



PATIENT HANDBOOK

SOUTHWEST LOUISIANA'S
ONLY BURN CENTER



Our Lady
of Lourdes
Health

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Welcome to the Burn Center



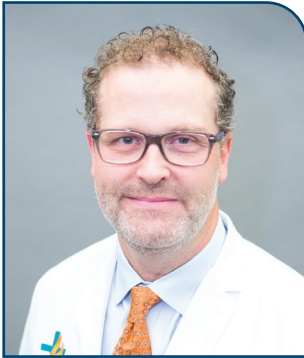
Welcome to Our Lady of Lourdes Burn Center, the only burn center in Southwest Louisiana. Our center is verified by the American Burn Association (ABA), whose rigorous program developed with the American College of Surgeons is designed to ensure verified centers offer the best care for their patients from initial injury through rehabilitation.

We specialize in multidisciplinary care from initial admission through discharge. Our comprehensive treatment covers life-threatening and less serious wounds caused by electricity, chemicals, fire, steam or hot liquids. Our Burn Center is open 24 hours a day to accommodate any questions or concerns you may have while home. Feel free to contact us by calling (337) 470-2603.

There is much to learn when it comes to properly taking care of a burn. The following information will guide you through the important components of your care. Our state-of-the-art facility features six inpatient beds as well as intensive care rooms, a dedicated operating room designed specifically to treat burns, and an outpatient clinic. Our collaborative team of physicians, burn surgeons, nurses, therapists and social workers are experts in comprehensive burn care. They work together to provide the highest level of compassionate care for both pediatric and adult patients.



Meet Our Providers



Joey Barrios III, MD, FACS
Medical Director



James Garcelon, MD, FACS



Daniel J. Frey, MD



Rachel Stutes, PA-C

In addition to our primary burn surgeons and physician assistant, we also have several plastic surgeons who assist in the care of burn patients.

Burn Center Visitor Information

Our Lady of Lourdes Burn Center providers and team members collaborate with your family and loved ones to ensure you receive the care you need with the compassion you deserve. Our visiting policy, designed with you in mind, helps ensure we always provide the best possible care. Below are the visiting guidelines. Please read through them. Let the nurse manager or any Burn Center team member know if you have questions.

ROOM NUMBER _____

NURSES STATION (337) 470-2603

**CHILDREN UNDER AGE 12 ARE NOT PERMITTED IN THE BURN CENTER.
PATIENTS MAY HAVE NO MORE THAN TWO (2) VISITORS AT A TIME.**

1. Designate a single contact person who will be responsible for relaying information to other family and friends.
2. The contact person for Intensive Care Unit-level patients will receive a patient status update at 6 a.m. and 6 p.m. or with any change in status.
3. WASH YOUR HANDS upon entering and leaving the Burn Unit.
4. If you are visiting a patient in Intensive Care Unit-level care or if the patient has contact precautions, wear the provided long-sleeved plastic gown and gloves. Do not wear these in the hallway outside the patient room.
5. Do not touch wounds or dressings on the patient.
6. Anyone with cold-like symptoms and those taking antibiotics for any reason must wear a mask while in a patient room. The mask must be worn the entire time.
7. Pediatric patients under age 18 must have ONE (1) parent or guardian with them at all times.
8. No detailed patient information may be relayed over the phone, in accordance with federal confidentiality laws. All incoming calls will be directed to the designated contact person.
9. Please wait in designated areas. For the safety and privacy of other patients in the Burn Center, no waiting is permitted in the hallways or at the nurses' station at any time.
10. Only ONE (1) visitor over age 18 who does not require assistance may stay with the patient overnight.
11. Burn Center visitation begins at 8 a.m. No visitors are allowed after 8 p.m. If you leave the hospital for any reason after 8 p.m., you will not be allowed to re-enter.

CONTACT PERSON _____ PHONE _____

PATIENT PASSWORD _____ SIGNATURE _____

Daisy & Bee Award

Would you like to thank an extraordinary Nurse or Team Member



Let Us Know!

Scan the QR code to submit your nomination.

Burn Injury, Treatment and Prevention

Topics:

- Initial Burn Injury
- Types of Burns
- The Different Degrees
- Burn First Aid
- Burn Prevention

INITIAL BURN INJURY

You or someone you love just got burned – what do you do? A lot of people automatically place ice on the wound to stop the burning. Actually, ice will make the burn worse! Here are some quick guidelines on what to do when you or someone you love has a burn injury.

TYPES OF BURNS

- **Heat Burns** – Caused by fire, steam, hot objects or hot liquids. Scald burns with hot liquid are the most common for children and older adults.
- **Electrical Burns** – Caused by contact with electrical sources or by lightning.
- **Chemical Burns** – Caused by contact with household or industrial chemicals in a liquid, solid, or gas form. Natural foods like chili peppers, which contain a substance that irritates the skin, can cause a burning pain.

- **Radiation Burns** – Caused by the sun, tanning booths, sunlamps, X-rays, or radiation therapy for cancer treatment.
- **Friction Burns** – Caused by contact with any hard surface such as roads, carpets, or gym floors. These burns are usually a combination of a heat burn and abrasions.

THE DIFFERENT DEGREES

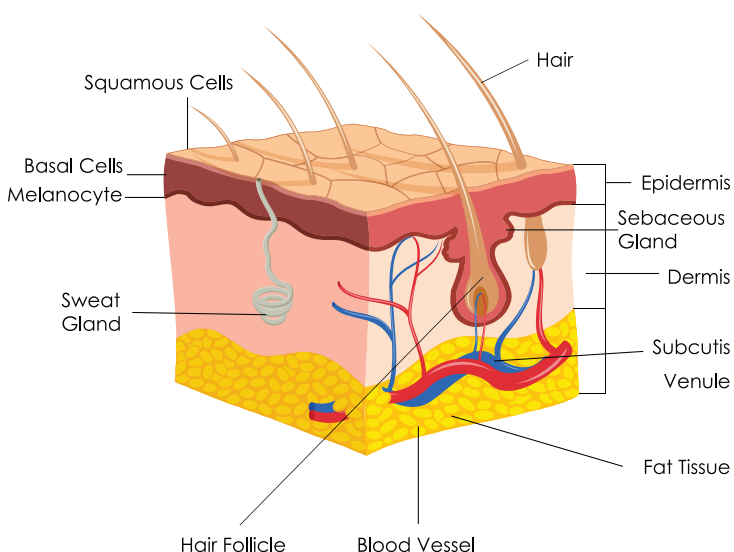
- **First-Degree** – These involve the outer-most layer of skin and are usually associated with sunburn or a flash burn. The skin is usually still intact, but may appear to be red, very warm or hot to the touch and painful. There also may be small blisters and swelling in and around the area of injury.
- **Second-Degree** – These occur when the second layer of skin (dermis) is burned. Second-degree burns typically are very red, extremely painful and have blister formation with a fair amount of swelling. In general, if a second-degree burn is smaller than 2-3 inches (7 centimeters), it may be treated as a minor burn. If the area burned is larger than this, or if it involves functional parts of the body like feet, face, eye, ears, or groin, or if it is located over major joints, more in-depth medical attention is needed.

Take the person affected to your nearest emergency department to have the burn evaluated. Failure to do so may result in permanent disfigurement or loss of function.

- **Third-Degree** – These are NOT minor burns. They should be evaluated and treated by a healthcare provider. A third-degree burn is a very serious burn no matter the size or area of the body affected. These burns involve all layers of the skin and can cause permanent tissue damage. The skin may appear to be charred, blackened or white. The skin texture may be very dry or leathery. All third-degree burns should be evaluated by a healthcare provider immediately. Wrap the burn in a clean, dry sheet and proceed to the nearest emergency department.

