

Women's & Children's Hospital

Burns Admission Information



Government
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SA Health



Women's
& Children's
Hospital

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Each year the Women's and Children's Hospital Paediatric Burns Service treats up to 500 children to the age of 16. Our catchment includes metropolitan and country South Australia, Northern Territory and western parts of New South Wales and Victoria. The care requirements of burns patients are considerable and complex. In the case of severe burn injuries an initial period of hospitalisation is followed by extensive follow-up and rehabilitation. It is for all these reasons that your child has been brought to us for treatment.

The majority of children's burn injuries (around 70%) that need to be admitted to hospital are caused through hot fluids known as scald injuries. Other ways for burns to occur include flame, contact, electrical, chemical, friction and sunburn.

The injury may not only affect your child, but also you and your whole family, especially those involved or were witness to the incident.

To care for children with burns requires the input of a specialised team, all with the one goal in mind to help your child recover and resume a full and productive life. To achieve this goal we need your help as parents and care givers to be active participants in the team. The following information will hopefully assist you in understanding what is happening to your child. This booklet will explain some of the procedures your child may need and the specific roles of the WCH Burns Service.

This information is a guideline only and some areas may not relate to your child. Your child's individual needs will be discussed with you by your child's care team.

General information

The ward will provide you with a parent information brochure that tells you about the ward, where your child will be cared for and what facilities are available to you.

WCH Burns Service

You will meet many staff involved in your child's care and we all have a different role to play.

The medical team

- > Burns Consultant/Surgeon

- > Burns Fellow

- > Burns Registrar

- > Burns Resident Medical Officer (RMO)

These doctors work together as a team however may not always be together on every ward round. They do however communicate with each other on a regular basis ensuring everyone is up to date with your child's plan.

The nursing team

- > Burns Advanced Nurse Consultant (Adv. NC)

- > Ward nursing staff

The Burns Advanced Nurse Consultant is the nurse responsible for the overall nursing care of your child. This includes:

- > making sure the ward nurses are aware of your child's plan of care;
- > providing you and your child with the education you require for your child's care and treatment;
- > liaising with the other WCH Burns Service team members;
- > arranging any additional support or treatment your child may require while in hospital;
- > arranging all discharge planning and follow-up;
- > acting as a contact person following your child's discharge.

Other members of the WCH Burns Service

- > Social Worker
- > Physiotherapist (PT)
- > Occupational Therapist (OT)
- > Dietitian
- > Psychologist
- > Orthotist
- > Paramedical aide

Your child may also be seen by the Acute Pain Service who work closely with us to make sure your child is as comfortable as possible especially during treatment.

The Aboriginal Liaison Team also provides additional support to Aboriginal burns patients to ensure Aboriginal patients receive culturally appropriate health care.

Your child will be seen daily by the Burns Fellow/Registrar, Burns RMO, Burns Adv. NC and by the whole Burns Service team on the Grand Round day which is Wednesday mornings at approximately 9.30am.

Initial care

After your child has been assessed in the Paediatric Emergency Department (PED), they will be transferred to either Newland ward, the Paediatric Intensive Care Unit (PICU) or the Paediatric High-Dependency Unit (HDU). Your child will be admitted to the most appropriate area according to their injury.

They may have had a 'drip' put in for pain relief or to replace fluid lost from the burn.

Your child's burns will then need to be dressed in the ward or in the operating theatre. This decision is made by the burns doctors and is dependant on the size of the burn and where it is on the body.

If it is done on the ward your child will be given some pain relief and/or sedation (see section on pain relief). Your child will then be given a bath/shower to gently clean the burns removing any loose skin and blisters.

If your child goes to theatre this will also be done but whilst your child is under a general anaesthetic.

If your child's burn injury covers a large area they will require special fluids in the drip, which we call resuscitation fluids. They will also have the following inserted:

> **Indwelling urinary catheter**

A catheter is a small tube inserted into the bladder from the outside (boys through the penis; girls through the urethra). This tube is very important and allows urine to drain freely so that we can monitor your child's condition very closely. This allows us to see if we are giving your child enough fluid.

