



Burns Discharge Information



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This booklet is to provide you with some answers to common questions relating to your child’s treatment following discharge from hospital.

Your child may feel tired when you first return home and may find it difficult to do self care tasks such as showering and dressing or may require more assistance than before the injury. This may be because of anxiety, discomfort or reduced strength because of the burn.

It is important to get back to doing normal everyday activities as soon as your child is able. Your child may need some help returning to kindy, school, sport or other leisure activities. Your OT or PT can discuss any concerns with you.

Please contact the relevant Burn team members for any questions that are not answered here.

Women’s and Children’s Hospital

Burns Advanced Nurse Consultant, phone (08) 8161 7000, pager 4258 or 0488 052 886

Physiotherapy, phone (08) 8161 7381

Occupational Therapy, phone (08) 8161 7381

Social Work, phone (08) 8161 7381

Department of Psychological Medicine, phone (08) 8161 7227

Information may be also found on the hospital website www.wch.sa.gov.au

Further Resources

www.changingfaces.org.uk

www.phoenix-society.org

www.anzba.org.au

www.ameriburn.org

www.worldburn.org

www.faceit.org

www.burnsurvivorsttw.org

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
- > Scar management pamphlet

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 cling wrap. This will assist in removing the dressings. If this isn't required due to different dressings used, you will be informed.

Burns Outpatients are held:

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

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

Emotional adjustment

Experiencing a burn injury is a very stressful event in your child's life. They have probably been frightened by the incident causing the injury, the aftermath, and even the travel by ambulance or flying doctor. They have also had to spend time in hospital having painful and unpleasant treatments.

While your child will be happy to be going home, they may still have some bad feelings left over from their experiences. Some children / young people may also have to start adjusting to a new life where they look different and can't do the same activities as before.

How they react will vary from child to child but many children feel unsafe for a while. They may also feel anger, guilt, confusion and / or fear. For some there are strong feelings of grief which come from "losing" their former healthy selves.

It is important to remember that your child's feelings aren't necessarily related to the size of their burns.

Some common reactions which your child may experience:

- > Clingy and / or demanding.
- > Crying often.
- > Fear when separated from caregivers (separation anxiety).
- > Changes in sleeping (e.g. restlessness, nightmares).
- > Loss of appetite.
- > May lose some developmental skills e.g. Young children may stop feeding themselves for a while, lose toilet training skills or revert to thumb sucking.
- > Young children may re-enact their trauma through play or drawing.
- > Older children may keep talking about their experiences – or actively avoid talking about them.
- > Withdrawal from friends.
- > Loss of confidence.
- > Feeling sick / headaches etc.
- > Loss in concentration / difficulties at school.
- > "Acting out" behaviour e.g. short tempered or rebelliousness, anger.
- > Concerns about body image.

How you can help

- > Ensure follow up appointments are attended even if your child does not want to return to the hospital.
- > Continue with a normal family routine / activities as much as possible, e.g. chores, meal times, school and bedtime routine.
- > Allow your child to talk about their experiences. Encourage them without pressure to express how they are feeling, and continue to do so as time and life moves on.
- > Make sure that your child understands in a simple and honest way what is going on.
- > Reassure your child if they express feelings of guilt or shame. Sometimes children feel responsible for events in a way which is difficult for adults to understand.
- > Offer unconditional love and reassurance, particularly if your child appears anxious or clingy. At the same time encourage your child's independence.
- > Praise your child for their efforts / achievements during their recovery.
- > Respect privacy of older children. Discuss with them prior to talking with teachers and other adults.

If you feel uncertain or worried about how your child is recovering, do not hesitate to seek advice from the burns service.

Back to school

Your child may need some extra understanding from their teachers when they return to their enrolled school. The hospital social worker or psychologist will be happy to discuss with the school ways of helping your child's adjustment. Hospital School SA teaching staff are also able to liaise with the enrolled school to talk about educational accommodations and supports that may be required. Tutoring is available for students if they have missed a significant amount of school due to serious illness.

