

# **Burns Injury: the next step**



## **Information for patients**

# Burn Injury The next step

## Introduction

Following your burn injury, there is a lot of background information that will help you progress in your healing.

You may find the adjustment from hospital quite easy and anxiety-free, but there may still be some unanswered queries. This booklet attempts to address some of the questions which you might have about your injury, your treatment and future care.

If you have any questions, difficulties or queries, you can contact the ward or any member of the burns team for advice. The numbers are listed at the back of this booklet.

## Dressings

- Every individual will have their own specific dressing requirements, so please check with your nurse if you are unsure of your needs.
- It is likely that you will go home from hospital with dressings still in place and your care will then be assumed by your practice nurse or district nurse for further dressing changes.
- If your burn required skin grafting then this area will require specific care and attention. Please see the 'Care of Skin grafts and Donor sites' at the end of this booklet.
- If you have had a skin graft you will inevitably have a donor site. Typically, these areas usually take 10–14 days to heal and, where possible, the dressing remains intact for this time.
- Your transfer of care to the practice nurse or district nurse is carried out by the ward nursing staff on the day of your discharge. You will be given a small supply of dressings and a letter to take with you.
- Typically, your dressings may need to be changed every 2-3 days, but be guided by your nurse about your own individual needs.
- Keep all your dressings dry and clean as this helps to prevent infection.

## Hygiene

- When you have been discharged home you may be unable to bath and shower until you are fully healed. Once you are healed and no longer have any dressings, you should cleanse your skin daily.
- Your skin might be more sensitive to temperature or can be numb in places. Always test the water temperature with an area of undamaged skin before showering or bathing.
- Use non-perfumed, hypo allergenic soap and cleansing products to prevent irritation to the skin.

## Moisturising

Skin grafts, donor sites and scars all require regular moisturising to prevent the area from drying, cracking and becoming sore. This is because newly healed skin is unable to lubricate itself in the same way as undamaged skin.

- Initially, moisturising creams or simple emollients should be applied gently but you should gradually increase pressure until massage is possible.
- Moisturising should be carried out 2–3 times per day. Occasionally, this may be needed more often if your skin is particularly dry.
- It is very important that the skin is washed free from cream each day as the build-up of excessive amounts can cause irritation.
- Massage involves firm pressure in circular strokes over the scars. Moisturising creams normally used include aqueous cream, E45 or similar oily, non-perfumed 'emollient' creams. There is no good evidence for expensive creams being any more beneficial than simple emollients.

### Pain/Itch and medication

Itching can be a major problem for some burn patients. Regular application of cool moisturising cream and massage can help. Wearing clothes made of natural fibres can also help. If you have any discomfort and your itching does not settle then please discuss this with a member of the burns team as there are medications that can help.

- On leaving hospital, it is normal to still require medication to control pain, sensitivity and itching. All your medication requirements should be explained to you.
- If you have any questions, please discuss this with your nurse as soon as possible as alterations to medication can take time to organise.
- You will be discharged home with a limited supply of your current medication. Any further prescriptions must be obtained from your GP.

It is likely that you could be given any of the following medication to help with pain control at home:

- Paracetamol – for pain.
- Tramadol or Codeine phosphate – for pain.
- Ibuprofen or Diclofenac – for pain and inflammation.
- Gabapentin – for itching/nerve pain.

If you need further advice about your medications after you have been discharged from hospital, you should contact your GP or contact our team.

### Thoughts and feelings

A burn injury does not just affect someone's skin, it can influence how they think and feel too. People cope in different ways and their reactions differ a lot but we know that leaving hospital or when treatment ends can be particularly difficult. Common experiences are feeling low and vulnerable, having to adjust to the changes in the situation, or feeling rather stunned by the whole experience. Some people can find that the burn incident is going over and over in their minds, they are experiencing flashbacks, distressing dreams, avoiding situations which are reminders of the incident or feeling more anxious or find that their emotions go up and down in surprising ways, without reason. These reactions are not inevitable but they are also normal reactions to major events. If you are finding any of these issues difficult please do mention it to your GP or contact the team here. Asking for help is not a sign of weakness – people manage these events in their own way, and usually very successfully, but sometimes something extra is needed, just like any other part of your rehabilitation. Staff here will listen and provide support. We also have a psychologist on the team, (who you may have met if you were an inpatient here).