BURN FIRST AID

1. Stop the burn process by cooling the burn with running, cool (not cold) water for at least five (5) minutes. Do not use ice, as this may cause further skin damage. Do not over-cool. If the victim starts to shiver, stop the cooling process. Do not use any butter, ointments or other home remedies on the burn. Such substances may trap the heat in the skin and make the burn worse.
2. Remove all jewelry, watches, rings and clothing around the burn area as soon as possible. Clean the affected area with soap and cool water twice daily. Remove any clothing that is burnt or touching the burned area. If the clothing is unable to be removed, stop attempts to remove it. Head to the nearest emergency room for evaluation.
3. Administer an over-the-counter pain reliever, such as ibuprofen or acetaminophen, for pain control. Follow the directions on the label. Consult a physician or health care provider if the pain is not relieved.
4. If the area has blisters or there is a break in the skin, cover the burn with sterile gauze. Make sure to wrap the burn area loosely to avoid putting too much pressure on the burned skin.



5. Seek medical attention if there is a persistent fever, pain not relieved by medication, or if there is redness that extends beyond the border of the burn.
6. Drink plenty of fluids (water or electrolyte-containing solutions like Gatorade) if you are dehydrated.
7. Do not break any blisters. Leave them intact.
8. Seek immediate medical attention if the burn is larger than the size of the victim's hand.
9. With chemical burns, if the chemical is in a powder form, brush the powder off first. Then, thoroughly rinse the affected area. Chemical burns should be evaluated in the hospital, as they may be worse than they appear.



BURN PREVENTION

Here are some tips to prevent common burns:

- Avoid placing hot soups, coffee and other liquids on the edge of counters or in the reach of children. Avoid letting children remove hot soups and food from microwaves if they are unable to reach the microwave easily. Spilled liquids and foods are one of the most common ways to receive a scald burn.
- Always check your bath water for temperature before putting your child, or elder, into the tub. Their skin is thinner and burns quickly, even if you remove them from the water.
- Always wear sunscreen when outside, especially on hot, sunny days with little cloud coverage.
- Never put gasoline on open flames or attempt to light a fire using gasoline. The gas can “flash back” creating burn injuries. Fires often can end up larger than intended.
- Avoid leaving children too close to fire pits. They can fall into the fire or trip others into the flames. Have a buffer zone between the fire and the seating or gathering area for all ages, especially minors.
- Never mix cleaning solutions together. They can create a chemical reaction that may cause an injury.



Hospital Burn Care

Topics

- How Does the Body React to a Severe Burn?
- How Are Burns Treated?
- Burn Progression
- Burn Surgery and Temporary Skin Grafting/Dressings
 - The Autograft (Skin Grafts)
 - Placing the Graft
 - The Donor Site
 - Care for the Bandaged Graft Site
 - Skin Graft Care
 - Pain Medication
 - Skin Grafts and Healed Burns
 - When to Call Your Provider

HOW DOES THE BODY REACT TO A SEVERE BURN?

Swelling and blistering are caused by the loss of fluid from damaged blood vessels. In severe cases, such fluid loss can cause shock. Burns can lead to infection due to the skin's protective barrier being damaged. When you lose your skin, you are at much higher risk for hypothermia. Your body cannot regulate its temperature without skin.

HOW ARE BURNS TREATED?

Topical antibiotics (skin creams or ointments) are used to prevent infection. For large-surface-area, third-degree burns and some second-degree burns, extra IV fluids and/or blood transfusions sometimes are needed to maintain blood pressure. This extra fluid usually leads to swelling of the hands, legs and face, which will resolve over the next several days.

Grafting with natural or artificial materials speeds the post-burn healing process. Early surgical removal (excision or debridement) of burned skin followed by skin grafting reduces the number of days in the hospital. The procedure improves the function and appearance of the burned area, especially when the face, hands, or feet are involved.

BURN PROGRESSION

Burns tend to get worse in the first 72 hours. They may get deeper and larger. Diabetes or vascular disease could make matters worse.

Burns may not heal well initially. Healing is impacted by age, medical conditions, and size and depth of the burn. You may heal at a different pace than someone else.

Early in your hospital-based treatment, it can be difficult to determine if you will need skin grafting. Burns that do not progress may heal quickly, making skin grafting unnecessary. Likewise, some burns may progress or heal slowly requiring a skin graft. Providers will assess your burns regularly and keep you updated on your plan of care.

BURN SURGERY AND TEMPORARY SKIN GRAFTING/DRESSINGS

When you are admitted to the hospital, you will need to undergo burn surgery. This will allow providers to see the extent of the burn damage and determine an appropriate treatment plan. In burn surgery, the doctor will remove dead tissue, which often causes increased pain and bleeding after the procedure. Pain can be managed with medication. Bleeding will be monitored closely by our nursing staff.

Most patients undergo surgery twice a week, usually on a Monday/Thursday

schedule, or a Tuesday/Friday schedule. This schedule is subject to change.

Providers may take you back to surgery more or less often, a decision impacted by multiple factors including the extent of the damage and healing progression.

The end goal of surgery is to eventually place an autograft – a skin graft that is taken from a part of your body with no burns. Not every patient will need autografts. Every burn and person is different. Doctors may use temporary grafts to protect you from infection and help you heal. These are some examples:

- **Mepilex** – This is not a graft; rather, it is a dressing commonly used in burn patient care. A foam pad helps absorb drainage and protects the affected area until the next surgery or dressing change. The dressing usually is left on for a few days at a time. It cannot get wet.
- **Theragenesis** – This is a temporary graft used on deeper burns. The graft is made from pig tissue – a “Xenograft.” It stays in place for several weeks, with nurses changing the outer gauze regularly.
- **Kerecis** – This temporary xenograft is made from fish skin. It is used on deeper burns. Nurses will change the outer gauze regularly.
- **Suprathel** – This is a synthetic, temporary graft made in a lab. It is placed in surgery and stays on until the next time you go to surgery. Nurses will change the outer gauze regularly.

Commonly used ointments and creams include:

- **Bacitracin** – Used on areas of the body that are grafted or sensitive areas that we do not want to put Silvadene on, such as the face or genitals. Typically applied twice a day after wound cleaning, this antibiotic ointment is applied with a non-stick dressing to prevent the gauze from sticking to you.
- **Silvadene** – This is used on new burns occurring on all parts of the body except for the face and genitals. It is applied twice a day after wound cleansing and then wrapped with gauze. This white cream helps reduce pain and prevent infection.
- **Santyl** – Used on deeper burns that may need skin grafting, Santyl “eats” away dead tissue potentially reducing the need for additional surgery or skin graft. Sometimes the treatment is effective, but the patient still will require surgery or skin grafting. This ointment is applied once a day and must be applied generously, leaving a layer of ointment rising the thickness of a nickel above the affected area. The wound must be cleaned before a new dressing with medication is placed. Because the ointment takes 24 hours to take effect, the dressing must be changed at the same time every day.
- **Aquaphor** – Used on healed burns and dry donor sites, this ointment helps moisturize the

area. Usually applied three (3) times a day, the affected area must be cleansed before new ointment is applied.

- **Vitamin E** – Used on healed burns and dry donor sites to help moisturize the area, this ointment is applied three (3) times a day. The affected area must be cleansed before new ointment is applied.
- **Glucan Pro** – Used on the face and other sensitive areas, this ointment should be applied three (3) times a day after cleansing the affected area. This ointment, which aids in wound healing, does not need a dressing applied.



Temporary skin graft held in place with staples

The Autograft (Skin Grafts)

Skin grafts replace the damaged skin helping to prevent infection and protect tiny nerves and capillaries. Your grafted wound will be less painful after surgery. An autograft is a type of skin graft that comes from your own body. Doctors use autografts to boost the healing process.



Autografts can only be put on you when the wound is ready for it. If the doctors put it on too early, it will slide off and they will need to do another one. Doctors may use temporary grafts for several days to several weeks before an autograft can be placed. Types of skin grafts include:

- **Standard Autograft** – A graft taken from your body that doctors cut and tailor to fit a burn, then place on top of the burn.
- **ReCell** – A graft that is passed through a machine to create “spray on skin” that the doctors can use to cover larger areas of burn.
- **CEA** – A graft grown in a lab from a sample of your own skin. Enough graft is created to cover all affected skin. CEA is used for patients who do not have enough unimpacted skin for standard autografts.

