

Introduction

Our service has been using Epiprotect® for epidermal burns since 2018. We undertook a retrospective review of our use of Epiprotect®, and the guidance we use for selection and application.

We commonly apply Epiprotect® on the Paediatric Burns Ward, and also wanted to compare outcomes between application on the ward and in the operating theatre. To date, we have used Epiprotect® in over 250 paediatric patients.

Results

In 2024, we applied Epiprotect® to 31 patients upon their first assessment to the unit. Out of these 31, 8 patients (26%) had it applied under sedation and 23 patients (74%) had it applied with simple pain relief, either given by the referring ED or given on admission to the paediatric burns ward. Of the 31 patients, at the first check it was fully adhered in 30 (97%). In the remaining patient, the burn had deepened.

In 2025, we applied Epiprotect® to 44 patients. Two of the applications (5%) were undertaken under oral sedation, one patient had Epiprotect® applied in theatre (2%), and the remaining 41 (93%) were applied with simple pain relief given by the referring ED or on admission to the burns ward. Of the 44 patients, 39 had all the Epiprotect adhered on the first check (89%), while in the remaining 5 patients the burn wound had deepened.

For patients treated with Epiprotect®, the mean patient age was 4 yrs (median 18m), and the mean burn TBSA 5% (median 4.5%, range 1.5 - 16%). Over 95% were scald burns.

The oral sedation used was a weight based combination of midazolam (0.5mg/kg) and oral morphine (0.2-0.3mg/kg).

The mean time to wound healing was 14 days (median 11 days). Over 60% patients were healed within 14 days, and over 80% healed within 21 days.

Discussion

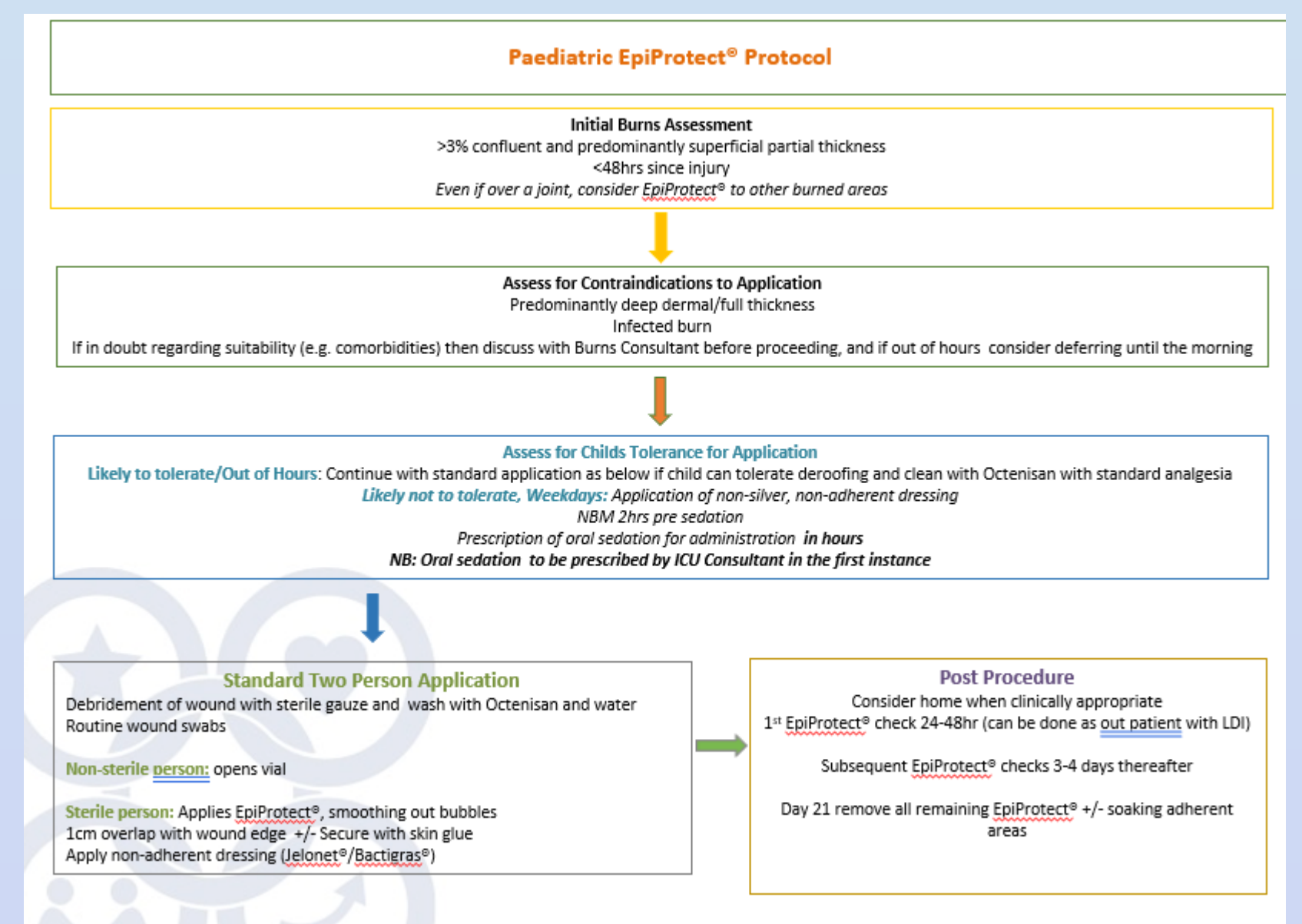
For several years, our service has used Epiprotect® as our standard management of larger epidermal burns. It appears to be associated with reduced length of stay, although this is confounded by other reasons for admission, such as social and safeguarding concerns.

