



# Treating Burns

***Treatment for burns depends on the type, severity and size.***

**Treatment for minor burns – first and second degree burns no larger than 3 inches in diameter**

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DON'T use ice – can cause further damage to wound.

DON'T apply butter or ointments – can increase severity of burn.

DON'T break blisters – broken blisters are more vulnerable to infection.

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1. Cool the burn. Hold under cold running tap water until the area is free from pain even after removal from the water. If this is not possible cool with a cold compress.
2. Cover the burn with a sterile nonstick dressing and bandage. Don't use fluffy cotton or other material that may stick to or get lint in the wound. Wrap the bandage loosely to avoid putting pressure on burned skin. Bandaging reduces pain, protects blistered skin, and helps prevent infection.
3. Take an over-the-counter pain reliever. Aspirin, Ibuprofen (Advil, Motrin, etc.), naproxen (Aleve) or acetaminophen (Tylenol, etc). Use caution when giving pain relievers to children or teenagers. Although aspirin is approved for use in children older than 2 years, children and teens recovering from chickenpox or flu-like symptoms should never take aspirin.



**Treatment for major/severe burns – call 911 or your local emergency number immediately**

1. Do not remove clothing that is stuck to the skin. However, do make sure the victim is no longer in contact with smoldering materials or exposed smoke or heat.
2. Do not immerse large severe burns in cold water. This could cause a drop in body temperature (hypothermia) and deteriorate blood pressure and circulation causing shock.
3. Check for responsiveness and signs of normal breathing. If there is no normal breathing begin [CPR](#).
4. Treat for shock: have the person lie on back, elevate legs if no trauma and maintain normal body temperature (cover with a sheet or blanket).

If you are unsure about the depth of the burn, treat it as a severe burn.

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### Treatment for electrical burns

Victims of electrical burns should always seek medical care. While waiting for medical care:

1. **Look first. Don't touch.** A person may still be in contact with an electrical source. If you touch them, the current can pass through you, causing you shock.
2. **Unplug or turn off the source of electricity, if possible.** If this is not possible, not touch the victim. Call 911.
3. **Check for responsiveness and normal breathing.** If there is no normal breathing, being CPR (cardiopulmonary resuscitation) immediately.
4. **If responsive and breathing, treat for shock.** Lay the person down and elevate the legs, if there is no trauma. Maintain normal body temperature.
5. **Cover the affected areas.** If the person is breathing, cover any burned areas with a sterile cause (nonstick preferred) or a clean cloth. Don't use a blanket or towel. The loose fibers can stick to the burns.

### Treatment for chemical burns

1. Identify the chemical that was involved. As work, have someone check the material safety data sheet (MSDS) for this information.
2. Move the victim away from fumes or ventilate the area.
3. With a gloved hand or piece of cloth, brush off any dry chemical.
4. Remove clothing and jewelry from the burn area.
5. Flush the entire area as quickly as possible with large amounts of running water. Flush until EMS personnel arrive to give definitive care or until a topic specific solution is available.
6. Contact the [Poison Control Center](#) in your area or 911. Many chemical burns may be treated with local wound care. Some chemicals can cause life- and limb-threatening injuries and need emergency care.
7. Victims with chemical burns to their eyes should always seek emergency care. Flush the victim's eye with large amount of running water until EMS arrives. Have a victim wearing contact lenses remove them.

### Treatment for sunburns

1. Take a cold shower or bath, or place cool cloths on your burn
2. Avoid using creams that contain benzocaine, lidocaine and petroleum (Vaseline)
3. If you have blisters, dry bandages can help prevent infection
4. If you do not have blisters, use aloe vera to relieve some of the discomfort.
5. Adults can use medications like ibuprofen to relive some of the pain from the burn. **DO NOT** give children aspirin.



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## **Initial First Aid Treatment for Minor Burns**

Think of the skin as a coat of armor for the human body. When a burn injury occurs, it causes a break in the skin and may subsequently cause an infection if it is not treated appropriately or the right away. Frequently the question is asked, "How do I treat a minor burn?"

The American Burn Association's Burn Prevention Committee recommends the following guidelines for the treatment of minor burns. Please note that even a small burn, may have the potential to become infected. It is always advisable to seek medical attention **as soon as possible**. Remember, when in doubt or if you think the individual's life is in danger, call 911. Remember, if you call 911 using a cell phone you may or may not get the local 911 for the area you may be in. Remain calm and provide the operator with the necessary information to get the EMS personnel to you.

Burns are primarily divided into three categories: first-degree or superficial burns, second-degree, or partial thickness burns and third-degree or full thickness burns. How these types of burns are treated initially will determine whether there is a successful outcome.

