

Tasmanian Burns Unit

Information for
patients and their family





Please Note: The Tasmanian Burns Service, through the Tasmanian Health Service will provide medical care for all people that sustain a burn whilst staying in Tasmania who are covered under Medicare. Some examples are:

- acute admission
- rehabilitation
- reconstruction surgery
- scar management

Please discuss with the Burns Team any concerns or questions regarding this.

Artwork: Tom Samek

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Introduction

Unfortunately, you or someone you know has been admitted to the Tasmanian Burns Unit. This booklet will increase your understanding of our unit and the multidisciplinary burns team.

The Tasmanian Burns Unit is located on Ward K 9 East at the Royal Hobart Hospital (RHH), level 9 K block. Please feel free to approach any of the nursing staff regarding any questions you may have about the information contained in this booklet or your experience at the RHH.

The Tasmanian Burns Unit is the only burns unit in Tasmania. This is due to the highly specialised nature of a burn injury and the team of experts required to assist you and your family during this time.

Adults can be admitted to the Burns Unit on K 9 East, the Department of Critical Care Medicine (ICU) or other units/wards across the hospital. Wherever you are admitted you will



be cared for by the burns team in collaboration with the ward/unit area.

Children are either admitted to the Paediatric Ward K 6 or to the Paediatric Intensive Care Unit and will be cared for by both the paediatric and burns team.

Please contact us at any time at the Tasmanian Burns Unit on telephone: (03) 61668565

The Multidisciplinary Burns Team

Team member names will be filled in for you during your admission

Director of Burns: Dr Andrew Castley

Intern:

Burns Clinical Nurse Practitioner: Rebecca Schrale Ph: 0428 370 714

Burns Clinical Nurse Consultant/Specialist: Gabby Pulbrook Ph: 0499 830 698

Nurse Unit Manager:..... Clinical Psychologist:.....

Consultant:..... Dietitian:.....

Consultant:..... Occupational Therapist:.....

Consultant:..... Social Worker:.....

Consultant:..... Speech Pathologist:.....

Registrar:..... Physiotherapist:

Resident:..... Other:.....

Burn Injury

A burn is a complex wound that requires care from many different health professionals. Some of these are;

- Doctors
- Nurses
- Acute Pain Service staff
- Dieticians
- Speech Therapist
- Social Workers
- Physiotherapists
- Occupational Therapists
- Psychological medicine staff

When someone gets a burn injury anywhere on their body they damage their largest organ - the skin. Skin has many functions. It:

- Is a barrier to infection
- Protects underlying structures
- Maintains body temperature
- Maintains body hydration/moisture

The depth of the burn is graded on how deep it has affected the different layers of the skin:

- o superficial dermal
- o mid dermal
- o deep dermal
- o full thickness burn

Burn injuries can therefore cause:

- Fluid loss (which sometimes needs replacement via an IV drip)
- Swelling will occur, which is a normal body response to the skin being damaged. This swelling can continue to increase for up to 3 days after the burn injury and then will start to decrease. Depending on the size of the burn, the swelling can involve the whole body which can be quite a shock for family and friends

When people have a major burn injury, they can have trouble controlling their own body temperature due to damage of the skin.

Controlling a burns patients body temperature is vitally important. Keeping burns patient's rooms at a warm temperature allows the body to use its energy towards healing, rather than on keeping warm.

This is why it is important to have the door closed.

Patients with burns are at high risk of infection. Always wash your hands before and after visiting. Follow the infection control instructions on the door.

Burns Case Managers

The Burns Nurse Practitioner and Clinical Nurse Consultant/Specialist provide specialist consultancy and coordination of our burns service for the management of inpatients and outpatients. Please discuss with them and your individual nurse any concerns or questions you have. They work Monday- Friday during business hours and will assist in the coordination of your inpatient stay and your follow up after discharge.

They can be contacted at the Tasmanian Burns Unit, telephone (03) 6166 0098 or 0428 370 714 (Nurse Practitioner) or 0499 830 698 (Clinical Nurse Consultant/Specialist) or email rhhburnscnc@ths.tas.gov.au

Burns Outpatient Clinic

The Burns Outpatient Clinic is located on the 12th Floor, Wellington Clinics, Argyle Street. This is where your burn will be reviewed by the burns team after discharge.

Please ensure that pain relief is taken prior to your appointment as advised.

There is a shower and a bath in the unit. Please bring clean clothes and toiletries with you if a shower is required.

