Escharotomy Guidelines

New Zealand National Burn Service

AIM
• To release rigid and inelastic burnt skin (eschar) to allow
  - circulation (in a limb)
  - breathing (when chest involved)
• BEFORE problems arise OR to treat an existing problem

INDICATIONS
• Distribution of burn injury (eg circumferential or near circumferencial)
• Amount of predicted or actual swelling (oedema, fluid resuscitation)
• Inelastic burn skin (does not have to be full-thickness)

ENVIRONMENT / EQUIPMENT
• Diathermy (or scalpel), skin prep, drapes and crepe bandages
• Burn Escharotomy & Burn Dressing Packs (contains Algisite, Bactigras and Melonin)
• Ideally performed in theatre under GA with diathermy
  - can be done in ED / resus with LA
  - can be done with scalpel but will need diathermy to control bleeding

PROCEDURE
• ENSURE limb is in anatomical position (forearm supinated NOT pronated)
• Prep wound with chlorhexidine or non-alcoholic betadine skin prep
• Drape area
• Cut with either diathermy or scalpel along lines (see diagram other side)
  - Limbs – release both medial and lateral sides
  - Chest – release entire breast plate

CAUTION: Identify and avoid important structures (see diagram other side)
• Ensure incision is SKIN DEPTH ONLY
  - see fat not muscle at base of wound
• Ensure adequacy of release
  - no remaining tight bands – run finger along wound
  - escharotomy extends above & below bum into unburnt skin (where possible)
  - monitor for return or preservation of circulation (limb), breathing (chest)
• Dress with
  - Algisite (in escharotomy wound)
  - Bactigras (over rest of bum wound but NOT CIRCUMFERENTIAL)
  - Loose Melonin & Crepe as outer dressing

POST ESCHAROTOMY CARE
• Continue MONITORING
  - circulation (in a limb)
  - breathing and ventilatory pressure (when chest involved)
• Elevate Limbs
• Continue Bum Care

Please contact your local Regional Bum Unit for further advice!
• Cut along the dotted line, identifying and avoiding named structures
• Release both sides of limbs and all of chest