**First-Degree Burn** – are burns which involve the outer most layer of skin and are usually associated with a sun burn. Such an injury may occur from too much exposure to the sun (gardening, sunbathing, etc.). The skin is usually still intact, but may appear to be red, very warm or hot to touch and painful. There may also be small blisters, and swelling in and around the area of injury. Initial first-aid treatment for a first-degree burn include the following:

### **DO's**

- Stop the burning process: **cool the burn with running cool (not cold) water for at least 5 minutes**. But do not use ice, as this may cause further skin damage. Do not over cool! If the victim starts to shiver, stop the cooling process.
- Remove all jewelry, watches, rings and clothing around the burned area as soon as possible.
- Administer an over-the-counter pain reliever such as ibuprofen or acetaminophen for pain control. Follow the directions on the label. Consult a physician or health care provider if pain is not relieved.
- Cover the burn with a sterile gauze bandage or clean cloth. Wrap the burned area loosely to avoid putting too much pressure on the burn tissue.
- Minor burns will usually heal without further treatment.
- For small area burns, apply soothing lotions that contains aloe vera to the burned area to help relieve the pain and discomfort.
- Seek medical attention if there is a persistent fever not relieved by medication or redness that may extend beyond the border of the burn or pain is not controlled by ibuprofen or acetaminophen.
- Drink plenty of fluids (electrolyte containing solutions such as gator aid) if the person appears to be dehydrated.

### **DON'TS**

- Do not apply ice – this may cause further damage to the skin.
- Do not use any butter, ointments or other home remedies on the burn. Such substances may trap the heat in the tissue and makes the burn worse.
- Do not break any blisters...leave intact.
- Do not delay seeing medical attention if the burn is larger than the size of the victim's palm.

**Second-Degree Burn** - occurs when the second layer of skin (dermis) is burned. This burn usually has the following characteristics: very red, blister formation, extremely painful and a fair amount of swelling. In general, if a second degree burn is smaller than 2-3 inches (7 centimeters) it may be treated as a minor burn. If the area burned is larger than this, or involves functional parts of the body such as feet, face, eye, ears, groin or located over major joints, more in-depth medical attention is needed. Take the person to the nearest emergency room, family doctor or minor emergency clinic to have the burn evaluated. Failure to do so may result in permanent disfigurement or loss of function.

**Third-Degree Burn** – are **NOT** minor burns and should be evaluated and treated by a healthcare provider. A third-degree burn is a very serious burn, no matter what the size or area of the body that may be involved. A third-degree burn involves all layers of the skin and can cause permanent tissue damage. The skin may appear to be charred, blackened, or white. The skin texture may be very dry or leathery. All third-degree burns should be evaluated by a healthcare provider immediately.

**Healing** – it may take several days for a mild first-degree or second-degree burn to heal. During that time, it is important that the affected area is observed for infection, such as redness extending beyond the burned area, changes in the appearance of the wound or slight fever not relieved by Tylenol. As your skin begins to heal, you may also notice that it will itch, which can be very uncomfortable at times. This is normal and will eventually decrease. Frequent application of lotion can help keep the skin hydrated and minimize the itching process. If the itching is too severe, an over-the-counter medication such as Benadryl® may be helpful in easing the discomfort. Remember...always follow the directions on the label. The wound should be kept clean with daily dressing changes. If you have any concern or questions, consult your healthcare provider. Once the burn has healed, limit the exposure of the burn skin to direct sunlight. Always wear sun protection.

Following the above guidelines should promote healing to most minor burns.

*It is important to note that the consumer should always seek the advice of a healthcare provider if there is any question regarding the healing process of a minor burn. The American Burn Association and the Burn Prevention Committee are not responsible or liable for any untoward complications suffered by any individual following these suggested guidelines.*

*This material is for information purposes only. It is not a substitute for professional medical advice, diagnosis, or treatment, which you should seek from your physician. The ABA does not endorse any specific product, service or treatment.*

# Exactly What to Do to Treat a Kitchen Burn at Home

*Knowing how to treat a burn at home and understanding the difference between a first-, second-, and third-degree burn will reduce scarring and speed healing time. Here's what to do, and when a burn requires a doctor's care.*

By Isadora Baum

October 12, 2018

You're transferring that hot kettle of boiling water to your tea mug and bam—the scorching water spills on your arm. Suddenly you're in a lot of pain, and you start to notice redness and swelling on your skin, the telltale signs of burn.

The scary part of getting a burn is that you risk permanent scarring, infection, and other consequences depending on the type of burn you have. Yet figuring out fast which degree the burn is and then knowing how to treat it can minimize damage.

If the burn penetrates all layers of the skin, the skin is leathery or charred, the hands, feet, face, or genitals are burned, or if the affected person is a child or elderly, you'll need to call an ambulance for urgent medical care. But less severe burns can be treated at home. Here's how to know what type of burn you're dealing with, what to do immediately to reduce damage, the recovery time you can expect, and the home remedies that can speed healing.

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## How to treat a first-degree burn

“Burns are classified by degrees of how deeply they have injured the skin,” explains Sonia Batra, MD, dermatologist and co-host of the television show *The*

*Doctors.* A burn can be differentiated usually just by looking at your skin's reaction after the burn occurs, says Dr. Batra.