Placing the Graft

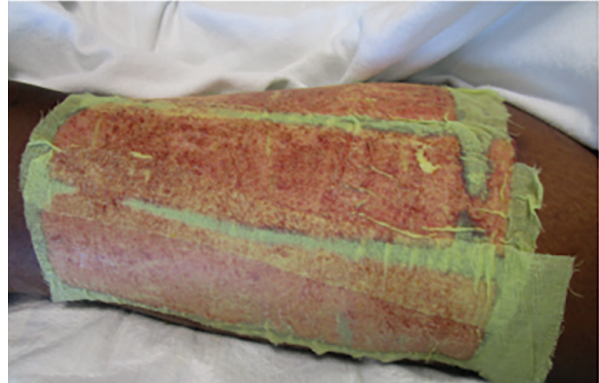
Patients are given general anesthesia so they sleep throughout the procedure, where damaged skin will be removed. If you are having an Autograft, your doctor will remove a very thin layer of healthy skin from a donor site on your body. The graft is placed and held in place with skin staples, sutures or skin glue. The donor site is a new wound created by removing skin for the graft. All skin grafts have a chance to fail even if you do everything right. Burn depth, injury size, patient age and some medical conditions may require the graft to be re-done, despite your provider’s best efforts.

The Donor Site

The donor site feels like a burn because some of the tiny nerves and capillaries are exposed. After surgery, most people feel more pain from the donor sites than from the grafted sites. The donor site will be covered with a Xeroform™ dressing. This yellow dressing, which acts like your skin



Autograft held in place with glue



Donor site with Xeroform™ dressing

until the donor site is healed, will come off on its own in time. The dressing protects the exposed skin layer and will dry onto your wound like a scab.

The Xeroform™ should be left open and not covered with clothing or blankets. Do not apply a dressing over the area unless your doctor requires it. Clean your donor site twice a day in the shower with mild soap. Tap your donor site to clean it, then tap your donor site to dry it. It is okay to let water run over your donor site if it is not high-water pressure. If you cannot shower due to the doctors' orders, clean at the bedside with a washcloth.

Care for the Bandaged Graft Site

Do not touch the bandage. Leave it in place until you are told to remove or change it. Keep the bandage dry if bathing or showering. If instructed to moisten the bandage, use the prepared Hibiclens® solution and only add enough liquid to keep the dressing over the graft moistened.

Keep the bandaged area clean. Avoid getting dirt or sweat on it. If the bandage comes off, is damaged or very dirty, call your doctor. As often as possible, while sitting or lying down, elevate the graft site above the level of your heart. This helps reduce swelling and fluid accumulation in the graft area.

Skin Graft Care

- Follow doctors' orders with dressing changes! Most of the time, your dressings will be twice daily but can be once a day.
- Shower twice each day unless the doctor tells you otherwise. This helps prevent infection and promotes healing. Shower with dressings off, then put new dressings after.
- Clean your grafts but be gentle. Use a "dabbing" motion to clean your skin grafts instead of scrubbing them. If you scrub them, you may accidentally remove the skin grafting.
 - Let water run over your grafts! Soft water pressure run over the grafts helps remove bacteria and drainage.
 - Use mild, unscented soap like baby shampoo.
- Have a loved one come to the hospital to have our nurses teach them how to properly care for your burns at home.



Healing donor site with re-epithelialization



Moisten the dressing with only enough Hibiclens® solution to keep the area over the graft moist, not wet

You will be given pain medicine to keep you as comfortable as possible. Because your new skin graft is very fragile, dressings and limited activity will help protect the affected area. Your nurse will explain any activity limits and answer any questions you may have. Avoid the use of tobacco products. Nicotine can limit blood flow to the wound, which can slow healing. Eat a well-balanced diet. Ask your doctor or nurse if you have questions.

Skin grafting is a very important part of healing your wound. Without it, your wound may take months to heal, be very painful, have increased scarring, limit your ability to move the area, and be at risk for infection. Learn how to care for your skin graft and follow your doctor's instructions for your recovery. Physical and/or Occupational Therapy will work with you when burns are in an area that can potentially limit your function. It is important to follow your home exercise program if you receive one.

Pain Medication

- In the hospital, you may be prescribed both oral and IV pain medication. Even if the IV medication works well for you, it is important to continue taking the oral medication. Oral medication lasts much longer than IV in your body and can help control pain more effectively.
- To prevent increased pain from abruptly stopping IV pain medication, doctors may lower your dose and increase the time between doses to help transition you to oral medication before discharge.
- Burns are painful. It will be nearly impossible to reduce your pain to zero. It is normal to be at 2 or 3 even with pain medication. Be honest with your nursing staff and



doctors about how you feel and what you need, especially when it comes to participating with PT/OT, and dressing changes.

- Do not wait until your pain is 10/10 to call your nurse! Once you're at 5 or 6, reach out – even if it is bearable for you.
- Oral pain medications need time to absorb from your stomach and begin to produce the desired effect. Take pain medications 30 minutes before wound care for the best results.
- Some pain medications cause constipation. To prevent this, we may prescribe a stool softener. You should drink plenty of fluids and be sure to eat fruit and vegetables.
- Some pain medications cause drowsiness. You should not drive a car, operate machinery, or return to work without a doctor's permission.
- If you need more pain relief, ask your doctor if Ibuprofen or Acetaminophen would be appropriate for you to take in addition to your pain medication. Adding these over-the-counter medications can help with pain and swelling.
- It may feel counterproductive, but the more you move burned parts of your body, do dressing changes, work with PT/OT, and touch areas that were burned but have healed, the less pain you will have. Sometimes burned nerves can become "hypersensitive,"

which means the nerves feel everything as pain. The more we do with these areas, the more we desensitize the nerves.

Skin Grafts and Healed Burns

- Healing skin will be dry, flaky, and itchy. Apply Vitamin E cream as needed, at least twice a day, after the doctor has cleared you to do so. Try not to rub or scratch the healing skin. This may cause new blisters or open wounds.
- The healing areas will be pink/purple in color for the next several months. This discoloration will improve with time.
- Protect all healing areas from the sun. Use sunscreen SPF 50 or higher.
- New areas of redness around wounds may indicate an infection. Notify your doctor of any concerns.
- Remember, hand washing is the best way to prevent infection. Wash your hands often with soap and water. Hand sanitizer may be used if no dirt or other soiling is evident.

When to Call Your Provider

- Increasing pain or swelling
- New areas of redness around the wound
- Persistent nausea or vomiting
- Fever
- New drainage or odor

Healing with Nutrition:

Your Burn Recovery Diet Guide

Topics:

- High-Protein Foods
- Meal Planning Tips
- Simple Protein Additions
- Snack Ideas
- High-Protein Milkshake Ingredients
- Sample Menu

Nutrition, especially protein, is important during a burn recovery process because it **speeds up wound healing, repairs damaged tissues, advances new skin growth, prevents infections, and helps maintain/rebuild muscle mass and strength.** You will likely need to eat about twice as much protein as you normally would to make sure your burns heal well. The tips provided below help meet the daily recommended intake, assist in wound healing, and reduce infection.