### Intimate relationships

People have said that their intimate/sexual relationships sometimes change after a burn injury. This can be due to range of things including fatigue (just feeling too tired), distress (e.g.. feeling low or anxious), concern about appearance, or practical difficulties of the location of the burn or donor sites. These usually resolve with time, and people's intimate/sexual relationships return to as they were before. We know it can be difficult to talk about such issues but if you are finding this part of your relationship to be difficult, please discuss it with your GP or a member of staff here as there is help than can be given. There is also a useful leaflet on the Changing Faces web site (please see the back of this leaflet)

### Appearance concerns

As mentioned above, a burn can lead to scarring. There can also be changes in colour, shape and texture of your skin. These changes might be very visible to you or other people, or they may not be. Either way, it is not uncommon for people to experience some appearance-related concerns after a burn, including feeling more self-conscious. Some people can feel less confident in social situations than before, especially when they are around people they don't know, and can sometimes find it hard to deal with other people's questions and comments. If you are finding these sorts of issues difficult, please let us know as the staff here can help. The scar management team are very experienced, and we have a burns psychologist in the team who you can talk to. We also work closely with Outlook, a specialist psychology service which is specifically set up to help people with concerns about their appearance. If you would like an initial appointment please speak to the burns team or your GP to arrange a referral. Another helpful resource is the Changing Faces charity – details of which you will also find at the back of this leaflet.

### Managing scarring

Following a serious burn injury some form of scarring is likely, although its severity can be determined by many different factors. When a burn heals, there is a risk of developing hypertrophic scars. These are scars that are red, raised, hard, sometimes sensitive and often itchy. Once fully healed, treatment for scarring can begin. Treatments commonly used include:

- Moisturising and massage.
- Silicone creams.
- Silicone dressings.
- Pressure garments (made-to-measure Lycra(Tm) garments which are worn virtually continuously).
- Face masks (solid, clear plastic pressure mask).

Scarring can take up to 2 years to fully settle and some people will need treatment for this length of time.

Once you have healed and no longer require dressings, you might be referred to the scar management team who will advise you on the most effective form of treatment. If you are worried about your scarring and have not been referred to the service, please ask your doctor to do so.

### Physiotherapy/occupational therapy

During your stay on the ward you might see a physiotherapist and an occupational therapist to help you regain and maintain your normal movement and function. If you have been given an exercise regime or provided with a splint, it is very likely you will need to continue with this when you are discharged home. This is very important to help prevent problems with your ability to return to your normal everyday activities. You should be given advice of this

continuing programme and might be referred for further treatment to a service within your locality. If you have any questions about your specific regime, please ask your therapist for further information.

### Social support

When you first go home from hospital, you might have difficulty carrying out some of your everyday activities such as cooking or cleaning. In many cases, family and friends can support you until you regain your independence. However, for some individuals this may not be possible. If you think you might have difficulties returning home without help, please speak to your nurse about this at the earliest opportunity. A referral can be made at your request to a social worker who will assess whether you are able to have ongoing support from social services within the community. These services can take some time to arrange and there are set criteria for the support that can be provided.

### Sun protection

Following a burn injury, it is recommended that you fully protect yourself from the sun for 2 summers or 2 years, as your new skin, including skin grafts and donor sites will blister and burn more easily. It is recommended you do this by keeping covered with clothing or using very high sun protection cream (for both UVA and UVB), regularly applied. Additionally, outdoor workers are advised to wear sun protective garments in addition to sun cream. After this period you should continue to use sun protection creams as normally recommended to prevent your skin from burning.

### Discharge Transport

The hospital does not provide transport home from hospital except in exceptional cases. It is important you begin to make arrangements for getting home from hospital whether this is family, friends or public transport.

### Follow-up appointments

When you leave hospital you will be given an appointment to come back to the hospital to see your doctor. The burns follow up appointments are held in our Adult Burns Clinic (ABC) or the Paediatric Burns Clinic (PDC) or in a Plastics Dressings Clinic, depending on your location. Please ask your nurse for a map. On an intermittent basis, you may need to be seen for several years after injury.

### Getting to and from the hospital for follow-up appointments

Patients will automatically be entitled to reimbursement of hospital travel costs and car parking if, at the time of travel, they are in receipt of any of the following benefits:

- Income Support
- Income Based Employment and Support Allowance
- Working Tax Credit or Family Tax Credit
- Job Seekers Allowance
- Pension Credit – Guarantee Credit
- H2 form (NHS Tax Exemption Certificate)

Patients must produce either a current order book or a certificate of entitlement issued no more than 3 months before the appointment. Hospital transport is only supplied in exceptional circumstances and on medical grounds for outpatient appointments.

### Return to work and leisure activities

You may initially be unable to return to work because of open wounds, pain or tiredness. Please ask your doctor for a 'fit note' for your employers if this is required.

However, it is important to return to your normal activities as soon as possible as this has been shown to be beneficial both physically and in terms of psychological recovery. This may be initially by carrying out different duties, reducing hours or planning a staged return. Please talk to your doctor or a member of the burn team if you need further advice on returning to work.

### Leisure Activities

An early return to your leisure activities will give you confidence. However, it is advisable not to return to contact sports until your wounds have healed. If you wish to swim, again, your wounds need to be healed due to the risk of infection. Once swimming is recommenced, you may find your skin is irritated by the chlorine and this can be countered by showering and re-applying cream afterwards.

