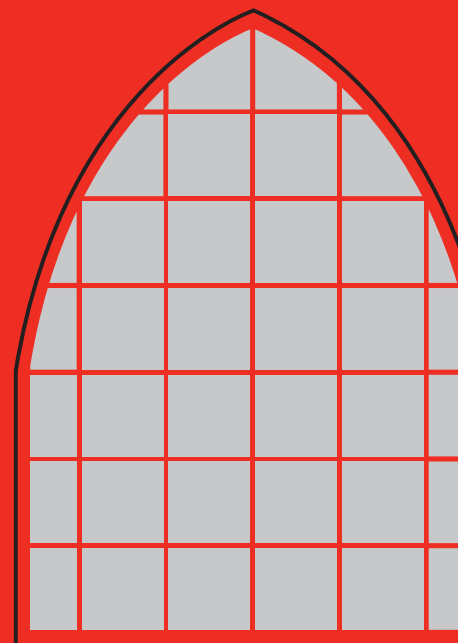


NewYork-Presbyterian Hospital
William Randolph Hearst Burn Center
Patient and Family Guide



┌ NewYork-Presbyterian
└ Weill Cornell Medical Center

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INTRODUCTION

Welcome to the Burn Center

Welcome to the **William Randolph Hearst Burn Center at the NewYork-Presbyterian/Weill Cornell Medical Center.**

As one of the largest Burn Centers in the nation, we care for thousands of adults and children with burn injuries or diseases that cause large skin loss. Our team will work together to help you recover as quickly as possible during all phases of treatment, from emergency care to long-term rehabilitation.

This Guide was created to help ease some of your concerns and answer common questions about your care. We hope it will help you better understand your burn injury and the care we provide. Please take the time to read this Guide, along with the *NewYork-Presbyterian Hospital Patient and Visitor Guide: During Your Stay*, which includes important Hospital information. If you did not receive a copy of the red, spiral-bound book, we will be happy to provide one to you.

Our Burn Center team of doctors, nurses, therapists, social workers, and others comes together to provide the best in wound care, surgery, rehabilitation, nutrition, and emotional support to our patients and families. We know that the physical and emotional recovery can continue long after the skin has healed. That is why our goal is to help you and your family through each step in treatment and recovery.

Getting better from a burn injury can take time, and we are here to guide you through this process, 24 hours a day, 7 days a week. Please let any member of the Burn Center team know if you have any questions or if we can help in any way. We can always be reached by calling (212) 746 - 0328 and asking to speak with the charge nurse.

Sincerely,
The Burn Center Team at
NewYork-Presbyterian Hospital



BURN INJURIES

This section includes:

- What is a burn
- Burn depth and size

What is a Burn?

A burn is an injury to the skin and body from heat, cold, chemicals, radiation, or electricity. Causes of burns include hot liquids or objects (such as radiators or irons), fire, chemicals, and electrical wires. Burns can be minor or very serious, depending on what part and how much of the body is hurt. Burns can affect how we move, look, and feel.

How Serious is My Burn?

Burns are measured by their size and how deep they are. The burn team measures the size of the burn by what percent of the total body surface area (TBSA) has been injured. Burn depth is measured by how many layers of skin have been hurt (*Figure 1*). The burn team measures how deep the burn is by looking at or “assessing” the burn. Burn depth is as follows:

First-degree burns: The top layer of the skin (epidermis) turns red or pink and is mildly painful (like a sun burn). Some swelling may occur, but there is no break or blister in the skin.

Second-degree burns: The second layer of the skin (dermis) is injured, causing blisters, pain, and swelling. The blisters may break, and the skin will be red or pink, wet, very painful and sensitive. These burns are at risk of infection and scarring.

Third-degree burns: All layers of the skin are destroyed, and the skin can become dry, white, and painless. These burns are at high risk of infection and scarring.

Note: A single burn injury can include areas of first- second- and third-degree burns. Over time, burn wounds change (“evolve”) in size and depth as the body adjusts to the injury and tries to heal. During your care, the doctors and nurses will check to see if and how your burn is healing. You might hear that the burn size or depth changes. These changes can be normal. Checking the size and depth of your burn often helps the team decide the best way to treat your burn.