A first-degree burn is a superficial burn that can cause the skin to turn red and swell slightly but does not eventually result in blistering.

Here's how to treat a first-degree burn. "First-degree burns can typically be taken care of at home by running the affected area under cool (not cold) water and taking acetaminophen or ibuprofen for minor pain," says Dr. Batra. Do this immediately and keep the area around the burn clean and clear. Cover with a sterile, non-adhesive bandage or cloth and avoid sunlight.

First-degree burns typically heal within 7 to 10 days. To help it heal, never put ice on it; this can actually make it worse. A cool (not cold) compress is a better idea to soothe any lingering pain.

Scarring occurs depending on the depth of the burn, as deeper burns require new tissue formation to restore the skin's outer seal. While the new tissue formed may not appear to match the surrounding skin in color or texture, "first-degree burns rarely scar since only the top layer of epidermis is affected," says Dr. Batra.

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## **How to treat a second-degree burn**

A second-degree burn can cause pain and initial swelling, and then blisters, reddening, soreness, and thickening of the skin.

"Second-degree burns can be treated by running the affected area under cool (not cold) water for at least 15 minutes and taking over-the-counter pain meds," says Dr. Batra. A cool compress can also be used, but again, don't use ice.

As blisters form, do not pop or break the new blisters. These blisters can become

infected and lead to further damage and scarring if they are broken or not treated properly.

Here's how to treat a burn blister. "Any blisters that form should be covered with antibiotic ointment and non-stick dressings that are changed once or twice a day," advises Dr. Batra. "Because second-degree burns can cause open wounds, refrain from using cotton balls or anything that can leave fibers in the affected area and increase the risk of infection."

As it heals, you might want to see a doctor to test for severity and to prescribe antibiotics, just to be on the safe side.

Second-degree burns usually heal in about three weeks, but can vary depending on how deep the burn is, she says. Second-degree burns affect both the epidermis and dermis, and these may scar if the burn is deep enough, says Dr. Batra.

What's more, people with olive-tone or pigmented skin are more likely to have lasting discoloration after a burn, as inflammation tends to alter pigment production in darker skin types, she explains. The scarring will improve gradually, though. "Remember that all wounds continue to remodel, and scars improve for 6-12 months after the injury," she says.

Use strict sun protection on the healing site for a month after the burn to help minimize the risk of pigment change. "If the texture remains firm or raised, silicone-based gels or sheeting may help soften the scar," adds Dr. Batra.

RELATED: [How to Care for Your Sensitive Skin](#)

## **How to treat a third-degree burn**

A third-degree burn is the most severe and deepest of the three types, causing the skin to turn dark brown in color and thicken greatly, sometimes taking on a white,

waxy, leathery appearance, explains Dr. Batra.

“Third-degree burns can cause serious wounds and have long-term consequences; as such, if you suspect you have a third-degree burn, call 911 immediately,” warns Dr. Batra. “While awaiting medical attention, raise the injury above your heart and refrain from treating it on your own,” she advises, the latter to avoid an infection.

A third-degree burn can result in shock, so monitor the person's breathing and pulse rate. If you suspect they're going into shock, lay the person flat, elevate their feet while keeping the burned area elevated if possible, and cover the person with a blanket.

“Blankets and radiant warmers are useful to help conserve heat and to lower risk of shock,” says Robert Glatter, MD, an assistant professor of emergency medicine at Northwell Health and attending emergency physician at Lenox Hill Hospital in New York City.

Third-degree burns can vary greatly in healing time due to the severity of the burn, explains Dr. Batra. “Sometimes skin grafting may be required, which is when a piece of unburned skin is surgically removed from elsewhere and then moved to cover the burned area,” she says.

“Other problems caused by a severe third-degree burn can affect deep skin tissue, bones, and organs, which may need to be treated with surgery, physical therapy, or rehabilitation,” she adds.

Unfortunately, third-degree burns will scar. “Third-degree burns affect all layers of skin. Due to the extent of the damage to tissue and nerve endings, these burns will scar,” says Dr. Batra. “As the dead skin cells begin to regenerate, they will often create an area of thickened, red, shiny skin, and a skin graft may be needed to cover the burned area.”

# When to see a doctor

If there are subsequent signs of infection, like oozing, swelling, or a fever, the best thing to do is check in with your doctor or urgent care facility, rather than relying on burn remedies that can be done at home or waiting it out.

And if the affected person hasn't had a tetanus shot in years, they need to get one.

“All burns to the skin are tetanus-prone, and must be treated as such. A tetanus shot is given every 7-10 years,” explains Dr. Glatter.

If the pain worsens, or the burn blister is larger than two inches, you should seek medical attention. “Burns involving more than 20%-25% of the total body surface area require IV fluid resuscitation,” says Dr. Glatter. That's because burns are a thermal injury that can result in fluid loss, and that may lead to dehydration—which can be dangerous, he adds.

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