> **Naso-gastric tube**

A naso-gastric tube may also be inserted into your child's stomach through their nose. This is so we can give them extra nutritional fluids through the naso-gastric tube, which is needed to heal the burn wounds.

Dressings

Your child's burns will need to be covered with dressings for a few reasons:

- > To protect them from infection.
- > Allow a moist environment needed for the burn to heal.
- > To assist with pain relief.

The type of dressing your child will have is dependant on how the burn occurred, the extent of the burn(s) and how often we need to review the burn.

Oedema (swelling)

Within eight to twelve hours following the burn injury oedema or swelling will become visible. This is normal and is caused by loss of fluid from the cells that lie underneath and around the burn and cause swelling. This can be quite alarming to parents especially when around the face. This swelling usually goes down within three to four days.

It is important to keep the head and all limbs (if affected) elevated during this time to help with normal circulation. Splints may also be necessary to help protect joints and decrease swelling (also refer to physiotherapy/occupational therapy section).

Pain

Burns can be a very painful injury and we will try to make your child as comfortable as possible. Depending on your child's burn injury the Acute Pain Service (APS) is often involved to assist with a pain management regime.

We also believe distraction therapies are very useful and we will often use strategies such as television, DVD's, console games and iPads to help your child through the dressings and at other times.

Infection control

Our skin protects us from infection and after a burn injury the risk of picking up an infection is high. Your child will be isolated from the other patients in a room by themselves for most of their admission. If their burn is small they may be cared for in a bay with other patients.

Whether your child is in an isolation room or an open bay it is very important to wash your hands before and after you enter the room/bay and before and after contact with your child. You may also be asked to wear a hospital gown and gloves especially when in direct contact with your child. It is very important to keep your child's room tidy to help minimise dust and bacteria and we may also ask you to limit visitors. You will be guided by the nursing staff on all of these issues as they are dependent on the size of your child's burn injury.

Infection control swabs

Methicillin Resistant Staphylococcus Aureus (MRSA) are bacteria that have become resistant to many antibiotics. MRSA are often found on skin surfaces, nostrils, under arms and the groin without causing any problems. However when it enters through broken skin or a wound it may cause an infection. This is especially important after a burn injury therefore your child will have routine infection control swabs taken on admission and then every week whilst in hospital.

There is further information in the Methicillin Resistant Staphylococcus Aureus brochure. Please ask your nurse if you require one.

Photos

Photographs are often taken of the burns as part of the routine care – this way we can have a baseline photo to look back on especially if your child comes in out of hours. The nursing staff will explain this further and gain your written consent.

Types of burns

Many of the burns we see in children are caused from scald injuries, such as from hot coffee/tea or water. It is difficult to tell straight away what parts of the burn will heal by themselves and which won't. We need to wait for up to 10–14 days before making a decision on whether skin grafting is needed to help the burn heal.

Flame (from being caught on fire) and contact burns (such as contact with oven doors, heaters, exhaust pipes or hair straighteners) cause much deeper burns and usually require skin grafting. The decision to skin graft can be made much sooner.

Burn injuries are classified into categories relating to their depth. You will hear terms such as:

- > Epidermal
- > Superficial dermal
- > Mid-dermal
- > Deep dermal
- > Full thickness

Epidermal, Superficial and Mid-dermal burns will usually heal on their own within 7–14 days. The area will remain reddened for a few months but will fade over time with minimal scarring.

Deep dermal and full-thickness burns will often require surgical cleaning and skin grafting in the theatre under anaesthetic. The reason for skin grafting is to achieve a scar that is better both cosmetically and functionally.

Ongoing care

Your child's dressing changes will depend on the type of dressing applied, how their burn is healing and when the Burns Service team wish to review the burn again. This will be either on the ward with pain relief/sedation or in the operating theatre. Sometimes, depending on your child's healing or infection status, the type of dressing used and frequency of dressing may change. This and the reasons why will be explained to you by the Burns Service.

Debridement and skin grafting

Debridement is the name given to the surgical procedure that removes the dead skin from the burn area. This procedure is done in the operating theatre whilst your child is under a general anaesthetic. The skin is cleaned and the dead skin removed so that the skin graft can be laid (skin grafting).

