

# The Use of Xeroform Dressings for Partial Thickness Scald Burn Injuries in a Verified Pediatric Burn Center

Lisa Vitale, BSN, RN, CPN, Jennifer Livingston, CPNP, Erica Curtis, CPNP, Katherine Oag, MSN, RN,  
Christina Shanti, MD, Justin Klein, MD

Department of Surgery , Division of Pediatric Surgery, Children's Hospital of Michigan/Wayne State University, Detroit, MI, USA.

## Conclusion

Use of Xeroform and bacitracin in cascading partial thickness scald burn injuries is an effective way to treat such burns in pediatric patients.

## Background

For children who have suffered a burn injury one of the greatest challenges is managing pain with an adequate yet practical burn wound dressing that will ultimately be managed at home. At our ten year verified pediatric burn center we have tried many different burn wound care products, however we have found Xeroform and bacitracin to be the most practical and easy to use for our patient population. It is widely available, cost effective, and allows for daily baths in children. Once applied, it adheres to the wound. As the wound heals, the Xeroform is trimmed away (Fig. 2, PBD 8) until the burn is completely healed. (Fig. 3, PBD 15) Xeroform and bacitracin have become our standard of practice for pediatric patients with partial thickness burn injuries.

Contact information: Lisa Vitale, BSN, RN, CPN  
Jennifer Livingston, CPNP

Children's Hospital of Michigan email: [LVitale2@dmc.org](mailto:LVitale2@dmc.org),  
[Jlivings@dmc.org](mailto:Jlivings@dmc.org)

The authors declare that there is no conflict of interest.



Figure 1

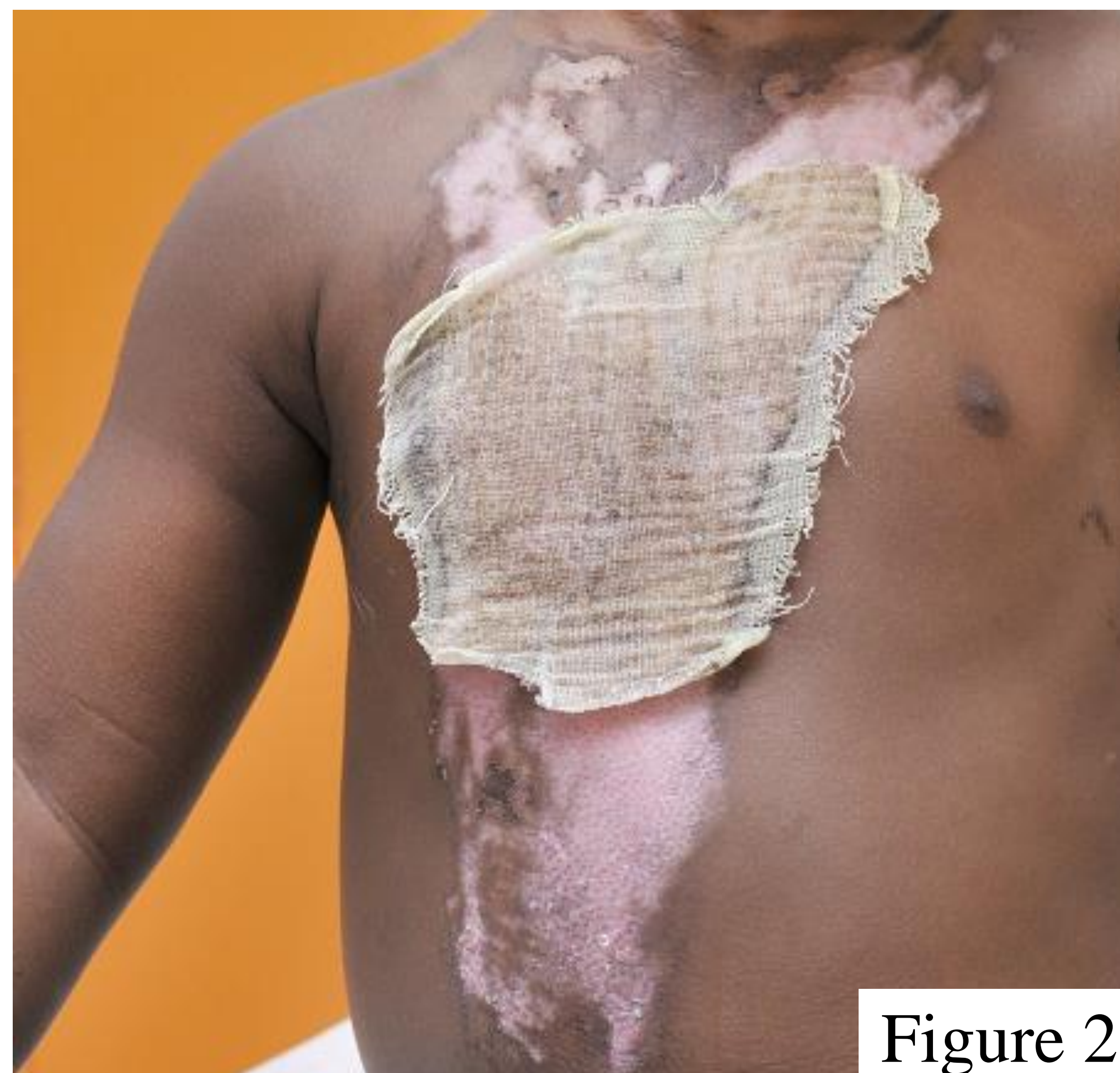


Figure 2



Figure 3

## Results

In a retrospective chart review from 2016-2018 we identified 127 patients discharged with Xeroform dressings who were 0-5 years old and sustained partial thickness cascading scald injuries. The study population had an average TBSA of 2.5%, with a 1.6 day average hospital length of stay. Time to healing was recorded. 25% of patients were healed within 7 days. 61% of patients were healed within 7-14 days. 9% of patients were healed within 14-21 days. 5% patients were healed in greater than 21 days. There were no wound complications identified within this study group.

## Lessons Learned

Using Xeroform and bacitracin as our standard of practice has streamlined the care provided to our patients. We have demonstrated:

- Consistent effective re-epithelialization
- Protection from infection
- Ease of dressing application and maintenance for families and burn providers