HIGH-PROTEIN FOODS

Animal sources:

- Meat (beef, chicken, fish)
- Eggs
- Dairy products (milk, cheese, yogurt)

Plant Sources:

- Beans (black, kidney, pinto, lentils)
- Nuts (peanuts, almonds, cashews)
- Seeds (sunflower, pumpkin, chia)

- Tofu
- Quinoa
- Edamame

Supplements:

- Juven
- Ensure
- Boost
- Glucerna (for diabetics)
- Nepro (for dialysis)
- Multivitamin

MEAL PLANNING TIPS:

- Eat 3 meals and at least 3 snacks every day
- Eat a variety of fruits and vegetables
- Eat a variety of breads, cereals, pasta, potatoes and rice
- Include at least one of these at each meal:
 - Meat
 - Eggs
 - Peanut butter
 - Tofu
 - Dried beans
 - Lentils
 - Milk
 - Yogurt
 - Cheese



SIMPLE PROTEIN ADDITIONS

- Have double meat portions with everyday meals
- Replace water with milk
- Add dried milk powder to milk, scrambled eggs, soups, desserts, etc.
- Add meat to soups, casseroles, canned spaghetti sauce, pasta dishes, or vegetables
- Mix cheese in sauces, soups, or vegetables
- Eat peanut butter on crackers, bread, toast, waffles, celery sticks or add it to milkshakes/desserts
- Mix hard-cooked eggs with meat, tuna, salads, sauces, or casseroles
- Add nuts to desserts or eat them as snacks
- Have yogurt as a snack or as a dressing for fruit

SNACK IDEAS:

- ½ cup nuts
- 1-2 ounces of cheese or meat
- 1 cup of milk or yogurt
- ½ to 1 sandwich
- Milk shakes with protein powder
- Supplements (see above)
- 1 ounce of jerky
- 2 tbsp of peanut butter
- Protein bar
- 2 tbsp of hummus
- ½ cup of shelled edamame

HIGH-PROTEIN MILKSHAKE INGREDIENTS

- 1 package instant breakfast
- 1 cup ice cream
- 1 cup milk
- 2 tbsp of chocolate, peanut butter, or your choice of fruit
- 2 tbsp of protein powder

Sample Menu

BREAKFAST	½ cup cereal 2 well-cooked eggs 2 oz sausage ½ cup yogurt ½ banana 1 slice whole-wheat toast 1 cup milk
MORNING SNACK	½ cup applesauce ½ cup mixed nuts
LUNCH	Tuna salad sandwich (optional double meat portion) 1 slice whole-wheat bread ½ cup carrots 1 peach 1 small bag of potato chips ½ cup ice cream 1 cup milk
AFTERNOON SNACK	¼ cup raisins ½ cup almonds
DINNER	1 cup clam chowder (optional double meat portion) 4 oz chicken breast (optional double meat portion) 1 medium potato ½ cup mixed vegetables 1 apple 1 slice whole-wheat bread ½ cup ice cream 1 cup milk
EVENING SNACK	1 cup of popcorn 1 tbsp olive oil

REMEMBER: Protein allows you to heal faster, avoid complications, and rebuild strength!
 Eat as much as possible!

Physical and Occupational Therapy

Topics:

- What Can You Do?
- Physical Therapy Exercises
- Occupational Therapy Exercises
 - Home Exercises

Physical Therapy and Occupational Therapy (PT and OT) are both extremely important in your burn recovery. PT and OT help you build and maintain strength as you recover. Lengthy hospital stays on top of your burn injury can lead to a lot of lost strength.

PT and OT help fight scar tissue, which can form as your body heals, limiting movement. This is most evident when burns cross joints. Think of burns on the hand, elbow, and hips. The deeper your burns and the longer they take to heal, the more scarring you have.

Scarring is gradual. You may think to yourself, "I am hurting a lot, and I can still move my hand. What scar tissue?" Scar tissue forms over time, 24 hours a day. You may not notice it at first, but over weeks and months you may start to find it more difficult to move your hand, close your fist, or open your elbow. Working with your PT and OT specialists can help you minimize and prevent long-term scarring.

WHAT CAN YOU DO?

- Perform exercises as directed by your physical and occupational therapist.
- Get out of bed every single day unless your doctor ordered bedrest.
- Never skip PT/OT. If you are hurting too much, work with your nurse, doctors and therapists to get pain medication around therapy sessions. If you don't feel like you can do it in the morning one day, try to do it in the afternoon. Schedule therapy at a time that works best for you.
- Continue to use all areas of your body, even the damaged areas. Grab your cup with your burned hand. Walk, bending your knees, even if you have burns on your legs. This helps prevent scar tissue.
- Once you're discharged, continue to do exercises, wear any prescribed compression garments as ordered, and follow up with outpatient physical and occupational therapy as prescribed. Scar tissue can continue to form even after the burn has healed.

PHYSICAL THERAPY EXERCISES

Below are exercises you can perform in bed and while working with your physical therapist at home after discharge. Always make sure you have someone present to assist you when doing standing exercises.

Heel Slides with Quad Set

Lying on your back or reclining, slide your heel toward your buttock as you bend your knee. Hold a gentle stretch in this position and then return to original position and press the back of your knee downward toward the mat (quad set).



Hip Abductions (supine)

While lying on your back or reclined, slowly bring your leg out to the side and return to the original position (do not cross midline). Keep your knee straight the entire time.



Straight Leg Raise - SLR

While lying on your back or slightly reclined, raise your leg while keeping your knee straight. Keep the opposite knee bent with the foot planted on the mat. Use a strap, if necessary, to assist.



Short Arc Quad “short kick”

Place a rolled-up towel or ball under your knee and slowly straighten your knee as you lift your foot, then lower it slowly.



Long Arc Quad “long kick”

While seated, lift your foot and straighten your knee, then slowly lower to the starting position.



Standing Hip Abductions

While holding a steady surface (chair, countertop or your walker): Raise one leg up and lift it out, laterally, away from your body. Pause for 3 seconds. Then, return to the starting position. **Tip:** Do not lean sideways (keep trunk upright).



Standing Heel Raises

While holding a steady surface (chair, countertop or your walker): Spread your feet shoulder-width apart and evenly disperse weight on both feet. Lift your heels off the floor, then slowly lower down.



Mini Squats

While holding a steady surface (chair, countertop or your walker): Feet are shoulder width apart and weight is in your heels. Bend the hips and knees as you start a sitting motion (mini squat). Then, lift back up into a standing position and squeeze your buttock muscles for 3 seconds.



OCCUPATIONAL THERAPY EXERCISES

Therapy helps to maintain or improve active skin, muscle and joint movement following a burn injury. In addition, they aid in preventing contractures from forming and in maintaining the pliability of your skin to minimize scarring. Below are Occupational Therapy exercises that can be done at the bedside, even without an occupational therapist present.

Movement and elevation of your limbs is important to decrease swelling after a burn injury. Decreased swelling aids with pain management, as well, while increasing blood flow to the affected areas which promotes healing.

HOME EXERCISES

Upper Extremity – Hand Exercise: **Finger Flexion/Extension**

1. Make a tight fist.
2. Straighten all your fingers.
3. Relax.
4. Repeat _____ times.



Upper Extremity – Elbow and Wrist Exercise: **Wrist Flexion/Extension**

1. Holding your hand in the air, bend your wrist up (90 degrees) to a straight position.
2. Then move your wrist backward as far as possible.
3. Relax your wrist.
4. Repeat _____ times.