The majority of our patients do not require formal sedation for application, and subsequent dressing changes show a marked reduction in analgesia requirement. If it adheres well, the wounds remain dry and comfortable, reducing the need for further dressing changes, with implications for school and work for patients and their families.

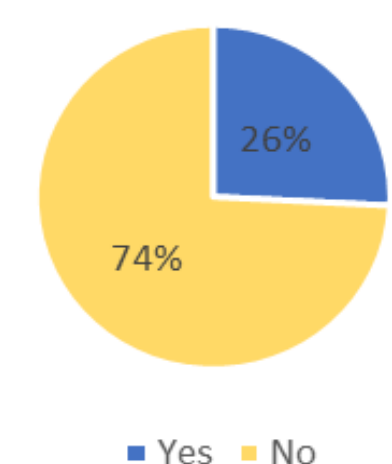
While some patients took much longer to heal, these were generally more extensive injuries, where other deeper areas were dressed with other products. In those cases, it is difficult to isolate individual wound area healing times.

Methods

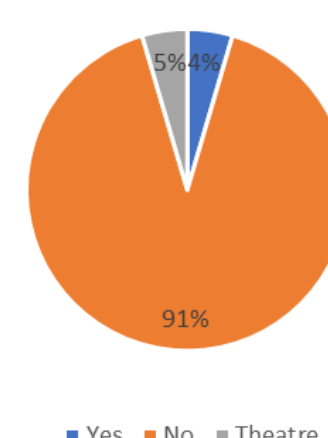
We reviewed every paediatric Epiprotect® application from January 2024 to December 2025. Data collected included the clinical location for application (ward or operating theatre), and whether the child required oral sedation for the application.



Epiprotect application with or without sedation in 2024



Epiprotect applied with or without sedation 2025



Conclusion

Epiprotect® is an effective burns dressing when applied on the ward using our protocol. It can be effectively applied with good pain relief, and does not always require sedation or anaesthesia for application.

Our work also suggested that the length of stay in hospital was reduced when Epiprotect® was applied, with subsequent dressing changes rarely requiring sedation. This has implications for school attendance and work continuity, especially for a service such as ours with a very large geographical footprint.