Children that require extra pain relief for their dressing change will be reviewed at either the Paediatric Ward or the Paediatric Outpatient Unit. On discharge you will be provided with instructions and advised where to attend.

It is important to attend the outpatient appointments arranged for you. If you cannot attend, please contact us on telephone (03) 6166 0098 to reschedule.

Distraction Therapy

Distraction therapy can help to reduce anxiety or feelings of worry which can help decrease your pain. On the unit we have access to many toys, music and games for both children and adults. Feel free to talk with your nurse about any of these.

Dressing Changes

Dressing changes can be hard for burns patients. They might be long and quite draining. Dressing changes involve:

- removal of the dressing;
- either bathing or having a shower;
- reapply new dressings.

Before the dressing change you will be given extra pain relief. Medical and nursing staff will discuss with you the most suitable method of reducing your (or your child's) anxiety and pain during dressing changes. There are a number of options that can be used, and these will be discussed with you during your admission and at your outpatient appointments.

Following the dressing change you will be very tired for the rest of the day and may not feel like visitors. As recovery progresses dressing changes will slowly become less draining.

We encourage you and your family to visit the burns shower room prior to your dressing change to become familiar with the room. Please organise this with nursing staff or the Burns Nurses who can also show you the distraction therapy available.



Wound Care

All wounds are different and there is no one product that will suit every wound, there are many options available to the burns team and they will make the right decision for your burn wound.

Surgery will sometimes be performed to help clean the burn or the removal of dead skin/ tissue. This can occur early if you have a full thickness burn or later if healing is delayed. Please be aware burn injuries are complex in nature and can take up to one week to show their full severity and depth. They may also improve or deteriorate quickly. Predictions can be very difficult.

As scars can change over the years you may have to have additional surgery, for children this could be required up until they finish growing. We will talk to you about this at your outpatient appointments and please contact us if you are ever concerned about your scar or if you would like more information.

Family and Loved Ones

Family and loved ones are an essential part of our multidisciplinary burns team. With your consent we aim to include, educate and involve family and loved ones in your care wherever possible. We know that by including family and friends your recovery will improve, however we know this can also be hard for family and loved ones.

It is important that family and loved ones also take care of themselves. They should take regular breaks from the hospital environment; take regular nutrition; exercise; and talk with other family and loved ones about this experience. Support can be provided by the Social Worker and we can discuss other support options with you.

Meals

Meals are provided for inpatients only. Family and visitors can visit the Pounds & Ounces Café (ground floor, K block - Campbell St), the staff cafeteria (ground floor, D block), or the Kiosk (above the Emergency Department, Liverpool St) for meals, snacks, tea or coffee.

Nutrition

Wound healing is a complex process that requires an increase of the body's energy consumption. Adequate nutrition is essential to give you the energy needed for wound healing. In hospital you will be started on a nourishing diet. Depending on the size and severity of your burn, you may also need to be fed through a tube (nasogastric tube) which goes in your nose and down to your stomach. This helps patients who are having trouble meeting their energy needs through just eating alone. Most people who need a feeding tube will eat as well. It is important for people to have nutritious food that they enjoy eating around them to assist with this. Friends and loved ones are free to bring in any high protein, high energy snacks they think you may like.

Some examples are:

- yoghurt
- fruit
- cheese
- hommus
- nuts
- custard
- milkshakes

Please Note: Snacks, food or drinks can be refrigerated for the patient. Please give to nursing staff and they will arrange identification and storage.



Occupational Therapy

The occupational therapist assists you in your journey back home. This can include:

- looking at a new way of doing things,
- looking at home or work to help your return,
- play therapy
- and/or scar management.

The occupational therapist looking after your scar management will help work out the best management for your needs and will continue to be closely involved in your rehabilitation and return home.

Pain Management

Each person's pain is different, and because of this, the Burns Team may get advice from the Acute Pain Service (a group of specialist nurses and anaesthetists) to help us to manage your pain.

By treating your pain as best we can, you are likely to recover faster. You need to:

- **tell us how you feel, particularly how strong your pain is.**
- **Ask for pain relief before you get too uncomfortable because it is harder to ease pain once it has become very bad.**
- **Remember to tell your nurse or doctor about any pain that doesn't get better, even after having pain medicine.**

Your pain may be treated in a number of ways. What works best for you will be decided by you, your doctors and nurses and will be based on the location and type of pain that you have.

If you are taking painkillers regularly, you must tell your doctor. That way you get the treatment that is best suited to you.

