

Reference Number: FOIAH2425/153
From: Commercial
Date: 12 June 2024
Subject: Burns Service – Paediatric

Q1 What is your standard of care for assessing burns depth in your service

A1 [Clinical with the aid of Laser Doppler Imaging](#)

Q2 Does your Trust follow SOP/Policy - if so, please attach a copy?

A2 [There is no standalone SOP, but the equipment is included in the wider Local Rules for Laser Safety Document, please see Appendix F attached. It is also included in the Burns Unit Operational Handbook.](#)

Q3 Does your service own or lease any assistive technology / equipment as an adjunct to clinical decision making?

A3

Equipment/Device	Yes	No
Indocyanine green angiography	Information not held - equipment not used at Alder Hey	
Near-infrared spectroscopy (NIR)		
Fourier Transform Infrared spectroscopy (FTIR)		
Raman spectroscopy (RS)		
Optical coherent tomography (OCT)		
Laser Doppler imaging 1. LD123 – HIR 2. LDI2 – IR 3. LDI	Y	
Punch biopsy	Y	
Flir One Thermal Imager®	Y	

Q4 Please indicate the frequency of use per week/ month:

A4

Equipment/Device	Frequency of Use
Indocyanine green angiography	Information not held - equipment not used at Alder Hey
Near-infrared spectroscopy (NIR)	
Fourier Transform Infrared spectroscopy (FTIR)	
Raman spectroscopy (RS)	
Optical coherent tomography (OCT)	
Laser Doppler imaging 1. LD123 – HIR 2. LDI2 – IR 3. LDI	1-2 times per week

Punch biopsy	only for SJS/TENS
Flir One Thermal Imager®	1 per year currently

Q5 Please indicate if you own or lease the devices in use

A5 Devices are owned

Q6 If leased - please indicate when the lease is due for renewal.

A6 Not applicable as per A5