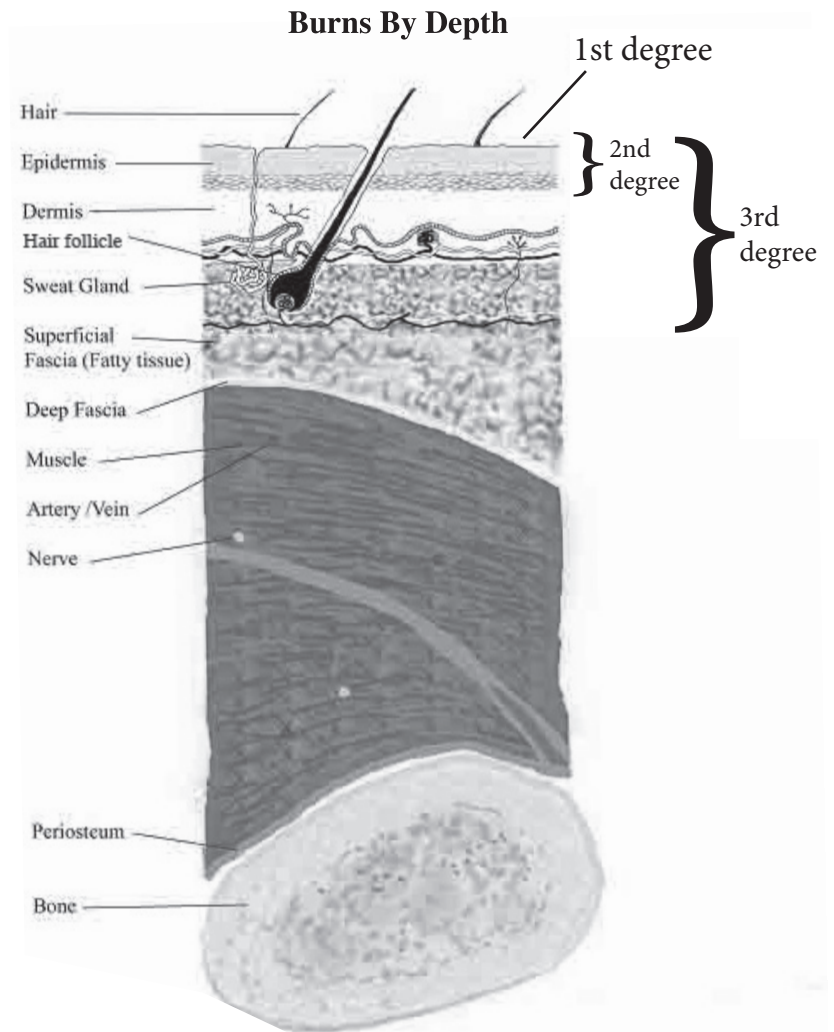


Figure 1: Skin layers, structures, and injury by depth

This section includes:

- *Who is the burn care team*
- *How to reach the burn care team*
- *How to reach other Hospital departments*

CARING FOR YOU

The Burn Team includes over 100 staff who work together to help you and your family get better.

Members include:

You and Your Family

You and your family are the most important part of the burn team. Please feel free to talk to any of the staff at any time if you have questions, concerns, or need more information about your care.

Doctors

During your stay at the Burn Center, many doctors will help care for you. The attending burn doctor is the doctor in charge of your medical care. He/she reviews and directs your daily care and progress and checks how your burn is healing. If you need surgery, he will direct and perform the operation. The attending doctor will treat you during your entire stay and also at office visits. The attending doctor also oversees resident and fellow doctors who are working to complete their clinical training. While at the Burn Center, these doctors receive specialized training in burn care. They work with all of the other burn team members to carry out your plan of care, treat your burn, respond to emergencies, and address your concerns.

Each day, the name of the doctors caring for you will be posted on the white board in your room. Even though the on-call doctor may change often, a Burn Center doctor is always available if questions or emergencies arise. When you are getting ready for discharge, you will be given the name and phone number of the attending doctor that you will see in the outpatient office. You will also be given an appointment for follow-up.