Although we would like to take away all the pain and discomfort you might experience, in reality it often cannot be removed completely.

However, our aim is to make you as comfortable as possible, especially when moving around and doing the stretches and exercises you need to do to get better.

Painkillers to help with short-term pain is not addictive. However, all medications may produce side effects, so you must tell the nursing staff if you feel sick or very sleepy.



Physiotherapy

Movement, positioning and splinting are all important parts of burn care. These help to improve long term results. Exercises from the physiotherapist may seem hard and might even cause some discomfort, however these exercises are important to long term recovery.

Exercises for Ankle and Foot Burns

Following a burn to the leg and foot it is important to keep your ankle moving to prevent stiffness. Ankles and toes can become stiff following a burn due to the tightening or contracture of the scar during healing.

These exercises will help your foot move normally again following your burn.

It is important that you do these exercises **WHILE** your burn is healing and not just after it has healed.

Do these exercises every waking hour, x10 repetitions. Keep your leg elevated. It is also important to elevate your leg during the day to reduce the amount of swelling in your foot.

- 1. Toe Curling** - Bend your toes as much as you can.



- 2. Draw Circles With Your Ankle** - Point your toes towards the ground and move your ankles in circles.

- 3. Ankle Plantarflexion** - Bend your ankle so your toes are pointing down to the floor (imagine you are pushing the accelerator down in your car).



- 4. Ankle Dorsiflexion** - Bend your ankle so that your toes are pointing up to the ceiling.



- 5. Ankle Eversion** - Turn your ankle outwards so that the sole of your foot is facing away from your other foot.



- 6. Ankle Inversion** - Turn your ankle inwards so that the sole of your foot is facing your other foot.



Exercises for Hand Burns

Following a burn to the hand it is important to keep your hand moving to prevent stiffness.

Hands can become stiff following a burn due to the tight scar that can form during healing. These hand exercises will help your hand move normally again following your burn.

It is important that you do these exercises WHILE your hand is healing and not just after your burn has healed.

Do these exercises every waking hour, x10 repetitions. Keep your hand elevated.

1. Make a fist then straighten your fingers.



2. Move your wrist forward and back.



3. Bend your fingers at the knuckle while keeping your fingers straight.



4. Touch each fingertip with your thumb, then stretch your thumb back.



5. If your fingers are burnt, support each finger with the other hand and wiggle the finger tip.



6. If your fingers are burnt, support the bottom of each finger with your other hand, then bend at the middle joint and then straighten.



Protection of Patient Information

The Tasmanian Health Service (THS) stores patient clinical information and contact details in secure, password protected records systems to enable staff to provide effective ongoing care.

As part of the THS quality improvement process, information may be collected from patient medical records to assist with overall management of other patients with similar conditions. This information is not used outside the THS and the information gathered does not identify patients.

As part of the medical care of people with burn injuries in Australia and New Zealand, particular information regarding a patient's burn injury will be sent to the Burns Registry of Australian & New Zealand Burns (BRANZ). Patients may choose to opt out of this process and should advise medical or nursing staff if this is the case.

Burns Registry of Australia and New Zealand (BRANZ)

The Burns Registry of Australia and New Zealand (BRANZ) is a clinical quality registry which collects epidemiological, quality of care, and in-hospital outcome data for adult and paediatric burn patients across all Australian and New Zealand burn services.

The registry is a joint project of the Australian and New Zealand Burn Association (ANZBA) and Monash University, Department of Epidemiology and Preventive Medicine (DEPM).

ANZBA is a professional organisation of burns care professionals; its main objective is to encourage higher standards of burn injury prevention and burn patient care through research and education.

The aim of the BRANZ is to:

- Describe the epidemiology of adult and paediatric burns and carry out injury surveillance,
- Monitor the quality and types of care provided to burns patients, and

- Establish the clinical outcomes of burns patients.

The identity of individual patients is not provided to the registry. The patient's name and address are removed from the report before it goes to BRANZ. The information collected includes age, gender, ethnicity, postcode, date of injury, total burn size, inhalation injury, cause of burn, circumstances of injury, place of occurrence, total ICU days, total length of stay in hospital, date of discharge, coding and complications.

Patients are encouraged to have information included in the registry as it enables clinicians to compare their results across Australia and New Zealand to ensure treatment is the most effective

The BRANZ Annual Report and further information on the Registry is available online: <https://www.monash.edu/medicine/sphpm/branz>

The Tasmanian Burns Unit Local Database

The Royal Hobart Hospital (RHH) Tasmanian Burns Unit and the Launceston General Hospital (LGH) Plastic and Reconstructive Unit uses its own local data registry to record and support patient care. The database is password protected and accessible only by clinicians directly involved in the patient's care. The database is also used to provide clinicians with easily accessible information if patients have queries after discharge.