Carers and family members

Parents, carers and siblings may also experience feelings of helplessness, fear, anger, and guilt. It may be difficult to stop thinking about the incident and consequences for your child. Sometimes these feelings can be overwhelming.

It is important for yourself as well as your child.

- > Look after your physical health. Try to get enough sleep, eat well etc.
- > Accept practical help from others.
- > Talk about your feelings with a trusted community member or a mental health professional.
- > Try to avoid blocking your feelings with alcohol and / or drugs – they usually make people feel much worse in the long term.

Exercise programs

- > Your child will likely be given a program of exercises before you leave hospital or soon after. These exercises will improve the movement of their joints, and rebuild muscle tone and strength.
- > For some time after your child leaves hospital their grafts may shrink and become tight especially as they grow. Their joints may become more difficult to move than prior to their burn injury.
- > It is important to assist or encourage your child to continue their exercise program after discharge from hospital. If they do not exercise while their grafts are maturing, permanent changes such as stiffening will take place in and around their joint.

Several months after your child's burn injury the tightness will start to relax. Instead of being red, raised and tight, the scars may become pale, flattened, and soft. You will need to follow the instructions from your doctor, Occupational Therapist (OT), and Physiotherapist (PT) to help the scars improve.

Bathing / showering

- > Daily bathing is important after wound healing to thoroughly cleanse the skin.
- > If your child still wears nappies clean this area after removing the nappy and prior to placing in the bath.
- > If your child still has dressings you will be directed how to manage these.
- > Use a non-perfumed soap and wash gently but firmly with a wash cloth, cleaning off any dry or crusty skin, e.g. QV wash.
- > Pat dry with a clean towel and apply a non-perfumed moisturiser, e.g. Sorbolene.
- > Re-apply scar management therapy as directed. Dress your child in comfortable clothing and avoid 100% synthetic materials.

Use this bath-time to thoroughly check the skin for any breakdowns.

Dry skin, itching and skin breakdowns

Newly healed skin is thinner and more sensitive for some months. Small blistering or raw areas may develop. The Burns Advanced Clinical Practice Consultant will discuss how you can manage these areas and when to contact for a review.

Dry and itchy skin is a common problem and especially frustrating when it disturbs sleep. It affects both the healing burn wound and donor sites.

To reduce this problem

- > Wash your child's skin daily with non-perfumed, non-irritant soap.
- > If your child is wearing pressure garments make sure they are wearing them as instructed and rinse all the liquid washing detergent out of them after washing. Make sure your child continues to wear the garments, as the pressure may help with the itching.
- > Ensure your child does not scratch as this will not relieve the itching. Scratching causes blisters and raw areas over the healing skin.
- > Press a cool, damp cloth (over the garments) on to the itchy area to reduce the redness.
- > Massage moisturiser into the healing skin to prevent dryness and flaking. A water based non-perfumed moisturiser is recommended 3-4 times a day.
- > Use socks or mittens on smaller children to help stop scratching.
- > You may be discharged with some medication that will help decrease the itching. If not ask your doctor.
- > Simple over the counter antihistamine may help e.g. Cetirizine.

Should prolonged itching occur, contact your child's OT / PT, or speak with their doctor, as further treatment is available.

Sun care

Burnt areas will be more sensitive to the sun so it is very important that your child's skin is protected.

If they are exposed to the sun, the healing areas may tan permanently, resulting in patchy discoloured skin.

Follow these guidelines:

- > Your child should avoid direct, prolonged exposure to the sun for at least two summers.

- > If outdoors they need to wear protective clothing – a hat, long sleeves or pants. Sun exposure should be avoided between 10am – 4pm which is the hottest time of the day.
- > Areas not covered with clothing require sun block SPF 30+ applied 20mins before sun exposure and reapplied every 2 hours.
- > If your child has a pressure suit to wear this does not provide sun protection. A **water based** sun block SPF 30+ still needs to be applied.

