

When to Consult Burn Team for Road Rash

- Partial thickness friction burns involving greater than 10% Total body surface area (TBSA)
- Full thickness friction burns of any size
- Any deep partial or full thickness friction burn overlying a major joint
- Any friction burns with concern for need for surgical debridement/skin grafting
- Any patient with friction burns having difficulty tolerating wound care at bedside with adequate dosing of pain medications

How to treat non-operative friction burns

1. Wash wounds well with soap and water to ensure any debris is removed from the wound beds
2. Check any wounds over joints for potential joint capsule involvement
3. Apply an emollient like Polysporin, Vaseline, or Silvadene to the wound and cover with a nonstick layer to allow for easy removal in 24 hours
4. Cover with a gauze like Kerlix and secure with ACE or Stretchnet (flexinet)
5. Have bedside nurse change dressings once daily to ensure good mechanical debridement
6. Re-evaluate wound every 3-4 days to ensure wound care is being provided and wound is improving



Figure 1. Example of an appropriate burn consult due to full thickness injury overlying elbow which requires excision and grafting to heal