COBIS
Infection Management Guidelines in Burn Patients
PAEDIATRIC
Infection Management Guidelines in Burn Patients

The keys to good Infection Management in burns are:-
- Intensive and frequent bacteriological surveillance of the patient
- Keep the burn surface clean with frequent dressing changes and topical antimicrobial agents applied as appropriate by the plastic surgeons
- Early recognition of clinical bacteriological invasion with prompt appropriate antibiotic management
- Close and regular liaison with Consultant Microbiologist
- Recognition that all invasive support measures significantly increase the risk of invasive infection ( lines, ET tubes, urinary catheters ).
- To minimise the duration of invasive support
- To ensure that the burn surface is covered and healed in as short a time as possible.
- Early establishment of enteral feeding
- Ensuring that enteral feeding and calorie input is maintained as far as possible on surgery days.

Common Infective scenarios:-

Early Chest Infection.
- This occurs most commonly in patients who are intubated and have burn contiguous with the nose and mouth.
- It frequently becomes a problem within the first 24 to 48 hours.
- The usual organisms are the common nasopharyngeal organisms:
  - Haemophilus
  - Pneumococcus
  - Moraxella
- To date these organisms have been fully sensitive to co-amoxiclav.

Early Wound Infection
- See Toxic Shock Guideline.

Infection Beyond 3 Days
- Remember to cover Pseudomonas.
- Be guided by surveillance samples.
- Ensure that all specimens indicate this is a burn patient.
- Consult with Consultant Microbiologist.