Pressure management for scarring

Your child may be prescribed a pressure garment to wear. These special suits are made especially for your child.

Any skin injury produces some scarring. Large injuries such as burns can produce scarring which will vary greatly from person to person.

Pressure applied over a scar, or on an area likely to form a scar, will help to soften and flatten the scar. It also helps to prevent serious tightening of the skin especially over joints.

For pressure garments to be effective remember:

- > Your child needs to wear them all the time except when bathing or showering.
- > The garments should fit firmly like an "extra skin." They need to be checked regularly by your child's OT or PT to ensure they are tight and fitting correctly.
- > Wash your child's pressure garments in lukewarm water with a mild liquid detergent. Garments should be rinsed well and dried flat in the shade. Do not wring, or tumble dry the garment. Do not use fabric softener.
- > Carefully check your child's skin after removing the garment. Tell your Nurse, OT, or PT if there are any changes in colour or skin breakdown.
- > Your child may need to wear the special pressure garments for many months. As your child grows the garments may need modifying or replacing. If you are unsure about your child's garments please contact your OT or PT.
- > Garments need to be removed when swimming. Skin should be covered with long sleeved / long legged swimming tops/bottoms to protect from sun and abrasions.

Contact media

You may be given products for your child to use such as silicone gel, special tapes or ointments. These are known as contact media. They are sometimes worn under pressure garments to further soften, flatten and fade scars.

Take special care of your child's contact media:

- > Do not put contact media over broken or unhealed skin
- > If skin rashes or itchiness occurs, stop using the contact media and talk to your OT or PT
- > If blisters or raw areas develop on your child's skin, stop using the contact media and contact the ward or your OT or PT
- > Wash contact media as directed. (mostly with cool/lukewarm soapy water.) Rinse well, pat dry and store in a safe place away from children / pets
- > BE GENTLE – contact media are very fragile.

If you are concerned at any time contact your OT or PT immediately.

Splints

Your child may have been given splints to wear at home. Splints are made to protect joints and muscles.

It is important to regularly check your child's skin after taking them off. Your child should wear the splint for the prescribed time. If there is any excess pressure or rubbing from the splint advise your OT or PT.

- > For hygiene, wipe the split with a damp cloth.
- > Splints should not be left in front of a heater or in a hot car, they will lose their shape.
- > Do not try to modify the splint yourself.
- > If there are any concerns about your child's splints, contact your OT or PT.

Nutrition

Good nutrition is especially important for children with burn injuries.

It is important for your child to follow a healthy eating plan when they return home, as the healing process may still be continuing. For more information refer to the Nutrition for Burns pamphlet.

The easiest indicator of your child's nutritional progress is their weight, and this should be checked weekly. Whether or not your child's weight is increasing or decreasing will help you determine how your child will need to alter their diet.

Being comfortable

Your child may need to take simple pain relief medicine by mouth when they need it until they are moving comfortably and sleeping well. Simple pain relief medicine includes paracetamol and ibuprofen.

Paracetamol (e.g. Panadol®)

This is the first choice for pain relief and can be given every 4 to 6 hours but no more than four times a day.

Cautions:

- > Paracetamol mixture comes in different strengths. Check the label for the correct dose for your child.
- > Do not give other medicines which have paracetamol in them too.

Ibuprofen (e.g. Nurofen®)

You can use ibuprofen for extra pain relief medicine when paracetamol alone is not enough.

Ibuprofen can be given even when your child has had paracetamol. Always give with milk or food. A dose may be given every 6 to 8 hours but no more than three times a day.

Cautions:

- > Ibuprofen is not suitable for everyone, please read the label carefully or check with your pharmacist or doctor.

It is not common for your child to need strong pain relief medicine after they go home, but if they do then your ward doctor will prescribe them and the hospital pharmacist will give you information about them.

For more information

Women's and Children's Hospital
Burns Service
72 King William Road
North Adelaide SA
Telephone: (08) 8161 7000
www.wch.sa.gov.au



Interpreter

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.



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