Nurses

The nursing team at the Burn Center includes almost 100 registered nurses (RNs), senior nurse specialists, patient care technicians (PCT), and unit clerks who work closely to help care for all of your needs. The nursing team is supervised by the patient care directors. Each day, a daytime (7:30am – 8:00pm) and a nighttime (7:30pm – 8:00am) staff nurse will care for you. Staff names will be updated on the white board posted in your room each shift. Every time a new nurse comes on shift, the incoming staff will meet with the outgoing nurse to get all the necessary information about your care.

Should you need extra assistance, the Burn Center charge nurse who oversees the nursing care for all of the Burn Center patients is available 24 hours a day, 7 days a week. He/she will meet with you as soon as possible as needed. The patient care director (during the day) and the nursing administrator (at night and on weekends and holidays) are also available to address any clinical or administrative matters if needed. Please let your bedside nurse know if you would like to speak with the charge nurse, patient care director, or nurse administrator at any time.

Physician Assistants

Physician assistants (PAs) and surgeon assistants (SAs) are supervised by the attending burn surgeon and help to assess, diagnose, and treat you. They will see you on the unit, in the operating room, and in the doctors' offices. They can order medication and tests, and teach you and your family about burn wound care and other health matters.

Social Workers

Our team knows that burns can be traumatic and emotionally challenging for you and your family. To help you begin to cope with this injury, a licensed clinical social worker will meet with you and your family upon admission. He/she will also treat you during your stay. The clinical social worker works with the other members of the burn team to assure that you and your family get the best in medical and psychosocial care.

As soon as possible after your admission, the social worker will complete a psychosocial review with you. He or she will help you to identify your coping skills and social supports. The social worker will offer crisis intervention, counseling and emotional support during this difficult time.

To help you/your family get ready for recovery, your social worker may connect you to community based services. If you need inpatient nursing or rehabilitation care or home care services after you leave the Burn Center, your social worker will help you and your family with this process. He/she will make a referral to a certified home health agency or nursing and rehabilitation care facility. Such services and support can help you recover from your burn injury.

Our social workers are also available to assist you with burn injury related issues and during your follow up, outpatient visits. They can also help you and your family access several Hospital based support programs (detailed on page 33) including:

- The Burn Center's SOAR Program (Survivors Offering Assistance in Recovery) which offers peer support to patients/families
- The Burn Center's monthly Burn Survivor Support Group program

Physical and Occupational Therapists (PTs and OTs)

Early in your stay, you will be seen by a physical and/or occupational therapist. The PT and/or OT will check to see how the injured area(s) can safely move, be used and positioned to help you recover as quickly as possible. Therapists may see you before, during, or after wound care. They may treat you in any of these areas:

- Rehabilitation gym (*Figure 2*)
- Hydrotherapy room
- Bedside
- Operating room (OR)

Many factors such as how you are feeling, the size and area of your burn, and how well your burn is healing will help the PT/OT team plan your therapy. As your burn heals, the care and goals may change over time. PT/OT staff will discuss your plan of care with you and teach you the best and safest ways to move and use the injured part(s). They may also suggest specific treatments that you can do on your own during and after the hospital stay. Your PT and/or OT will give you a splint or cast, if needed, to help prevent a scar from forming or to keep healing skin in place if you have surgery (*Figure 3*).

During your stay, we suggest that a family member attend your PT/OT sessions to learn how to best help you with this part of your recovery. To keep you as comfortable as possible, the therapists will work closely with your doctors and nurses to make sure that you get medicine for pain and anxiety, if needed, before each therapy session.



Figure 2: Examples of equipment used for burn rehabilitation



Figure 3: Example of a splint used for rehabilitation therapy

Psychologists

Psychologists are available to help in the emotional recovery that takes place after burn injury. They can help patients and families cope with the stress of the burn injury and hospital stay. Please let the staff caring for you know if you are feeling overwhelmed, anxious, scared, helpless, or upset, or if you are experiencing any symptoms that are disturbing to you. These could include nightmares, anxiety, or jumpiness. The burn care team can have the psychologist meet with you.

Child Life Specialist

Child life specialists help young patients and families cope with the stress of being in the Hospital. In the Burn Center, the child life specialist manages the Firefighter Jeff Giordano Children's Playroom. The specialist is available to help your child if he/she is nervous or scared about your injury. Please ask the burn care team if you would like to meet with our child life specialist to talk about any concerns that you may have about how your injury can affect your child(ren).