Digital Imaging

The RHH Tasmanian Burns Unit and the LGH Plastic & Reconstructive Unit uses digital images of wounds/scars to facilitate wound management. These images are stored on the password protected database and are used to document patient progress.

These photos may also be exhibited, shown or reproduced by the RHH or the LGH for medical, scientific or educational purposes. Sometimes wound images may be sent to the patient's GP or community nurse to provide continuity of care following discharge. At no time can identifying characteristics be

recognised and these images are not used for commercial purposes or gain.

Telehealth

To facilitate appropriate review and minimise travel time to Hobart, Telehealth may be used pre-admission and/or on discharge. This allows the THS to view a patient's wound, possible scars and assess their function through the use of video conferencing.

The session is recorded and may be exhibited, shown or reproduced by the THS for medical, scientific or educational purposes. The images are stored on a password protected database.

Consent for patients accessing the RHH Tasmanian Burns Unit or LGH Plastic & Reconstructive Unit

As outlined above, patients may opt out of having information recorded in either BRANZ or the RHH Tasmanian Burns Unit local database AND/OR the LGH Plastic

& Reconstructive database AND/OR not participate in digital photography or Telehealth. Please contact the RHH Burns Nurse Practitioner by phone (03) 61 66 0096 if you do not wish to have this information recorded.

This study has been approved by the University of Tasmania Human Research Ethics Committee.

If you have concerns or complaints about the conduct of this study, you can contact the Executive Officer of the HREC on (03) 6226 6254 or email human.ethics@utas.edu.au.

The Executive Officer is the person nominated to receive complaints from research participants.

You will need to quote H001 0538.



Psychological Wellbeing

Burn injuries can be traumatic for all people involved. You can experience some significant psychological effects from the event that preceded the injury or the injury itself. These effects are not to be taken lightly and there are many management options available to you. At the RHH we have access to a grief and loss counsellor, a clinical psychologist and a psychiatric liaison service. It is well documented through literature that dealing early with these psychological effects is of great benefit to you and your family. Please discuss any concerns in relation to this with nursing staff.



Skin Grafts

If wound healing is delayed or there is a risk of reduced function, a skin graft may be needed.

A surgeon will remove healthy skin from an unburnt area of the body using a skin-cutting machine (dermatome) and place it on the area of the burn. There are several types of skin graft, however, if any of these are required the doctors will discuss the options available to you before the surgery.

What is a skin graft?

- A skin graft is a common surgical procedure where a section of skin of variable thickness is removed from an uninjured area (called the donor site) such as your upper thigh and placed on the site of the injury.
- The skin may be removed from other areas of your body. This will be discussed with you prior to surgery.
- The graft will be secured by either sutures, staples or skin glue and will be covered with a dressing for 3-6 days.

Why might you need a skin graft?

- A skin graft may be required if the wound is too large to be directly closed; because it may speed up healing; prevent infection; improve physical functioning; and for cosmetic reasons.

Types of Skin Grafts

Meshed or sheet grafts are used to cover the site of the injury. Meshed grafts are made by passing the donor skin through a machine that cuts small holes in the skin in a meshed pattern. This type of graft is used to expand the surface area of the skin and allows any fluid build up to pass through the graft, increasing the probability of graft take. A sheet graft is often used on the face and hands. The surgeon will discuss the type of graft that is suitable for your individual case prior to surgery.

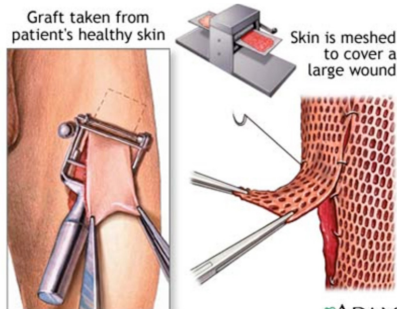
Care of the Donor site

A donor site is the area where the surgeon has taken a layer of skin to create a graft. Only a fine layer of skin has been taken, so healing should take 7-21 days. However, this may change depending on the size, area the skin is taken from, and the depth of the skin taken, as well as your age and medical history.

The nurse will inform you when the dressing will be removed and how to care for the donor site.