Upper Extremity – Elbow and Wrist Exercise: **Elbow Flexion/Extension**

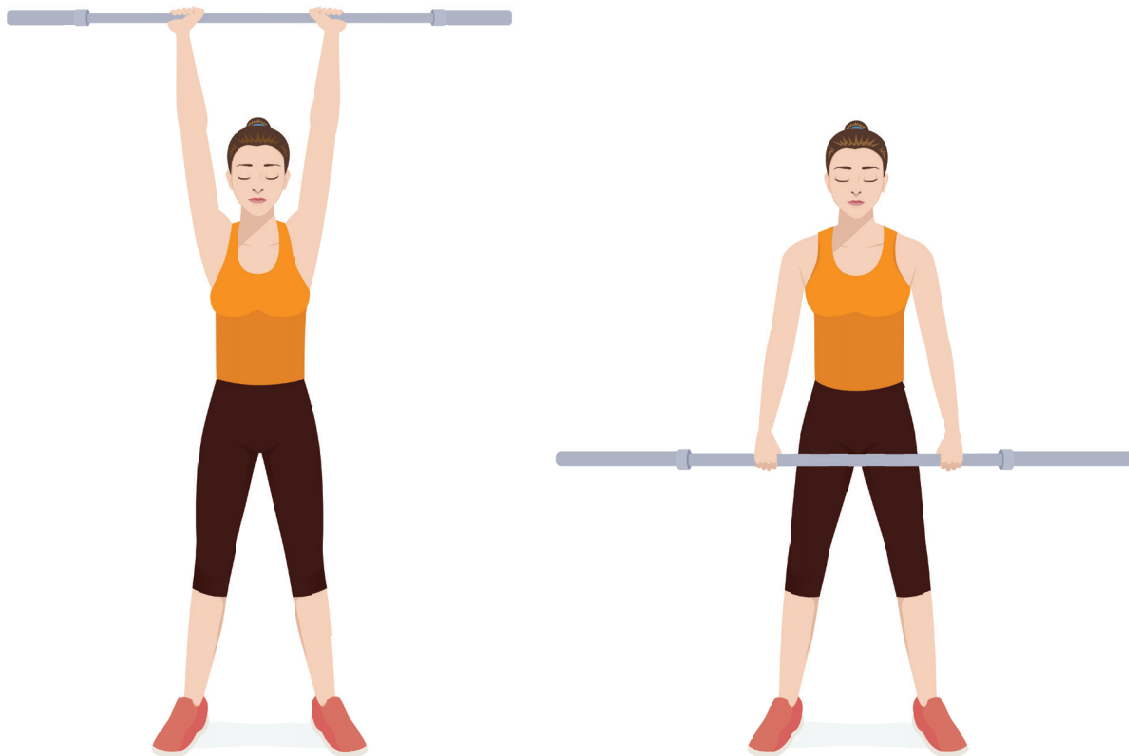
1. Bend your elbow.
2. Completely straighten your elbow, holding your arm out straight.
3. Bend your elbow back to the original position.
4. Repeat _____ times.



Upper Extremity – Elbow and Wrist Exercise: **Shoulder Flexion**

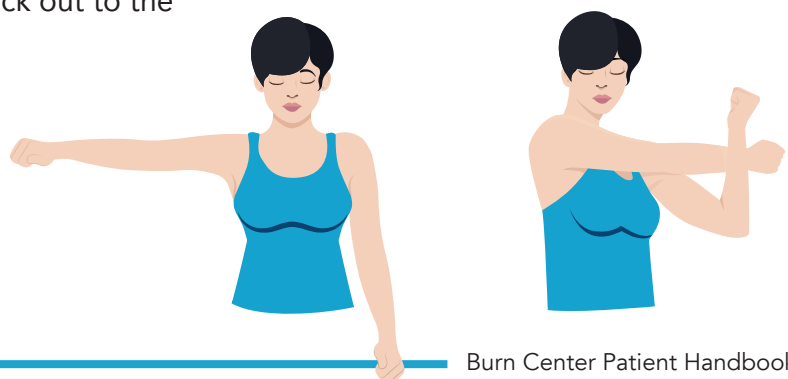
NOTE: Do each wand exercise slowly using a cane or straight stick. Keep your hands even with your shoulders when grasping the wand.

1. Stand upright, holding the wand in both hands.
2. Stretch your arms over your head, keeping your elbows straight.
3. Hold for five (5) seconds, then relax.
4. Repeat _____ times.



Upper Extremity – Active Shoulder Exercise: **Horizontal Abduction/Adduction**

1. Lie on your back or sit on a straight-backed chair.
2. Place your arm out at shoulder level with the elbow straight.
3. Bending your elbow, bring your arm across your chest, then back out to the starting position.
4. Repeat _____ times.



Active Range of Motion: cerv rot sit

1. Sit in a chair with good posture, back supported.
2. Turn your head to the right, then to the left.



Special Instructions:

- Stay in a pain-free range.
- Perform one (1) set of 20 repetitions three (3) times a day.
- Perform one (1) repetition every four (4) seconds.
- Rest one (1) minute between sets.

Active Range of Motion: cerv side-bending sit

1. Sit or stand with good posture.
2. Looking straight ahead, bend your neck sideways, moving your ear toward your shoulder.
3. Return to the start position.
4. Repeat in the other direction.

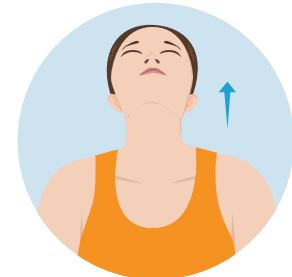


Special Instructions:

- Stay in a pain-free range.
- Perform one (1) set of 20 repetitions three (3) times a day.
- Perform one (1) repetition every four (4) seconds.
- Rest one (1) minute between sets.

Active Range of Motion: cerv ext sit

1. Sit or stand with good posture.
2. Move your chin up while looking toward the ceiling, without bending your trunk.
3. Return to the start position.



Special Instructions:

- Stay in a pain-free range.
- Perform one (1) set of 20 repetitions three (3) times a day.
- Perform one (1) repetition every four (4) seconds.
- Rest one (1) minute between sets.

Active Range of Motion: cerv fix sit/stand

1. Sit or stand with good posture.
2. Move your chin down to your chest.
3. Return to the start position.



Special Instructions:

- Stay in a pain-free range.
- Perform one (1) set of 20 repetitions three (3) times a day.
- Perform one (1) repetition every four (4) seconds.
- Rest one (1) minute between sets.

Face: Upper Face

1. Raise your eyebrows as if you are surprised, forming horizontal wrinkles on your forehead.
2. Draw your eyebrows together as if frowning, forming vertical wrinkles between your eyebrows.
3. Wrinkle your nose as if expressing distaste.
4. Repeat ____ times.



Face: Lips

1. Pucker your lips in a big smooch.
2. Smile as widely as you can.
3. Pout, sticking out your lower lip as far as possible.
4. Repeat ____ times.



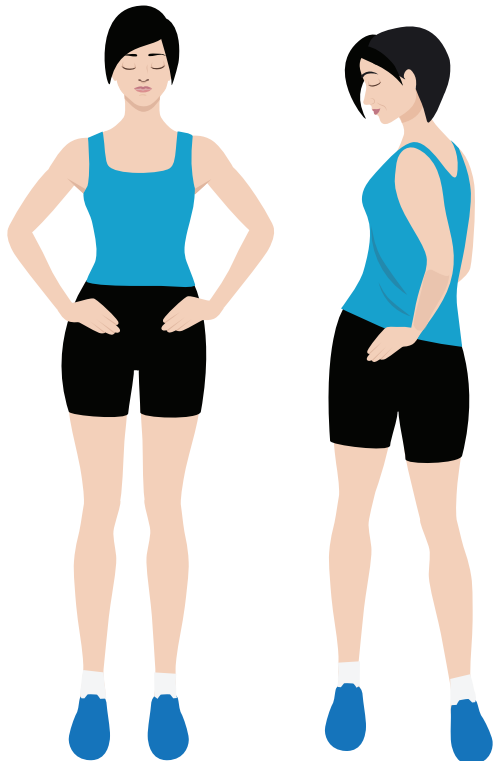
Face: Mouth, Cheeks

1. Open your mouth as widely as possible, then close it, raising and lowering your jaw.
2. Fill your cheeks with air until they are puffed out, then exhale.
3. Repeat ____ times.