The skin for grafting is usually taken from another area of the body and is known as the donor site. The donor site will be discussed with you by the Burns Service.

The grafted site(s) and donor site(s) will have a dressing on them for up to a week. The grafted area may also need a splint to stop any movement and to protect the graft site from moving. Your child may also have to rest in bed for this time again to minimise movement. This will be discussed with you and your child by the Burns Service and nursing staff in the ward.

Occupational Therapy and Physiotherapy

The Occupational Therapist (OT) helps your child continue to do daily activities that are appropriate to their age. This may include teaching different ways of doing things and sometimes providing equipment.

The OT may also make hand splints to prevent contractures, and advise regarding activities to help keep joints flexible.

The Physiotherapist (PT) will help your child to be positioned and to move after they have a burn by providing exercises and assisting with balance and walking. They may also help your child to manage swelling, splinting to stretch joints and assist with breathing exercises to keep their chest healthy.

The OT and PT work closely together to provide scar management which will assist with softening and flattening of burn scars.

Social work and psychologist

Burn injuries are sudden, unexpected and often traumatic for the whole family. For these reasons the burns Social Worker sees every family of a child who is admitted with a burn. The Social Worker can help you manage both practical and emotional issues around the hospitalisation and assist with strategies to help you comfort your child and other family members.

The burns Psychologist can be seen should there be significant reactions requiring targeted interventions.

Play therapy

The Newland and Campbell wards have a Play Therapist who will make every effort to provide age appropriate activities for your child whilst in hospital. They are especially important whilst your child is isolated from the other children.

The Play Therapist is available 8.00am–4.00pm, Monday–Friday.

Hospital School SA

Hospital School SA provides teaching sessions on the ward as well as in the classroom (where appropriate). The School provides education for inpatients, outpatients and siblings of patients who have relocated from country areas. Hospital School SA teachers will contact your child's school and liaise with them to provide learning tasks and teaching that is relevant to the school work they are missing out on at their enrolled school. They will modify and adapt learning tasks where required.

Nutrition

Getting enough nutrition is an important part of treating burns. Children with larger burns need extra calories (energy), protein and specific vitamins and minerals (e.g. iron, zinc and vitamin C) which are important in wound healing. Your team will advise if this is the case for your child. Children with increased nutrition requirements may be offered additional high energy and protein meals, snacks or drinks as recommended by the dietitian.

It can be especially difficult for children with large burns to get enough nutrition for wound healing. Some children may need to be fed a specialised formula using a nasogastric feeding tube. This is usually only for a short time until they are able to eat and drink enough and their burn is healing well.

Follow up

When your child is ready to go home you will be given information on how to care for your child at home in addition to this booklet.

This will include:

- > Dressing information pamphlet
- > Nutrition for burns pamphlet
- > Outpatient appointment
- > Any supplies required at home

If your child needs pain relief and/or sedation they will be admitted to either Day surgery or Newland Ward for the morning of their dressing change and review.

Once they are able to have a dressing change with simple pain relief such as paracetamol they will be seen in Outpatients. Please give this half an hour prior to the appointment.

When returning for an appointment remember to soak the white tape (hypafix) with olive/vegetable oil and wrap with glad wrap. This will assist in removing the dressings. If this isn't required due to different dressings used, you will be informed. Please also give panadol half an hour prior to your appointment, this will help reduce the discomfort.

Burns Outpatients are held:

Tuesday	Area 3, Outpatients, first floor, Rogerson Building
Wednesday	Fracture Clinic, ground floor, Reiger Building
Friday	Area 2, Outpatients, first floor, Rogerson Building

Burns scar clinic is held on Wednesday in Fracture Clinic, ground floor, Reiger Building.

For more information

**Women's and Children's Hospital
Burns Service**

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Telephone: (08) 8161 7000

www.wch.sa.gov.au



If you do not speak English, request an interpreter from SA Health and the department will make every effort to provide you with an interpreter in your language.



This document has been reviewed and endorsed by WCH consumers
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