

BURN INTENSIVE CARE UNIT

If a large burn is sustained the patient will be admitted to the Burn Intensive Care Unit. Priorities for the patient are as follows:

Airway: An airway may need to be secured with an endotracheal tube if there is airway swelling or inhalation injury.

Breathing: If a patient has an endotracheal tube, then a ventilator will support breathing.

Circulation: Shock must be prevented with large amounts of IV fluid. The patient may need large IV's in the chest or groin. A monitoring line may be necessary in an artery to measure blood pressure and for blood specimens. These are usually in the wrists, groin, or foot. A catheter (tube) will be placed in the bladder to measure urine output. Sometimes escharotomies are required to release the swelling created by burned tissue around arms, legs, or chest if the swelling is impeding circulation or ventilation.

Drug: Patient's with large burns require continuous infusion of drugs for pain relief and sedation/anxiety relief. If the airway is swollen, or there is an inhalation injury, drugs to prevent movement (chemical paralysis) may be necessary until the swelling subsides.

Pain relief and sedation: From the moment a burn patient enters the Burn Center, pain relief is addressed. All patients receive morphine for wound care as well as drugs called sedatives/anxiolytics. Continuous infusions of narcotic analgesics and sedatives may be required to keep the patient comfortable and to help them tolerate necessary interventions (i.e. being on a ventilator). As the patient's condition improves, IV medications are gradually withdrawn and replaced by medications that can be taken by mouth or feeding tube.

Eating (see Chapter 7 on nutrition): A feeding tube will be placed in the patient's stomach or intestine. A liquid nutritional formula will be infused continually. Burns require large amounts of protein, calories, and vitamins to heal.

Monitoring: Patients require bedside monitoring of their heart rate, blood pressure, respiratory rate and oxygen saturation.

Suggestions for communicating with a patient on a ventilator: Talk to the patient about the same things that you talked about prior to the injury. For example: Talk about the weather. How cool or warm it is whether it is cloudy or sunny, how the season is changing, or anything that describes what it is like outside today.

Talk about ordinary things, such as something the children did today, current news, stories about a pet, or the view from the window. Assure the patient that you are doing well.

Avoid asking questions that require more than a yes or no answer. Talking is a method of distraction and helps the patient stay connected with the outside world. For example: Instead of asking, "How are you today?" Tell the patient what you see. You may want to say, "You look better today." or "I bet you will feel better when you are well enough to have those tubes taken out."

The patient becomes frustrated because they want to answer, but cannot. This is especially true of burn patients because they often are unable to write their answers.

Avoid subjects that cause worry. Reassure the patient that things are being taken care of. For example:

- The claims have been filed with the insurance company
- Someone is helping with childcare
- How family and friends are helping
- The bills are being paid
- Housing is being taken care of (if it was a house fire)

Let the nurses know of the things that the patient may not be able to tell them. Not being able to verbally express themselves to the nurses is often very frustrating for the patient. Some of the things that patients often cannot tell the nurses are:

- Which television shows they like
- Which television shows they do not like
- Favorite types of music
- Favorite radio stations
- Habits such as leaving the lights on at night or having the room dark.

COPING WHEN THE PATIENT IS CONFUSED

During their hospitalization, burn patients often become confused; this is frustrating for both the patients and their loved ones.

Do not argue with the patient. Do not tell the patient that he/she is wrong. Instead, say, "I am sure you must be frightened"

Do not yell at the patient. Always speak in a calm voice.

Continue to tell the patient about today. Tell them the day of the week, the month and the year. Talk about what time of the day it is. Tell the patient where they are.

Changes in the Way You Communicate

For a while you may have to talk about simpler things. You may want to talk about things that have happened in the past. Try reading to the patient, but avoid books that require a lot of concentration. Newspaper and magazine articles are good reading materials.

Understand the Need for Restraints

When a patient is confused, he/she may try to pull at tubes or dressings. They may also try to get out of the bed. Restraints are used only for the patient's protection. If you have concerns please speak with the nurse.

Ask Questions: We are happy to answer any question that you may have.



BURN SPECIAL CARE

Patients with burns who do not require monitoring will be admitted to the Burn Special Care Unit. The focus here is wound care, mobility, and discharge education.

Dressing changes occur once or twice a day. Range of motion exercises will be done frequently. Patients are encouraged to be out of bed several times a day and to take walks. This will help physical strength, flexibility and prevent pneumonia.

A pain therapy program will be developed specifically for the patient's needs. The staff and patient will work together on a pain management plan to meet the patient's comfort needs. Pain medications may be taken by mouth, intravenous or both. The patient will frequently be asked what their pain level is based on a 1-10 scale, 10 being the most severe pain. The patient and the team will discuss what the optimum pain score should be. The goals of pain management are to maintain comfort during wound care, exercise, and rest.

The patient and family members will be involved in wound care, exercises specific to their recovery and pain management. Be assured, on the day of discharge the patient and family will be knowledgeable and skillful with home care requirements.

