

Burn Education Plan

Getting Ready to Learn About Burns

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review this information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

This information is important to your health. We may explain something more than once. We will be giving you information in small bits over several days. If there is something you don't understand, *It's OK to Ask* us to explain.

What I Need to Learn About Burns

By the time I leave the hospital I will be able to show or tell the staff:

1. What is a burn?
2. Wound care & infection prevention
3. Surgical intervention
4. Nutrition
5. Mobility and contracture prevention
6. Scar management
7. Pain management
8. Itching management
9. Emotional adjustment
10. When to call my doctor

The staff will use three questions to teach me about burns:

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know about my medication and how to take it safely and correctly.

What is my main problem?

I have experienced a burn. A burn is damage to the skin or tissues. It may be caused by heat, chemicals, electricity, sunlight, or radiation. The depth or degree of burn depends on which layers of skin are damaged or destroyed.

The severity of the burn injury depends on many things like:

- the size of the injury
- the depth of the burn wound
- the parts of the body burned
- the age of the patient
- past medical history
- presence of other injuries, including damage to my lungs

What do I need to do?

I will be able to tell the staff about wound care and infection prevention at the hospital.

Wound Care

- My burn injury is at risk for getting an infection.
- Germs will live in the dead burn tissue and could delay wound healing.
- Hydrotherapy or bedside wound care is done every day to remove dead tissue and clean the wound.
- My dressings will be changed and antibiotic ointments applied.
- Some burns may need more frequent dressing changes.
- Sometimes more bandages may be added.

Infection Prevention

- My visitors will be asked to wash their hands before entering my room. This is to protect me from infection.
- My visitors may be asked to wear disposable gowns, a mask, or gloves.
- People with a cold or infection should not come visit me.

I will be able to tell staff about surgery I may need for burn treatment.

- Skin Grafting
 - Some burn wounds are so deep that my body cannot heal them on its own. My doctor may take me to surgery to remove dead tissue. This is called debridement.
 - Skin from an unburned area of my body will be applied to the burn wound. This is called skin grafting. The graft will begin to grow and take hold in about 48 hours. The bandage is left in place for about 5 days.
 - Many things can interfere with the graft taking hold. This includes movement, bleeding, infection and poor nutrition.
 - My activity may be limited during this time. I may also wear splints to decrease my movement.
- Donor Site
 - The skin the doctor takes for the skin graft is called the donor skin. A very thin layer of my skin is removed. The donor site will look like a red square or rectangle.
 - Dressings will be used to protect the donor site and help to reduce pain while the donor site heals.
 - Most donor sites take between 7 to 21 days to heal completely.

I will be able to tell the staff about the importance of good nutrition to help me body heal.

A healthy diet helps heal wounds from burns. The foods I eat can also help my body fight infection. To help my body get all the nutrition I need:

- I may be encouraged to drink nutrition supplements in addition to what I eat.
- I should limit how much water, pop and juice I drink. These do not have as many nutrients as other beverages.
- My diet should include foods from the main food groups. I should:
 - Eat 4 or more servings of foods made from grains. Grain foods include bread, rice, cereal, pasta, and crackers.
 - Eat 4 or more servings of dairy foods. Dairy foods include milk, cheese, yogurt, ice cream, and pudding.
 - Eat 4 or more servings of foods that are high in protein. Foods high in protein include beans, nuts, peanut butter, eggs, meat, poultry and fish.
 - Eat 4 or more servings of fruits and vegetables. This includes fresh, frozen and canned fruits and vegetables. Be careful about how much juice I drink. Drinking more than 1 cup (8 ounces) of juice per day may limit my appetite.
- Other tips to help me get all the nutrients I need are:
 - Eat 3 meals and 3 snacks each day.
 - Add fats such as butter, margarine, cream cheese or sour cream to foods.
 - Add powdered milk or cream to hot cereal, cream soups, and mashed potatoes.
 - Add shredded cheese to scrambled eggs, casseroles, and macaroni and cheese.
 - Blend yogurt or ice cream and fruit to make a smoothie.
- Take a daily multivitamin *with minerals*.
- If am not able to eat and drink enough, I may need a feeding tube. Feedings given through this tube will meet my individual nutrition needs.
- A dietitian may help to design a nutritional plan that is specific to my needs.

I will demonstrate ways to maintain mobility and prevent contracture formation.

