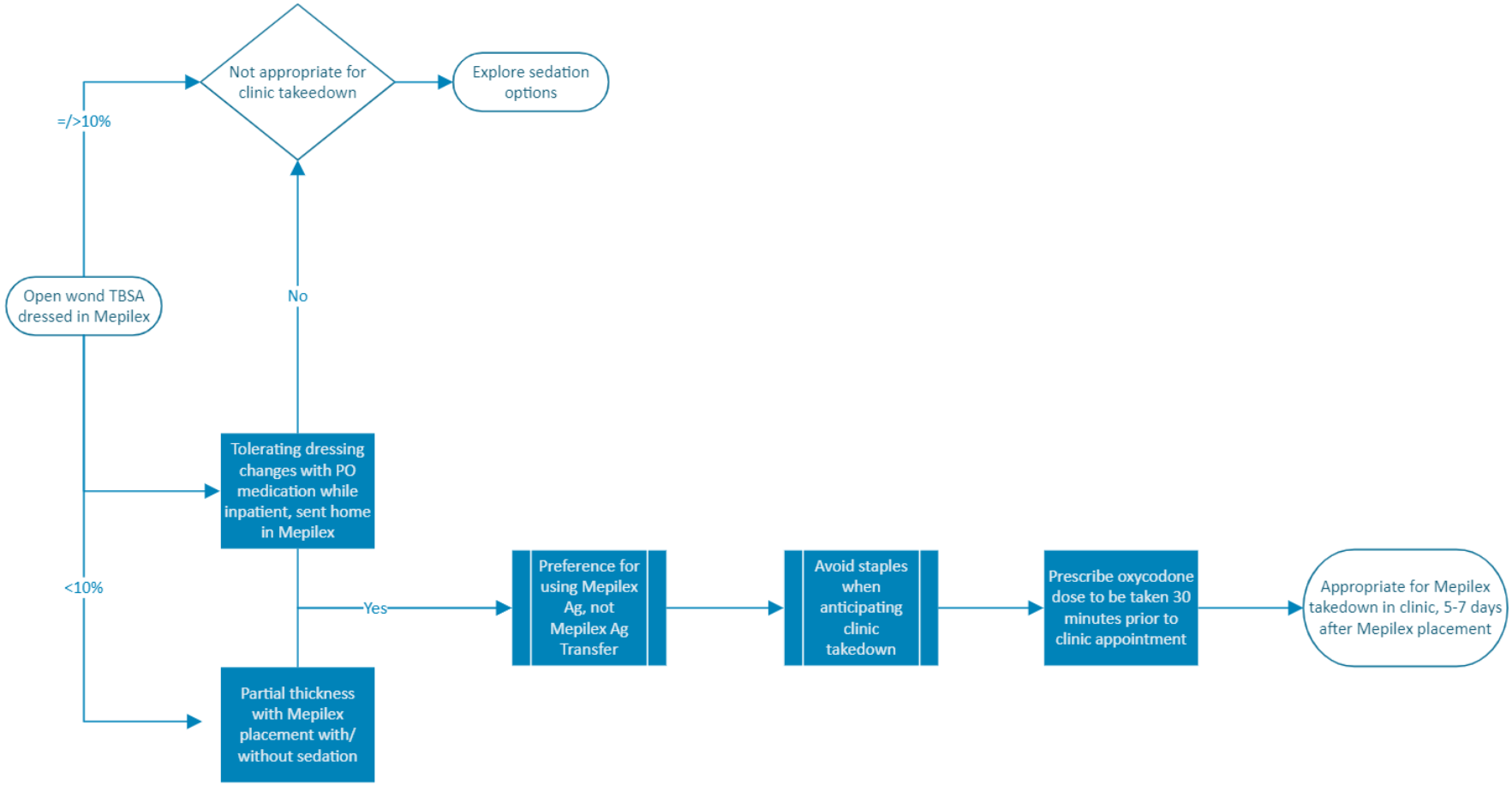
If a patient seen in clinic requires an admission to the Burn Unit, use this algorithm to ensure patient safety and clear communication.