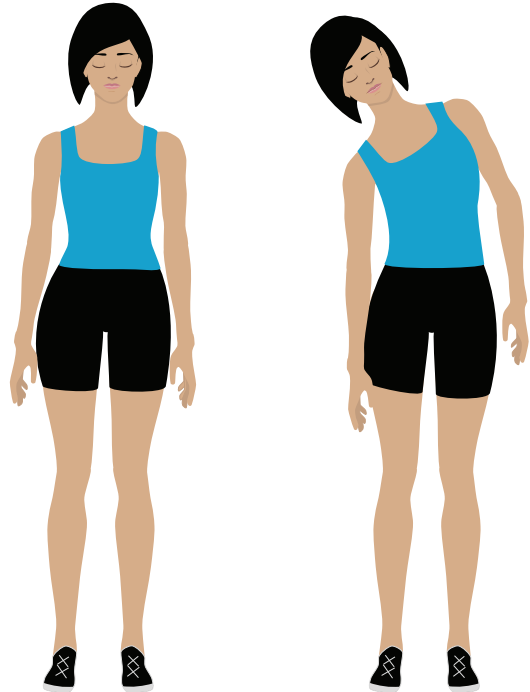
Trunk Range of Motion: Trunk Rotation

1. Stand upright with your arms on your hips and feet slightly apart.
2. Twist at the waist and look over your right shoulder.
3. Twist as far as you can, stopping at the point of pain.
4. Repeat on your left side.
5. Repeat ____ times.



Trunk Range of Motion: Side Bending

1. Stand upright with your arms relaxed at your sides and your feet slightly apart.
2. Bend slowly to the left, sliding your hand down the side of your leg.
3. Bend only to the point of pain.
4. Repeat for the right side.
5. Repeat ____ times.



Trunk Range of Motion: Trunk Flexion/Extension

1. Stand upright with your arms relaxed at your sides and your feet slightly apart.
2. Bend forward and reach for your toes.
3. Stand back up and place your hands on the small of your back.
4. Lean backward and look toward the ceiling.
5. Repeat ____ times.



Burn Home Care Instructions

What to Do at Home:

Take pain medicine 30 minutes before coming to your clinic appointment.

- Follow all your dressing change instructions provided by your doctor.
- Go to all appointments with your doctors and physical/occupational therapists.
- Have someone (a family member, a friend) available to help you take care of your burns at home.
- You should bathe at least once a day. You should shower if it is included in your discharge instructions.
- Remove all dressings in the shower/when you bathe.
- Protect your burns from sunlight. Use sunscreen once your burns are fully healed. Keep your burns covered by long sleeve shirts and pants. Wear a hat if you have burns on your face.
- Avoid itching healed skin. Most itching can be treated with moisturizer/lotion. Call your doctor if itching is not resolved with lotion.
- Stay active. Move around. Do exercises provided by your physical or occupational therapist. Stretch. Get out of bed.
- Keep your burns clean. Keep your dressings clean. If your dressings get dirty, change them.
- Use unscented soap when cleaning your burns. If medicine is given to you for cleaning your burns, use the medicine instead.
- Keep your limbs elevated on pillows.

Areas to Clean

Areas to Wrap/What to Wrap With

Areas to Leave Open

Call the Burn Center if:

- You have green drainage, your burn smells bad.
- You have swelling, redness around your burns, and fever.
- You cannot make it to your clinic appointment and you need to change the day you are coming.
- You have any questions on how to take care of your burns.

(337) 470-BURN (2876)

Dressing and Supplies

BACITRACIN & WOUND VEIL DRESSING CHANGES

You will change your burn dressings:

- ☐ once a day
- ☐ twice a day

Shower every day. Clean your burns with baby soap, mild soap or wound cleanser.

You will put Bacitracin on to the wound veil. You will make sure the Bacitracin is on all of the wound veil.

Place the wound veil on your burns.

If the burn is on your arm or leg, wrap the burn with Kerlix.

If the burn is on your stomach, chest or back, place burn pad gauze on top of the wound veil.

Cover with the gauze you placed with Surginet. You should use the sizes specified by your nurse.

AQUAPHOR/GLUCAN PRO

You will shower daily and change any dressings as directed by the burn surgeon.

On all areas that are healed, use your Aquaphor twice a day like lotion.

If your doctor wants you to use Aquaphor on an area you are wrapping with Bacitracin, follow all the steps from the

“Bacitracin Wound Veil” part and put both the Aquaphor and the Bacitracin on the wound veil.

DONOR SITE

We want to keep these areas with the yellow dressing on them open. This will help them heal. These areas will be more painful than your normal burns. This is normal.

You will clean these sites twice every single day. Tap them clean with water and baby shampoo, and then dry them off after.

The yellow part will peel off on its own when you are healed. Sometimes, the doctor will give you Aquaphor or Bacitracin to put on top of the yellow part to help it come up once it is very dry.

DO NOT rip these off your body. Try to leave them open as much as possible. The more they are able to dry, the faster they will heal.

MEPILEX DRESSINGS

Mepilex is a grey foam dressing that we put on burns to help them heal. They soak up drainage from the burns and help kill bacteria.

Mepilex will be wrapped in gauze. You are not to take this gauze off. Mepilex will stay on you until you come to the clinic.





Keep Mepilex dry. Do not shower. It is OK to sponge bathe the areas of your body that have no wrap on them.

SANTYL

Santyl is a special ointment the burn doctors use when you have thick drainage on your burns. It helps break it up.

To use Santyl, you will need Adaptic or wound veil, Kerlix or burn pad, and Surginet.

You will put a nickel thickness amount of Santyl on the wound veil or Adaptic. You will then place this directly onto your wound. After the wound veil or Adaptic has been placed, wrap the burns with Kerlix if it is on your arm or leg. If it is on your stomach, chest or back, you will need to use a burn pad.

After the gauze is in place, put the Surginet on to hold everything in place.

Santyl needs a full day to work (24 hours). You will only change this dressing **ONCE** every day. If you change it in the morning, you will want to change it the next day in the morning at the same time. If you take too long between dressing changes, or don't give the ointment enough time, Santyl will not work.

If you have areas near Santyl that are wrapped with Bacitracin — like the same arm or the same hand that needs both — you will do both dressings once a day.

Instructions on Bathing/Showering

We want you to clean your entire body as well as your burns when you shower. It is OK to shower once a day unless the burn doctor tells you not to shower.

You will take all your dressings off before showering. If your dressings are painful to take off, you may get in the shower with them, but take them off in the shower. They will get wet, making them stick less. Once your dressings are off, clean your burns before getting out of the shower.

You will need to use a mild soap, like a baby shampoo, unless your burn doctors give you something different to use.

Tap to clean your burns. If there is a lot of drainage, you can leave a wet towel with soap and warm water over your burns for a few minutes to soften it up.

Do not scrub your burns where you have skin grafts. **It is OK to wash these and have water touch them. Tap with a wash cloth.**

Do not scrub your donor sites. It is OK to wash these by tapping and let water run on them but be sure to dry them with a towel after.

Use cool water to shower. Adjust temperature as needed.



Supply Suggestions

- Adaptic
- Aquaphor
- Bacitracin
- Burn pads
- Kerlix
- Mepilex
- Santyl
- Surginets
- Wound Veil
- Vashe





Psychology of a Burn

Burns on the body may impact mental wellness. Burn survivors often cope with the loss of independence while in the hospital, pain, trauma from the incident, the loss of their home/ belongings, and, sometimes, the loss of family, friends or pets.

Please be open and honest with your nurse about any issues you have with depression and anxiety while in the hospital. We have a licensed clinical social worker available weekdays by calling (337) 470-4532.

Discharge Instructions

The following pages include your personalized wound care discharge instructions, as well as some information on various dressing types. Please contact the Burn Center directly with any questions or concerns by calling (337) 470-2603.

The Outpatient Burn Clinic

Your First Clinic Appointment Date and Time:

The Burn Clinic cares for people with burn injuries when they no longer require hospitalization. In the clinic, individuals with burns are assessed and treated by a team of doctors, nurses, therapists, and a social worker for ongoing wound care, adjustment to being at home with injuries and the ability to return to school or work.

Your Burn Clinic appointment will be scheduled before you leave the hospital. You may take pain medication 30 minutes prior to arrival at the clinic, which also is located on the sixth floor of Our Lady of Lourdes Regional Medical Center.

