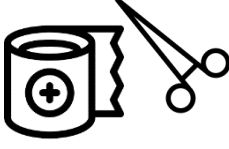






BLISTER MANAGEMENT

Precautions should be taken to minimize the formation of blisters but it is impossible to prevent the skin from completely blistering. When blisters do develop they may need to be drained or lanced to prevent the blister from growing and creating a larger wound.

Prepare Area to Lase Blisters	
Use distraction if needed	<input type="checkbox"/> Have toys, music, electronic devices ready
Pain control medication if needed	<input type="checkbox"/> Give medication 20-30 minutes before procedure
Wash your hands thoroughly	
Organize your clean/sanitized equipment 	<input type="checkbox"/> Towel to provide clean area around skin and tools <input type="checkbox"/> Sterile needle (25 or 30 gauge), lancet or scissors specifically for lancing blisters <input type="checkbox"/> Sharps container for used needles, thick plastic or glass container that you can close – sharps containers can be disposed of at local pharmacy <input type="checkbox"/> Gauze to wick away fluid <input type="checkbox"/> Dressing to cover area if necessary

Lancing blisters Step-by-step approach:		
1		<ul style="list-style-type: none"> Aim for the edge of the blister.
2		<ul style="list-style-type: none"> Very carefully puncture the blister with the needle, lancet or scissors. If you are using a needle or lancet, do not aim directly at the patient – aim parallel to the skin. If you are using scissors, you can pinch a small section of the blister cap between the scissors blades and create a small slit.
3		<ul style="list-style-type: none"> You may need to puncture multiple areas depending on the size of the blister. You can use the needle to make a larger opening by gently moving the needle in a zigzag pattern upwards. The zigzag or tearing pattern makes a large enough opening to make sure the fluid can drain, and the blister will not reseal. Let the fluid drain from the blister – you may use sterile gauze to absorb the fluid if necessary. Do not apply pressure on the top of the blister.
4		<ul style="list-style-type: none"> Leave the overlying skin in place. Repeat this procedure as soon as your child develops new blisters – check the skin daily. If the lanced blister is large or still draining, silicone dressings or non-adherent contact layers are recommended because they do not stick to the skin. Depending on the location of the blister, certain dressings may work better than others. Dressings should be kept on for a couple days – but if you suspect that there may be fluid coming from the wound daily dressings should be done to reduce the risk of infection. Topical antibiotics are not necessary for clean, non-infected wounds.

Disclaimer: Unless stated otherwise, information contained in this document is taken from Epidermolysis Bullosa: A Handbook for EB Patients and Families, Developed by the Section of Dermatology at the Hospital for Sick Children with the Support of DEBRA Canada and Sick Kids Hospital Department of Dermatology EB Expert Team - all content used with permission. This document was created by SWRWCP (August, 2019).