- Range of Motion (ROM)
 - Range of motion is a term that describes how far a body part or joint can move.
 - Burn areas “freeze up” if they are not positioned correctly.
 - As my burn heals, the new tissue is less flexible.
 - The best way to prevent loss of motion in my joints and skin is to move them frequently.
 - ROM exercise stretches the burned skin to its longest state. This helps to prevent my burned area from losing movement, feeling tight or developing contracted scar tissue.
 - I need to do these exercises until my skin is completely healed. This may take a year.
 - The stretches are uncomfortable. I will take my pain medications before starting my stretches to decrease my pain.
 - I should do my stretches every 2-3 hours while I am awake to get the best results.
 - A physical therapist will help me learn how to do ROM exercises.

- Splinting
 - A splint helps to keep a body part in a certain position so the skin and joint will not get tight.
 - Splints will be applied by a therapist if needed.
 - I will wear the splint according to a schedule.
 - The splint will be worn for a period of time, and then taken off to complete range of motion stretches and daily activities.
 - Tell your therapist if you see any redness, skin changes or have increased pain from wearing your splint.

I will be able to tell the staff about scar management.

- Burn wounds or grafted areas often form scars. These areas can be red and raised.
- I can take steps to reduce the redness and stop the scar tissue from limiting my range of motion.
- Pressure garments and gentle massage can be used to flatten and stretch the scar and reduce the itching.
- The Bronson Burn and Wound Center staff will take my measurements for a garment fitting. I must wear my pressure garment at all times (except for bathing and skin care) for the best cosmetic appearance and best movement.
- Pressure garments and dressings can be worn under my splint.
- The Burn and Wound Center staff will teach me how to care for my garment.

I will be able to tell the staff about pain management

- My doctor will order pain medicine to help with pain.
- I will receive extra pain medicine for procedures.
- I can also use pain management techniques such as relaxation, listening to music, or other methods that help me cope with pain.
- I can also elevate and position my burned area to increase comfort between stretching and ROM exercises.

I will be able to tell the staff how to manage itching.

- As my burn heals, I may experience itching and dryness of donor and graft sites. These areas do not produce necessary oils to moisturize the skin.
- I will apply a thin layer of moisturizing lotion several times a day.
- Some treatments that may help reduce itching include:
 - Oatmeal baths
 - Cool showers or baths
 - Patting or massaging the affected area gently
 - Eliminating alcohol and caffeine from my diet

I will be able to tell the staff about emotional adjustment at home.

- Going home is exciting and is a big step in my recovery. I may have mixed emotions and new challenges as I leave the hospital and return home.
- I will need to give myself time to adjust to the new day-to-day schedules.
- I may also feel anxious or depressed about the changes to my appearance. This is normal.
- I will be patient with myself and family as I make this transition.
- Some people experience post-traumatic stress disorder (PTSD). PTSD can be treated with medicine and therapy. Signs of PTSD to watch for include:
 - Nightmares
 - Feeling jumpy and very upset when something unexpected happens
 - Trouble sleeping
 - Tense muscles
 - Avoiding places that remind me of the event
 - Difficulty trusting or feeling close to other people
 - Getting angry easily
 - Depression
- I may not recognize these signs myself. My family may notice these signs before I do.

I will call my doctor if I have any of these symptoms.

I will be able to tell staff when to **call my doctor** or burn clinic.

- I will call my doctor or the burn clinic if my healed areas:
 - Hurt more instead of less.
 - Appears redder.
 - Are warmer than normal or swollen.
 - Have a change in drainage (increased amount, change in color, bad odor).
- I develop a fever over 100.4 degrees F (38 degrees C)
- If I am having trouble with my emotions.

Why is this important to me?

A burn injury is a sudden, frightening, and life-changing event for patients and their families. Recovery is a journey. Burn survivors face many challenges in the weeks, months and years to come. Following this plan may increase the positive outcomes after having a burn.

As part of my care and to help me understand burns I may receive this education plan and:

- Burn Education Guide
- OT/PT ROM exercise instructions
- Lexicomp handouts on new medication
- ExitCare handout
- Other

Burn Education Plan

Resources

- [Burn Education Guide](#)
- [Nursing Reference Center Plus](#)- Burns: An Overview
- [Nursing Reference Center Plus](#)- Burn Care: Changing Dressings
- [The Lippincott Manual of Nursing Practice, 10th Edition](#)- Management of the Burn Wound

Teaching Tools

- [Burn Education Guide](#)
- [Burns Nutrition Therapy](#)

References:

- Herndon, David N., **Total Burn Care**, 3rd ed. Philadelphia: WB Saunders, 2007
- [Nursing Reference Center Plus](#)
- [Nursing Reference Center Plus](#)
- [The Lippincott Manual of Nursing Practice, 10th Edition](#)

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Last revision date: May 2015

Always close each teaching session with the question, “What questions do you have for me?”

***This page is intended for staff use only. Do not give to the patient. This document is not a part of the permanent medical record.**