Registered Dietitians

Getting the proper nutrition is critical for healing. Most patients need extra calories to get better after a burn. Eating enough to help healing can be very hard to do after an injury. While you are in the Burn Center, a registered dietitian will work closely with you to pick out your favorite food and drinks that can best help you to heal. The dietitian may also suggest certain high protein foods or drinks such as Ensure High Protein® or Replete® that can help your burn get better.

To help make sure you are getting enough fluids and energy, we might ask you to write down what you eat and drink each day. To help you meet your nutrition goals we suggest the following:

- Ask your visitors to bring in your favorite foods from home.
- Drink the protein drinks such as the Ensure High Protein® or Replete® given by the Hospital staff instead of water.
- Have a visitor bring in flavored syrups (such as chocolate or strawberry) and add them to the protein drinks. Ask your visitors to bring in your favorite foods from home.

If you are not able to meet your fluid or food goals, the team will speak to you about ways to help with this. Treatments may include placing a feeding tube through your nose into the stomach or small intestine. The feeding tube gives you nutrition around the clock to help heal the burn injury (*Figure 4*).



Figure 4: A feeding tube placed through the nose into the stomach gives fluid and calories around the clock

Team Rounds

Each morning and afternoon, the burn team meets or “rounds” to review and discuss the progress and care plan for each patient in the Burn Center (*Figure 5*). You might see a group of staff members with a computer huddling at the door of your room. This means they are talking about your care at that time. During these rounds, you are encouraged to:

- Listen
- Participate
- Ask questions
- Learn how your burn is healing
- Discuss the plan of care
- Speak up at any time

If you are not able to take part in bedside rounds but have questions for any member of the burn team at any time, please let your nurse know. Your nurse will assist you in getting your concerns addressed. Your participation in team rounds will help us to prepare you for success during each phase of care at the Burn Center. Even if you are not able to take part in the rounds, the team will discuss your care and help to plan for your recovery.



Figure 5: Daily team rounds

Important Burn Center Phone Numbers

Greenberg Pavilion 8 West	(212) 746-0328
Burn Center Director	(212) 746-5410
Outpatient Doctors' Appointments	(212) 746-5024
Burn Center PT/OT Gym	(212) 746-1598
Firefighter Jeff Giordano Children's Playroom	(212) 746-4210
Program for Anxiety and Traumatic Stress Studies	(212) 821-0783
Burn Outreach and Professional Education	(212) 746-5417

Other Services and Departments

In addition to the several departments listed below, many departments and services may be involved in your care. Please refer to the *NewYork-Presbyterian Hospital Patient and Visitor Guide: During Your Stay* for a complete listing.

Pastoral Care/Chaplaincy

Chaplains from the Department of Pastoral Care and Education are available to help you with spiritual guidance and religious practices. They can be reached 24 hours a day, 7 days a week at (212) 746-6971. The Leland Eggleston Memorial Chapel, located on the first floor in the main lobby, is open to people of all faiths 24 hours a day.

Patient Services Administration

Patient Services Administration (PSA) provides a central place for patients and families to talk about any aspect of their Hospital care or services. PSA staff can also help with any ethical concerns or patient rights issues that may come up during your stay. They can be reached at (212) 746-4293.

Interpreter Services

Interpreter Services staff are available to all patients and families, free of charge. They will assist with foreign language translation and sign language. Please let staff know if you or your family members need these services.

This section reviews:

- *How to prevent infection*
- *Visiting*
- *Family and visitor comfort*

FOR YOUR SAFETY, SECURITY AND COMFORT

Preventing Infection in the Burn Center

Burns can place patients at high risk of infection. This can happen since the body's best defense against infection, the skin, is injured. A burn injury can impair the body's ability to fight infection. To help prevent infections, the Hospital requests that all staff, families, and visitors:

- Clean their hands with soap and water or an alcohol-based sanitizer (such as Purell®) before entering and leaving the patient's room.
- Please wear a hospital provided gown, gloves and hat at all times when in the room of a patient on 8 West. These items are available outside of each patient room. The gown, gloves and hat should be taken off before leaving the patient's room.
- Visitors must wear a mask in addition to the hat, gown and gloves when entering an area where burn wound care is underway.
- Visitors must be at least 14 years of age or older, unless prior plans for child visits have been made. Please refer to the Child Visits section below for more information on this.
- Please do not bring live flowers and plants to the Burn Center. Due to the risk of infection, they are not allowed. To learn more about preventing infections, please refer to the *NewYork-Presbyterian Hospital Patient and Visitor Guide: During Your Stay*.