Care of the skin graft

The dressing will stay in place for 3-6 days after surgery. It is important that you follow the instructions given to you by the nurses and doctors during this time.



(<https://www.mountsinai.org/health-library/surgery/skin-graft>)

If the graft is on a limb you may be required to elevate the arm or leg and rest in bed. This will help reduce swelling and pain and will help the graft 'take' to the new site. This may be required after the initial dressing is removed depending how it looks.

It is important that you eat a well balanced diet and drink plenty of fluids. Try to avoid caffeinated drinks during this time.

It is important that you stop smoking.

A splint may be needed to immobilise the area if it is over a joint. These will need to be kept in place 24 hours a day until you are advised that they can be removed. They may need to be worn after the dressing is removed, and you will be advised about this and an exercise regime by the physiotherapist on day 4-6 after surgery.

When the dressing is removed you will be given some pain relief beforehand. The dressing may need to be replaced.

Care of the healed graft and donor site

After the area is healed you will be asked to massage and moisturise the graft and the donor site with a non-perfumed moisturiser (such as sorbolone, Dermaveen, or QV) cream 4 times a day. This is because the sweat glands have been damaged during the burn and you need to replace the moisture to the area regularly otherwise the wound may breakdown and further scarring can occur.

It is vital that you protect both areas from the sun for at least 12 months after surgery. If you are going out into the sun, please use 30+ SPF

sunscreen, sun protective clothing and a hat.

If you required a skin graft then you will be seen by an occupational therapist who will discuss options for scar management, such as the use of pressure garments and topical silicone products. They will also explain and further encourage you to continue with massage and moisturiser. It is important that you follow the instructions given to you from the occupational therapist about how to use and care for these products.

Going Home

You may require dressings after discharge to the graft and/or donor site. Dressings may be changed in the Burns Outpatient clinic, by your GP or Community Health Nurse. These options will be discussed with you.

Rehabilitation

After your acute illness you may require admission to the rehabilitation ward at the RHH to help in your recovery and journey home.

The Burns Team will continue to have a large role in your care and will visit regularly prior to your discharge, working closely with the Rehabilitation team to help you achieve your goals.

Scar Management

Due to the many variables involved in a burn injury it is very difficult to predict the extent of scarring. The severity of scarring will be determined by many factors including healing time, size and location, race, age, type of skin graft and patient compliance with scar management regime. The scar management regime may include things such as; moisturising, massage, pressure garments and/or silicone products.

The unit runs a monthly Scar Management Review Clinic at the RHH and via Telehealth for patients living in the North and North West of Tasmania. The Burns Nurse Practitioner will discuss this option with you, and whether it is appropriate, prior to your discharge.

Smoking

Smoking can significantly affect your burn wound. It will take longer to heal, increase your risk of infection and can make the burn deeper.

If you are a smoker, please discuss this with the nurses and doctors. Smoking cessation resources can be accessed.

Caffeine drinks should also be avoided and/or reduced.

If you take other recreational drugs or alcohol, please discuss this with your nurse and doctor.

Social Work

A social worker may be asked to be involved in the care of burns patients and their families as they can assist with a variety of things, such as, transport, accommodation, forms/applications, Centrelink, and grief and loss counselling.



Speech Therapy

If you sustain a facial or neck burn or have required an admission to the Intensive Care Unit (ICU), you may be referred to a speech pathologist. They will provide you with resources and assist with exercises to maintain your speech, communication and swallow.

Care of Facial Burns

- Wash your face four times a day using a baby wash or non-perfumed soap.
- Gently remove any loose skin or crusting with a clean face washer.
- The shower is ideal for this.
- If possible, a daily shave is recommended for men to reduce the risk of infection.

- Use a razor and paraffin ointment or Sorbolene cream.
- Gently pat the area dry with a clean towel.
- Apply a thin smear of cream to the burn areas as directed by the burn Doctor or Nurse.
- Reapply cream after cleansing the area or if the skin appears dry

Further Care (tick where appropriate)

	Apply paraffin cream* 4 times a day to burns on the face and whenever dry.
	Apply Chlorsig ointment 4 times a day to eye area.
	Apply Chlorsig ointment 4 times a day to ears.
	Apply Chlorsig ointment 4 times a day to nose.
	Apply lanolin as required to lips.

*Please Note:

Skin products containing paraffin based products, for example white soft paraffin, which comes in contact with dressings and clothing is easily ignited with a naked flame or cigarette. Keep away from fire when using these products. Clothing and bedding should be changed regularly, preferably daily, if the paraffin has soaked into the material. Tell your doctor, nurse or pharmacist if you normally smoke. They will be able to offer you help and advice to stop smoking.