XV. Clinical Pathway Guideline: Mepilex Takedown in Clinic (Adult)



XVI. Clinical Pathway Guideline: Mepilex Takedown in Clinic (Pediatrics)



XVII. Burn Dressing Wound Care Tip Sheet

Sheet Graft & Skin Grafts

- Sheet graft Take down: on POD 4 or per surgeon's preference
- Dressings for meshed grafts: initial post op takedown usually done on day 4. dressings post op will consist of ointment/xeroform/kerlix after BPTD
- Dressings for sheet grafts: plain xeroform, kerlix after BPTD (does not need ointments unless specified by provider)

RE-CELL

- Outer dressing takedown to telfa clear on POD 4
- Telfa clear removal: take down on POD 7
- Showering: okay on POD 7
- Ointments: okay to use daily bacitracin, xeroform and kerlix after BPTD
- **CHG (Chlorohexidine) Contraindicated**, use dial soap for wound care

Matriderm

- Takes (+/-) 1-2 weeks to incorporate
- Cleaning: soap/hibiclens and water for wound care. No scrubbing. Ok to run soap and water over it.
- First dressing takedown will occur on POD #5-7 (unless otherwise ordered)
- Dressings: Frequently will be dressed in Acticoat and a wound vac and will be changed weekly. Otherwise will be dressed in ointment/xero/kerlex daily

Mepilex AG Transfer/Mepilex AG

- **Mepilex AG Transfer:**
- Dressings: keep dry/clean/intact. Okay to change outer layer of kerlix to keep wounds dry. Can stay in place for up to 14 days.
- Showering: Not allowed. Sponge bath unaffected areas.
- Donor site: take down on POD 7 if soiled, saturated or concern for infection.
- **Mepilex AG:**
- Dressings: keep dry/clean/intact. Does not require an outer dressing. If it becomes saturated will need to be changed. Can stay in place for up to 7 days.
- Showering: Not allowed. Sponge bath unaffected areas.

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Burn Clinic Dressing Takedown

BTM

- Takes (+/-) 3-5 weeks to incorporate and be ready for grafting. It is ready when it blanches.
- First postoperative takedown on POD #4
- Cleaning: soap/hibiclens and water for daily wound care; avoid heavy water; just wash and rinse
- Dressings: Include acticoat and or mepilex AG. Goal is to keep dry and not use ointments like bacitracin. Change and clean every 3 days unless there is a concern for infection.
- If purulent drainage noted under BTM, okay to window over that area to allow drainage.

Amnioburn

- Take down: on POD 4 and can be managed like any partial thickness burn (soap, water, bacitracin). If adherent OK to leave in place – it generally does not adhere and can be washed off after POD #4.
- Dressings post op: will consist of ointment/xeroform/kerlix after BPTD

Integra

- Takes (+/-) 2-3 weeks to incorporate
- Cleaning: soap/hibiclens and water for wound care – run the soap and water over, no scrubbing.
- Dressings: Will frequently be placed under a wound vac with Acticoat. First takedown on POD #7 and then twice weekly. If not in a wound vac will be dressed in Acticoat/kerlex/ace or Mepilex AG or Mepilex AG Transfer. Goal is to keep dry and **do not use ointments like any petroleum topical such as bacitracin**
- If purulent drainage noted under, okay to window over that area and drain.

Suprathel

- Take down: BPTD on day 4. Mepitel is attached to suprathel, do not remove mepitel one. OK to trim as tissue heals underneath and to trim the Mepitel 1 up to the border of the Suprathel once it is adherent (donor site or partial thickness burn). Place new kerlix over mepitel one (and an ace wrap until adherent, works best with a little compression). Do not use ointments like bacitracin. Works best if kept clean and dry after the first takedown
- OK to lightly shower on day 7 (running soap and water over it), ok to get wet on day 5 (if adherent) with no direct water stream on dressing.
- **Change outer kerlix post op (as early as POD 1) if kerlix is wet or bloody. Goal is to keep suprathel and mepitel clean and dry.**

Early takedowns secondary to concerns for bleeding or infection:

- Let the OR surgeon know prior to taking down whenever able.
- Generally, the wound/graft/dermal substrate should be redressed in the same dressing that were already in postoperatively. Stitches preferred on fresh grafts (less likely to damage the graft versus silver nitrate or cautery).

Postoperative Ace Wraps

- Ace wraps to be taken down once per shift to assess skin. Re-wrap patient after takedown. Do not remove ACE when stapled from OR (torso)

XVIII. Resources:

Vanderbilt Burn Center Practice Management Guidelines:
https://www.vumc.org/burn/practice-management-guidelines