Security

Your safety is very important to us. The Security Department monitors the Hospital and its properties 24 hours a day, 7 days a week. Visitors can only enter and exit the unit by using the buzzer system located at the entrance and exit of the unit. Upon entering the Burn Center, visitors and family members will be stopped at the desk by staff to verify their identification (ID) and the patient they are visiting. Please note that everyone entering the Hospital will be asked to show ID.

Visiting

The Hospital understands how important family and friends are to the healing process. For that reason, you may receive visitors at any time. Additionally, you may name an adult support person who you can have access to 24 hours per day during your stay. You can permit your support person to take part in any aspect of your care as you choose. In certain cases where safety, infection control, or other clinical concerns arise, visiting may be limited. Should you wish to limit visiting for any reason, please let your nurse know right away so we can honor this request. In support of your comfort and safety, visitors are requested to:

- Read and follow any special instructions posted.
- Comply with the hospital's infection control policies as above.
- Avoid bringing medications taken at home, cigarettes, food that may be restricted or other unsafe items, including latex balloons.

Visitors who are disruptive, threatening or violent will have visitation limited or withdrawn. Out of respect to other patients, visiting may be limited.

Since sleep and rest are important for healing, we ask for a maximum of 2 visitors at the bedside at any one time. If your support person and/or family members are unable to visit, they may call the unit. In order to respect your privacy, we will not discuss your health matters with anyone other than you without your specific permission.

Child Visits

On the weekends, children under 14 years of age may visit patients who are not in the intensive care unit (ICU). The plans for these visits must be made in advance - - child life staff will help arrange for the visit. They will also provide your family with activities. To keep our Burn Center patients safe, all young visitors must:

- Play quietly in your room and not in the hallway
- Be healthy
- Honor the planned visiting schedule
- Be watched by an adult

For more information on this, please see section *Meeting the Needs of Children When a Caregiver is Burned* on page 22.

Family Lounge

The family lounge, located outside of Greenberg 8 West, is open 24 hours a day. The lounge includes an eating area, comfortable chairs, and a TV. Public restrooms are nearby. Your visitors are welcome to use this area during your Hospital stay. If you would like to visit with your family/friends in this area, and it is medically safe for you to do so, please speak with the nurse prior to leaving the unit.

This section reviews:

- Cleaning and Caring for the Burn
- Managing Pain, Anxiety, and
- Itching if you need Surgery

CARING FOR YOUR BURN INJURY

Medicines and Bandages (Dressings)

All burns are treated with medicines to prevent infection and help healing. The choice of medicines used depends on where the burn is and how deep it may be. Other factors such as the risk or presence of infection, wound healing, allergies and/or other medical conditions also help the team to make your care plan.

First-degree burns may be treated with moisturizing cream or lotion. The antibiotic medicines most commonly used to treat second- and third-degree burns (before surgery) are silver sulfadiazine (SSD) and Bacitracin®. SSD is a thick, white cream (*Figure 6*). Bacitracin® is a thin, pale ointment (*Figure 7*). One or both creams may be used to treat your burn at different times during the healing process. Both help to prevent infection and allow the burn to heal. These may be put directly on the skin or they may be placed on a pad which covers the burn.