### Return to driving

There is no standard amount of time before it is safe for you to return to driving. You need to be sure you have the strength, range of movement and be free from pain to ensure that you are safe to control your car. This entails not just normal driving but also being able to control your car in the eventuality of an emergency stop. We will be able to provide some guidance on this issue, but you must discuss your injury with your insurance company prior to recommencing driving.

### Handy hints

- Once at home, remember to take some pain relief before having a dressing change or going to physiotherapy.
- Eating a healthy balanced diet will help to continue to promote healing.
- Smoking can affect healing. It is advisable to try to stop smoking.
- When you first go home you are likely to be very tired and lacking stamina, so plan regular rest periods into your day.
- To prevent long-term stiffness, keeping the injured area moving will assist in a timely recovery.

### Discharge checklist

Please use the list below to make sure you have been provided with the necessary information and appointments before discharge:

- Medication.
- Dressings.
- District nurse/practice nurse letter.
- GP letter.

The appointments below might be required:

- Appointment with a practice nurse or district nurse.
- Burns follow-up appointment.

- Dressing Clinic appointment.
- Physiotherapy.
- Occupational Therapy.

### Discharge advice

Once you have been discharged from the burns unit it may be helpful to take pain killers at least 20 minutes prior to any further dressing change appointments to relieve any discomfort with dressing changes. Please keep all dressings clean and dry. If any of the following occur please contact the Plastics or Burns Unit for advice:

1. If you are experiencing any of the following:
  - High temperature with or without uncontrollable shaking ('rigors')
  - A skin rash
  - Vomiting or diarrhoea
2. If your dressing becomes:
  - Wet, dirty or smelly
  - Dislodged, loose or the wound becomes exposed
  - The wound leaks fluid through the dressing
3. If your wound is not covered with a dressing and the wound becomes:
  - Red or inflamed
  - Painful
  - Wet or bleeding

### Skin Grafts and Donor Sites

The skin is a very important and provides a protective barrier to the organs in the body; it prevents infection and water loss. When the skin is damaged by a burn or scald the protection is lost. If the burn is deeper than the top layer of skin a skin graft may be required, the burns team will explain and discuss your surgical and wound management options. Further information on skin grafts and donor sites can be found in our skin graft and donor site patient leaflet. Please ask a member of staff for this leaflet or download from the COBIS website.

### Patient Support

Useful patient support web sites are listed below. If you think it would be helpful and if you wish to meet a burns survivor then please do discuss this option with a member of the burns team.

Care of Burns in Scotland (COBIS): [www.cobis.scot.nhs.uk](http://www.cobis.scot.nhs.uk)

Scottish Burned Children's Club: <http://theburnsclub.org.uk>

This charity provides a network of support to burn survivor children (18 and under) and their families dealing with lifelong scars of burn injuries.

Dan's fund for burns: [www.dansfundforburns.org](http://www.dansfundforburns.org) (accessed 17/10/12)

Dan's fund for Burns is a national charity offering practical help to burns survivors in the UK. The charity identifies those most in need of help and provides it in a swift and practical way. Changing Faces: [www.changingfaces.com](http://www.changingfaces.com) (accessed 17/10/12)

Changing Faces is a charity for people and families who are living with conditions, marks or scars that affect their appearance.

Katie Piper Foundation: [www.katiepiperfoundation.org.uk](http://www.katiepiperfoundation.org.uk) (accessed 17/10/12)

The Katie Piper Foundation aims to:

- Progress intensive rehabilitation and scar management for burns survivors
- Provide information on and access to non-surgical treatments for burns and scars
- Campaign for consistent clinical care
- Develop a support network for people living with burns and scars
- We help people with burns and scars to reconnect with their lives and their communities.

The Fire Fighters Charity Help line

0800 389 8820 Monday-Friday 9 a.m to 5 p.m.

The Fire Fighters Charity has a wealth of experience in providing help line services on a wide range of issues, providing signposting to other relevant benefits that might be available to you, or organisations that may be able to provide assistance.

Acid Survivors Trust International (ASTI): [www.acidviolence.org](http://www.acidviolence.org)

A registered charity based in the UK operating as a centre of excellence supporting and working hand in hand with Acid Survivors Foundations (ASFs) in Bangladesh, Cambodia, Uganda and Pakistan.

NHS Constitution. Information on your rights and responsibilities. Available at [www.nhs.uk/aboutnhs/constitution](http://www.nhs.uk/aboutnhs/constitution)

## Contact details

Care of Burns in Scotland (COBIS)  
National Managed Clinical Network

NHS National Services Scotland  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Website:** [www.cobis.scot.nhs.uk](http://www.cobis.scot.nhs.uk)

**Email:** [NSS.COBI@nhs.scot](mailto:NSS.COBI@nhs.scot)