Points to remember

- Pressure on the ears may reduce blood supply and wipe off the cream. This can cause the skin to dry and crack, leading to infection.
- Facial burns can become swollen. Sleeping in a semi upright position using two to three pillows will help to prevent or reduce any swelling.

Throughout the day you may need to apply extra cream to special areas, for example:

- Your ears, if the cream dries.
- Your lips, after eating or drinking.

Important

If your burn becomes more painful or if you are worried about the swelling telephone the Burns Unit (24 hours per day) on 6166 8565 for a review by the nurse.

Once Healed

When the burns have healed the area continues to be very susceptible to sun damage for 12 months. It is important that you protect yourself from the sun at all times. Please wear a hat and 30+ SPF sunscreen when outside.

Moisturise and massage the healed areas 4 times a day with a non perfumed cream such as Sorbolene.

Important note regarding Cold sores

If you (or your child) has a history of Herpes Simplex (cold sores) or a recent exposure, please inform the medical team, as a cold sore break out can spread over the whole face, which is very painful.



Artwork: Tom Samek

Facial Burns Exercises

Following a severe burn injury to the mouth and/or face, it is possible that scarring and contractures may occur.

These exercises are designed to minimise contracture development for the mouth and face. Your speech pathologist will indicate which exercises you need to practice.

Practice these exercises 5 times daily, with 10 repetitions per exercise (1).



Big smile



Close your eyes



Frown



Hide your teeth



Puff your cheeks



Open your mouth as wide as you can



Give a kiss



Raise your eyebrows

Rumbach, A. F., Ward, E. C., McKinnon DuBose, C., & Clayton, N. A. (2009). Burn injury. *Dysphagia post trauma*. San Francisco: Plural Publishing, 151-99.

Custodian: Speech Pathology Department

Authorised By: Director of Burns Dr Andrew Castley

Pamphlet adapted from Nicola clayton & the speech pathologists in burns Australia network.

Effective Date: 09.08.2022

Review Date: 09.08.2024

Facial Burns Exercises

Practice these exercises **5** times daily, with **10** repetitions per exercise (1).



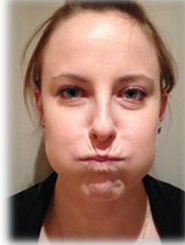
Open your mouth as wide as possible.



Smile as broadly as possible.



Purse your lips as if to whistle.



Puff up your cheeks.



Run the tip of your tongue around the inside of your lips pushing outward.



Pull your lips over teeth



Close your eyes tightly



Raise your eyebrows & open eyes wide



Frown



Wrinkle your nose

Rumbach, A. F., Ward, E. C., McKinnon DuBose, C., & Clayton, N. A. (2009). Burn injury. *Dysphag a post trauma*. San Francisco: P ural Publishing, 151 99.

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Support Organisations & Burns Camp

The TAS Burns Unit believes that it is important that patients are aware that Support Organisations and Burns Camp exist for burns survivors and their families. These camps may provide an additional avenue for social, physical, and emotional support, but we acknowledge that they are not suitable for everyone. We encourage people to discuss with the Burns Nurse Practitioner or Burns Clinical Nurse Consultant/Specialist if you are interested in further information.

K.I.D.S. Foundation

www.kidsfoundation.org.au

Beyond Burns:

<https://beyondburns.org>

<https://www.facebook.com/BeyondBurns/>

Skin Deep Video Series

The Skin Deep videos were created by the Children's Health Queensland Hospital and Health Service to help and support adolescents adjust to life after a burn injury, particularly for use in the acute and rehabilitation phases. Self-esteem, self-acceptance and social relationships have been identified as essential for health-

related quality of life and these videos aim to address these issues through focusing:

- Coping with treatment
- Returning to daily life including school and work
- Negotiating the future
- Managing public interest

To view the videos visit:

<https://www.childrens.health.qld.gov.au/service-burns-skin-deep-video-series/>

Visiting Guidelines and Hours


Due to the complex nature of a burn injury our visiting hours are quite flexible. However, visitors often need to be limited to maximum of 2 at a time due to restriction of space in patient rooms. Please discuss with nursing staff if you have any questions or concerns regarding this.