Our Burn Clinic can provide comprehensive care for burns affecting all ages. We see new burns as well as patients with healed burns. We follow up with patients for weeks to months after burns are healed to ensure there is no further need for treatment. In addition, we also help set up outpatient physical and occupational therapy, prescribe compression garments to help patients prevent scarring, and provide laser treatment to assist with scar tissue formation, if needed. We provide access to same-day surgery for skin grafting or touch-up work once you are discharged from the hospital.

It is very important to keep your appointment and to be compliant with your treatment. Contact Our Lady of Lourdes Burn Clinic directly by calling (337) 470-4279.

- Call to reschedule if you cannot make it to your scheduled appointment.
- Contact us for an earlier appointment if you have any concerns about the state of your burns and the healing process. For urgent matters, call (337) 470-2603.
- For emergencies, call 911 or head to your nearest Emergency Department.
- Children under age 12 are not allowed in the Burn Clinic unless they are a patient.





What to Bring with You:

- Photo identification, insurance cards, and Workers' Comp information, if applicable.
- A list of all current home medications or the bottles of medication if you do not have a list.
- If you are on pain medication, please do not drive. Have a family member or friend bring you to your scheduled appointment.

CALL THE BURN CLINIC IF YOU NOTICE:

- Increased pain, redness and swelling.
- Fever greater than 100.4F that doesn't go away.
- Green drainage. (Yellow drainage is OK!).
- Red drainage that is increasing in size and amount.
- Any other concerns.

Burns in Your Daily Life

Topics:

- Hygiene
- Blisters
- Signs of Infection
- Swelling
- Moisturizing Your Skin
- Makeup/Cosmetics
- Itching
- Sun Sensitivity
- Sensitivity to Heat and Cold
- Scarring and Discoloration

HYGIENE

- You should bathe at least once a day. Take a tub or sponge bath or a shower. If you have nursing care for dressing changes, it is a good idea to shower before the home care nurse arrives, so that the new dressing can be put on a clean wound.
- Always test the temperature of the water with unburned/normal skin. Your new/healed skin is sensitive and may be easily injured. Use warm water.
- Remove pressure garments and dressings. If dressings stick, soak them off in the water.
- Use a mild, unscented soap and a soft cloth to remove all creams and dry, flaky skin. Do not scrub the damaged area or donor sites. This can cause fragile skin to break down.

- For men with facial burns, shave each day. The accumulation of facial hair increases the chance of infection. Use water-based, hypo-allergenic shaving cream. Once the burned area is completely healed, you may grow a beard or moustache.

NOTE: If wounds are painful to touch, take pain medications at least 30 minutes before your dressing change.

BLISTERS

Blisters are very common in newly healed skin, on both the burned area and on the donor site. They may form after minor bends, scrapes or scratches because of friction from tight or stiff clothing, or as a result of inadequate support (such as not wearing pressure garments or wearing pressure garments that do not fit properly). With time, the skin will toughen, and blistering will happen less often.

To prevent blisters:

- Wear the prescribed pressure garments under loose-fitting clothing. Contact the burn clinic if you are concerned that your garment does not fit properly.
- Have your pressure garments checked regularly to make sure there is enough pressure.
- Do not wear firm or tight-fitting clothing. Loose, soft knit garments like fleece sweat suits are best.

- Follow bathing instructions. Keep skin moist.
- Elevate (raise up) affected areas when you can.
- Avoid being in one position (such as standing or sitting) for long periods of time.

If blisters happen:

Do not break the blister! Follow bathing instructions and continue to wear pressure garments.

If a blister breaks:

- Keep it clean.
- Soak or gently remove all crusts with a clean cloth or wet Q-tip twice a day.
- Apply medicated ointment, such as gentamicin, twice a day or more often if needed.
- Cover the blister with gauze.
- Stop when the blister area is healed.

NOTE: If you experience an open wound on your skin, stop wearing your pressure garment and notify the Burn Clinic immediately.

SIGNS OF INFECTION:

- More redness or swelling.
- More drainage, especially green drainage.
- Areas that feel warm to the touch. If you notice any signs of infection, contact the Burn Clinic, your primary care provider or go to the nearest Emergency Department.



SWELLING

Swelling may happen even after burned areas are healed. Control and prevent swelling by:

- Wearing pressure garments all the time. Remove for dressing changes and hygiene.
- Completing your exercise program, including stretches.
- Elevating (raising up) the affected areas whenever possible.

MOISTURIZING YOUR SKIN

Burn injuries damage or destroy the oil-producing glands normally found in skin. This may cause skin to feel dry and itchy. Healed burn and donor sites tend to be dry and flaky.

- After bathing, apply a water-based, unscented, alcohol-free lotion.
- Apply the lotion as often as needed to prevent dryness. You may need to use it every 3-4 hours. Use only enough lotion to lightly moisten your skin. Gently rub in the lotion until it disappears. If the lotion is not thoroughly rubbed in, it will dry on the skin and clog your pores.

- Do not use creams or lotions recommended by family or friends until you have checked with your healthcare provider. Newly healed skin is very sensitive and may be damaged by the wrong moisturizer or lubricant.
- Avoid lotions that include alcohol, which further dry skin.

We recommend the following non-prescription lotions:

1. Aquaphor (available at any drug store, Target, Walmart)
2. Vitamin E Skin Cream (available at Dollar General or Walmart)

Keep lotions:

- At room temperature.
- Out of direct sunlight.
- Clean. Wash your hands well before using your fingers to put on the lotion or cream.

MAKEUP/COSMETICS

Ask your surgeon about using makeup. Once the surgeon tells you it is OK, you may use hypoallergenic cosmetic products. Clean your face well every time. Be mindful some products may cause dryness and/or irritation, further irritating your healing skin.

ITCHING

Itching is a normal part of healing that can be frustrating. Your skin is fragile, even more so as it heals. Scratching may open fragile skin that previously healed. To fight itching:

- Do not scratch! Put gentle pressure with the back of your hand or pat/tap the itchy area.
- Take a cool shower with unscented soap.

- Keep your skin moisturized with unscented lotions. Applying lotions more often may help.
- Try to avoid getting hot and sweaty. Take a cool bath after exercising.
- Place a cold compress over the itchy area.
- Wear custom-fit pressure garments as prescribed.
- Wear open-weave, loose-fitting, natural-fiber clothing, such as 100% cotton, lightweight, light-colored items.
- Avoid tight elastics (such as waistbands).
- If itching becomes severe, call your doctor for a prescription anti-itch cream or oral (taken by mouth) medication. Your pharmacist may also be able to make a recommendation.
- Use unscented laundry detergent.
- Massage skin with lotion and/or firm pressure on healed areas can help reduce itching.
- Distractions like television, games, and low-impact or mild activities can help take your mind off the itching.



Consult your provider if itching is persistent, bothersome, affects your sleep, or causes anxiety.

SUN SENSITIVITY

Newly healed skin and donor sites are very sensitive to the sun. These areas can burn and blister with just a few minutes of direct sun exposure. Hyperpigmentation (skin turning to a dark color) can also happen from direct sun exposure. Tanning these areas, especially within the first year after an injury, may cause permanent damage to the new skin.

- Avoid direct sunlight and try to stay out of the sun as much as possible.
- If you must be out in the sun, use water-based sunscreen with at least 50 sun protection factor (SPF). Apply sunscreen about one hour before going out in the sun. Always follow the directions on the bottle for reapplication.
- Protect all burned areas by wearing light-colored cotton clothes.
- If your face or neck have been burned, wear a hat with a wide brim.
- Pressure garments do not protect your skin from the sun.

SENSITIVITY TO HEAT AND COLD

You will find that you are less tolerant of temperature changes and extreme temperatures until your skin fully matures. You may feel tingling or numbness in your

hands or feet in cold weather. You may sweat heavily in hot weather. Sensitivity to heat should go down with time, but sensitivity to cold may continue.

Heat

- Plan activity for the cooler times of the day. Decrease activity.
- Avoid heat exposure for extended periods of time.

Cold

- Add layers of clothing or warmer clothing, especially on your hands, feet and head.
- Wear mittens instead of gloves.
- Check often for frostbite if you need to be out for extended periods.