Due to the number of people involved in the care of a patient that has sustained a burn we often need to set up a timetable so that everyone involved can assist in your recovery. These timetables will be made available and discussed with you and your family. If these timetables are used, it is very important that rest times and visiting times are stuck to.





Rewards Chart

Rewards charts are often used as a visual incentive for children and adolescents in completing important rehabilitation tasks such as moisturising and massage, wearing splints, and doing physiotherapy exercises. If your child is motivated by rewards charts, one can be made specifically for your child's needs.











Reward Chart


	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Lunch							
Afternoon							
Evening							


Activity 1	Activity 2	Activity 3	Activity 4

When I have _____ ticks on my chart I can have _____ as a reward













Reward Chart

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Lunch							
Afternoon							
Evening							

Activity 1	Activity 2	Activity 3	Activity 4
moisturise & massage 	Hand exercises <input type="checkbox"/> Foot exercises <input type="checkbox"/> Other <input type="checkbox"/> 	Facial exercises <input type="checkbox"/> Other <input type="checkbox"/> 	pressure garment <input type="checkbox"/> Splint <input type="checkbox"/> Silicone <input type="checkbox"/> Other <input type="checkbox"/> 

When I have _____ ticks on my chart I can have _____ as a reward

Discharge Information

Discharge Information

Upon discharge from the RHH, follow up (usually at the Burns Outpatient Unit), will be organised by the Burns Nurse Practitioner or the Burns Clinical Nurse Consultant/Specialist. If travel and/or access are difficult other options will be discussed with you and a care plan made. We always try to work with you to limit unnecessary travel times.

You may also require follow up with Physiotherapy, Occupational Therapy, Dietician, Speech Pathology and Psychology.

Going Home

You may be feeling many different emotions such as relief, anxiety, fear, worry, frustration and excitement.

Things may be a little different when you return home as your functioning since your burn injury may be altered. You may have had input from physiotherapists and occupational therapists to ensure your home environment is safe and functional.

After discharge it is important to remember the following:

Itching

Unfortunately itching is a very common side effect of burn injury and wound healing. The best thing is to not scratch, however, resisting this is often very hard. Dry skin can cause itching and for this reason we suggest moisturising as an alternative to scratching. A compression garment, has also been found to help with itch and it is therefore essential to maintain your pressure garment program.

If itching is becoming a problem please discuss with nurses or doctors as there are medications that can be prescribed to assist with itch reduction

Scar Management

Moisturising your scar at least 4 times per day is recommended using a water-based (not oil based) and fragrance-free moisturiser such as QV, Dermaveen or Sorbolene.

Massage your scar using a firm circular motion so that it moves in all directions. Pressure should be firm enough so that the skin

becomes pale when pressure is applied.

A desensitisation plan may be developed if your burn scar is sensitive.

Exercise and Functional Activity

It is important to complete exercises or stretches provided to prevent joint stiffness and encourage stretching of the new skin to prevent skin contracture.

For children, use play activities to encourage range of movement of affected joints.

For adults, move the affected area in daily activities as well as tolerated, or as advised by your team.

Splinting may be required to prevent skin contracture and to maintain correct position of a joint. If you need to use a splint, make sure you protect the skin underneath the splint to prevent rubbing. Importantly, if rubbing does occur, **remove the splint, and contact your therapist.**

Compression Garments

If you have been given a compression garment, you should wear these 23 hours per day, removing only to shower or moisturise. Compression garments should feel firm but not cause pain, numbness, rubbing, discomfort, or changes to your circulation. **Remove the garment if this occurs and contact your therapist.**

Your compression garment should not slip or roll down. Any marks left by the garment should disappear within 20 minutes. Rubber gloves can make putting on the garment easier. Check there are no wrinkles or creases in your garment after you have put it on.

Compression garments should be washed daily. Hand-wash the garment or use a gentle machine cycle (with the garment in a laundry bag) in warm water using a mild detergent. Prior to washing, make sure you do up any Velcro or zips to reduce damage to the garment. Use a towel to squeeze out excess water rather than wringing the garment out as this can cause the garment to stretch. Do not dry in direct sunlight, tumble dry or dry next to a heater as this may damage the garment.

Sun Protection

After a burn injury your new skin is very sensitive to sunburn. It is recommended you protect any new skin/skin graft sites from the sun with suitable clothing and use at least SPF30+ sunscreen, remembering to reapply every 2 hours.

Silicone

Silicone is used to soften the skin so that massage is more effective. If silicone is appropriate for you, you will gradually build up the time you wear it until you can wear it overnight.