SCARRING AND DISCOLORATION

The amount and severity of scarring vary from person-to-person. A burn that heals in 14 days or less will generally not scar. More severe burns take longer to heal (14 to 21 days or longer) and are at very high risk for scarring. You may have hypertrophic scarring, which causes healed skin to become red, raised, bumpy and tight. Garments help prevent scarring. With proper management, most of the scars should gradually fade, although some may be permanent.

After Hospital Discharge

Topics:

- Occupational Therapy
 - Splints
 - Pressure Therapy
- Exercise
 - Goals
 - Getting the Most from Your Exercise Program
- Healthy Eating
- Emotional Adjustments
- Sleep and Nightmares
- Getting Back to Activities of Daily Living
- Sexual Activity/Intimacy
- Skin Color

OCCUPATIONAL THERAPY

You and your OT will work together to:

- Prevent contractures
- Get the best range of motion and strength to do all of your everyday activities
- Manage your scars
- Become independent with self-care, work and leisure activities

Toward the end of your hospital stay, scars will start to develop. They may be red, raised and itchy. You may have open areas. It is important to understand that scars will continue to change and develop for up to two (2) years. Scars often become thick, raised, red and rigid (stiff). This type of scarring is known as hypertrophic scarring.

If a scar starts to “pull” on the surrounding area and prevent movement of a joint, such as your elbow or shoulder, it is called a contracture. It is important that you continue to meet with an OT or a PT and follow their treatment recommendations to help with scarring and movement.

Once you are discharged from the Burn Center, you will either go to a hospital closer to your home, a rehabilitation center or your home. If you go home, an OT will see you as an outpatient (if needed).

Splints

You may be asked to continue to wear some or all the splints that the OT made for you in the hospital, which keep or increase the movement of your joints. Your OT will assess your movement and recommend the appropriate splint.

Pressure Therapy

During the rehabilitation stage of your recovery, pressure therapy will be very important. Pressure garments need to fit tightly over burns that are healing. If worn as directed by your physician, pressure garments will help scars:

- Decrease redness
- Flatten raised areas
- Soften, making it more flexible and less likely to crack or open during movement
- Prevent contractures so you can keep or increase the movement of a joint, allowing you to do your regular activities



- Help with itching and pain
- Speed up the healing process

There are several ways to apply pressure:

- Tubigrip – This is often used at first to slowly increase your tolerance for custom pressure garments. It is used when there are still open areas.
- Custom pressure garments.

Both are custom made to assist in your personal healing process. You will be measured when open areas are minimal (small) and your body weight stabilizes. Wear these garments a minimum of 12 hours/day. There must be pressure on the affected areas, except when bathing. The pressure garments must be worn until your scars have matured (about 18-24 months).

Your provider monitor the fit of your pressure garments, which require frequent adjustments to make sure they are giving the right amount of pressure. It is important to let your provider know if you gain more than 10 pounds, as you will need to be re-measured for your garments.

EXERCISE

Goals

- Increase and/or keep range of motion
- Prevent and reduce contractures
- Lessen problems with itchiness and swelling
- Improve strength
- Increase activity tolerance
- Improve your ability to do your daily activities

Getting the Most from Your Exercise Program

- Do your exercises as directed by your PT. Pain and discomfort when exercising is normal. This should go away as the scar tissue stretches.
- Exercise 2 to 3 times each day to increase and maintain your range of motion. Your therapist will show you exercises and/or give you a written list of exercises to follow at home.
- Move your limb(s) in the direction that you feel the most stretch. Move through as full a range of motion as possible.
- Elevate the injured limb(s) several times a day for 10-15 minutes. This helps keep swelling under control. As time passes and healing is more complete, swelling will get better.
- Going back to your normal activities and hobbies is a good idea. Try any activities that you normally do: washing, dressing, eating, walking or other things that you enjoy. If you continue to have outpatient therapy, your therapist will help you find new ways to do things or adapt to the old ways, if needed.

HEALTHY EATING

Before you go home, a dietitian will talk with you about what you should be eating. You will need extra calories and protein to stay healthy and to continue healing. If you already follow a special diet (for example, a diabetic diet), the dietitian will help you increase your intake to meet your healing needs within the limits of your diet.

You should not lose weight while your body is healing. If you are losing weight, follow the High Energy/High Protein guidelines. If you are not able to maintain your weight, it is important to call the dietitian or have your doctor refer you to a dietitian in your area.

EMOTIONAL ADJUSTMENTS

Going home is a happy time for you and your family, but it may take time to get used to being home again. You may feel anxious or frustrated at times. You may notice that your mood changes often. These feelings are normal. You may feel:

- That your family has moved on without you, if they have made changes in their lifestyle.
- That you need time to adjust.
- Upset or angry when things you do go slowly. You will continue to recover after you go home. Get back to your activities bit by bit until you get your strength back.
- Down or crying, or that you have less patience with friends and loved ones.
- Concerned about how you look. This may make you feel frustrated or depressed.
- That your problems are just too much for you or that you are having trouble adjusting and would like counselling. Talk with your nurse for help with resources.

Know that your family and friends may have the same feelings. Talk about your feelings with them. Plan to work through these emotions together.



SLEEP AND NIGHTMARES

You may have trouble sleeping when you first go home. If you have trouble falling asleep:

- Drink warm mild or herbal tea (no caffeine) with honey before bed.
- Read a book, listen to music or watch television.
- Try to find a comfortable sleeping position.

You may have nightmares or bad dreams. They should go away with time. If they don't, talk with your doctor or social worker.

GETTING BACK TO ACTIVITIES OF DAILY LIVING

Do as much for yourself as you can (like washing, dressing and housecleaning). Try to do a little bit more each day. If you are too tired to do everything:

- Decide which tasks you really need to do and which you don't.
- Organize your day so that you complete the harder tasks earlier in the day.
- Pace your activities by doing heavy tasks and then light tasks.
- Rest between tasks.
- Give yourself time limits for activities. For example, tell yourself that you will rake the lawn for 20 minutes, not that you will rake the entire front lawn. Pace yourself and take your time.
- Schedule time for play. You do not have to stay at home. Go out and do things you enjoy. Ask your doctor about swimming.

- If you do not feel like going out, keep in touch with your friends.
- Learn to relax. There are books and tapes that can teach you how. Ask your social worker about this.
- Talk with your doctor about going back to work.

SEXUAL ACTIVITY/INTIMACY

It is not unusual to have less interest in intimacy after a long illness. Your interest should come back as you recover. Sexual enjoyment may be affected by your changed appearance and self-image, pain and decreased range of motion.

- You may feel anxious about what others think of your sexuality since the injury.
- Your partner may be afraid of hurting you during sex.
- Talk with your partner about how you both feel. It is important for you to work together to accept the changes, as they concern you both.
- Remember, intercourse is not the only way of giving and receiving sexual pleasure. You can show you care by touching, kissing, cuddling and being together.
- If some of the sexual activity that you engaged in before being burned is harder to do or hurts, try different positions.

- Plan for sex at a time of day when you usually feel your best. You might try after you have had a bath and massaged in your lotions (you can take off your pressure garments for sexual activity).
- You may feel depressed, angry and less confident. Recognizing and acknowledging your feelings can help you accept what has changed and move forward with your life. Remember that being attractive is not just about how you look but also about how you feel about your whole self.

SKIN COLOR

The color of skin after a burn injury will depend on the original skin color, burn depth, and whether or not grafts were needed. Burns that were not very deep and donor sites may take many months to return to their usual color. Deeper burns or burns that were grafted may always be a slightly different color than unburned skin.

Thank You



Thank you for choosing Our Lady of Lourdes Regional Medical Center and our Burn Center for your healthcare needs.

Our organization prides itself on providing high quality patient care. We care about your personal experience. Warm thoughts for a quick recovery and God Bless.

– The Burn Team

LourdesRMC.com/burn



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Our Lady
of Lourdes
Health