Please refer to the separate handout for individual instructions.

Nutrition

You will need to maintain a high protein, high energy diet until you are completely healed and/or back to a healthy weight range. A day or so before your discharge discuss with the dietician and nursing staff the best possible way for you to meet your daily energy requirements.

Psychosocial

It is very normal to experience some flashbacks, nightmares, feelings, anxiety, fear or sensations around your burn injury and the events leading up to it.

If you are experiencing any of these feelings please discuss this with your nurses or doctors. If you wish to see a counsellor, the staff will arrange this for you.

Returning to Work or School

Returning to your usual activities such as work or school is good for your rehabilitation. Please discuss any concerns or issues surrounding this with our burns team. Team members, including the nurse practitioner or clinical nurse specialist, social worker, physiotherapist and occupational therapist can assist with smoothing out this transition. We can also work with your school and teachers to make a plan for return to school.

Review Clinic

The unit runs a monthly Scar Management Review Clinic at the RHH and via Telemedicine for patients living in the North and North West of Tasmania. The Burns Unit Nurse Practitioner will discuss this option with you, and whether it is appropriate, prior to your discharge.

As this clinic is only held monthly it is very important that you try to attend the appointment booked for you. If you cannot attend, please contact the unit on telephone (03) 6166 0098 to reschedule.

Other/Treatment Plan/Next appointment:

Should you ever have any questions about your home programme or about how your scar is developing, please contact your therapist on the number below.

Occupational Therapist:.....

Phone:.....

Physiotherapist:

Phone:.....

Speech Pathologist:.....

Phone:.....

Burns Prevention

Burns Prevention and First Aid

Kitchen

- Do not carry a child on your hip, or nurse a baby or small child whilst cooking, drinking hot drinks or heating a baby's bottle.
- Always turn saucepan handles away from the edge of the stove.
- Always make sure that all hot liquids are well out of reach.
- Never leave a child unattended in the kitchen.
- Ensure your upright stove is fixed to the wall.
- Keep kettle cords out of reach of children.
- Always strain the hot liquid off microwave noodles before serving to a child.
- Hot food should be eaten at a table not from the child's lap.
- Food should only be given to children when it is cool enough to touch.
- Hot items and containers should be kept out of reach of children.
- Young children should not be involved in the preparation of hot food including the use of microwaves.
- Older children should be closely supervised in the preparation of hot food.
- Do not allow young children in the kitchen when cooking.
- Cook on the hotplates at the back of the stove.



Burns Prevention Tips

- Make people aware of hot items when removed from the oven.
- Keep hot items well away from the edge of the bench.
- Install an oven and cook top guard.
- Close oven door immediately after opening.
- Ovens are not to be used as heating sources.
- Always supervise children around BBQ's.



Bathroom

- Install a tempering device to regulate the temperature of hot water to 50°C throughout your home.
- Never leave a child unattended where a hot water tap is on or accessible.
- Install hot water tap protectors.
- Always test the bath water before putting the child in.
- When running a bath, avoid running the hot water tap on its own.
- Do not allow older children to bath siblings.
- Never leave a child unattended in the bathroom.

Burns Prevention

Living Areas

- Always use a fixed guard around wood heaters, fireplaces, furnaces, radiators, electric heaters.
- Supervise young children at all times when a heater is in use.
- Ensure environment around heater is safe - rug corners are not lifting, toys are not lying around etc (tripping often results in burn injury).
- Do not allow young children to stoke, touch or stand close to fire places, wood heaters, furnaces, radiators, panel heaters or electric heaters.
- Never leave an iron on the ground to cool.
- Never use an iron in the same area as a child.
- Store the iron well away from children.
- Ensure there are no cords hanging down to be pulled on.
- Store and use your treadmill away from young children.
- Always keep your treadmill unplugged when not in use.
- Always supervise older children if they are using a treadmill.
- When you buy a new treadmill choose one with protective covers and a safety stop switch.

First Aid

Cool the burn for at least 20 minutes under cool running water; do not apply any ice or ointments; keep the patient warm and seek medical attention.

More information can be found on the THS Website: <https://www.health.tas.gov.au/health-topics/burns> or by contacting the Burns unit Ph: (03) 6166 0098.



The team at The Tasmanian Burns Unit are always available to support you in recovery. Please feel free to contact or discuss any questions or queries you may have with allied health, nursing and medical staff in the unit.

Please also notify us of anything you feel should be included in this information brochure. We continually strive to improve our services to you and value your feedback.



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Contact