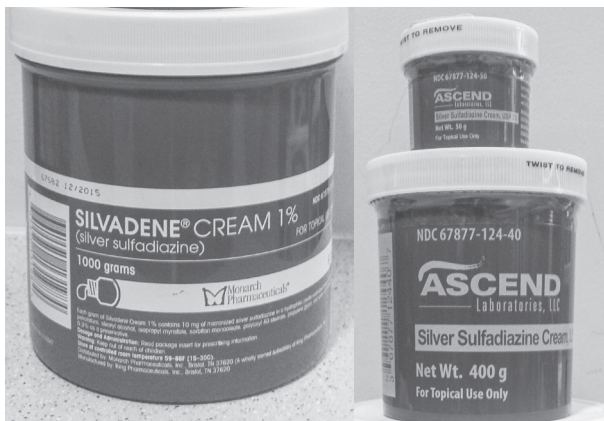


Figure 6: Silver sulfadiazine (SSD) cream

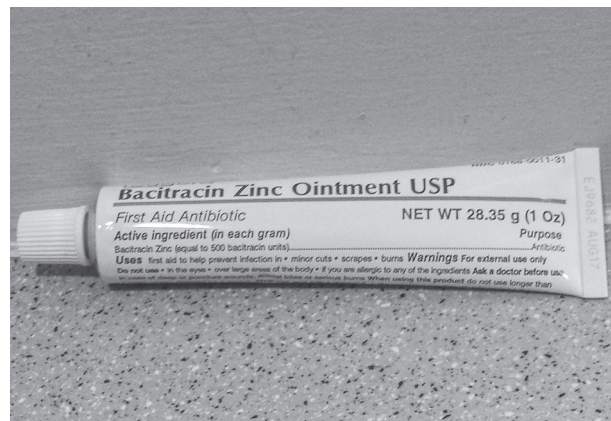


Figure 7: Bacitracin® ointment

Special bandages are then used to wrap and protect the injury (*Figures 8 and 9*). To keep the burn clean and prevent infection, these creams and bandages will be changed twice daily until the wound is healed or the doctor prescribes a different treatment.



Figure 8: Dressings and medications frequently used for burn wound care



Figure 9: different types of pads and bandages are layered over the medication to treat the burn.

Some second degree burns can be treated with special dressings such as Acticoat® or Mepilex Ag®. These also help the skin get better, prevent infection, and are changed every 3-7 days per the doctor's orders until the skin heals. The doctors and nurses will talk to you about what treatment is recommended for your burn as these dressings can only be used on certain types of burns.

Deep second-degree and third-degree burns require surgery to heal. Please see the section “*If You Need Surgery*” on page 17 for more information about the details related to the treatment of these burns. Once the burn has healed, moisturizing lotion, such as Elta®, Lubriderm®, cocoa butter, or Nivea® should be applied often. This will help prevent the skin from becoming itchy, dry, and scaly.

Burn Wound Care

While you are in the Hospital, the nurses will work with you to perform your burn wound care one to two times each day. In many cases, wound care takes place once daily in the hydrotherapy room (*Figure 10*), where you may also shower. The second wound care is performed at the bedside. The location, amount of time needed for this care and time of day at which it is done can vary due to many factors. As much as possible, our team will keep you informed about the timing of your wound care.

Before each of these treatments, the staff will offer you the pain and/or anxiety medicine ordered specifically for this care. Since each patient is different, and wounds change over time, the dosages of the pain and/or anxiety medicines may need to be adjusted as your comfort level changes. We urge you to let your nurse know about any pain and/or anxiety that you feel during your stay, and especially as it relates to your burn wound care. Our team will work with you to keep you as comfortable and safe as possible. For more on pain and anxiety, please see the “*Wound Care: Managing Pain, Anxiety, and Feeling Cold*” section on page 15.



Figure 10: Hydrotherapy room where burn care takes place daily

During these wound care sessions, the bandages, creams, and loose, dead skin will be removed. The areas will be cleansed with antibacterial soap, soft gauze and water. Your skin may appear open and bleeding; however, these can be signs of healthy, healing tissue. Doctors, PAs, nurses and PT/OTs will look at the wound(s) for signs of healing, infection, and how well you are able to move and use the injured area. Please ask any questions that you may have at this time about how your burn wound is healing. Our team will gladly answer them.

Once your burn has been cleaned and checked, medicine and a new dressing will be applied. After the dressing has been completed, you may be placed in a specially fitted splint to help with movement and function. Once your wound care is finished, you are encouraged to stay out of bed and move as much as possible or as your condition allows.

In between dressing changes, it is important to keep your burns covered to prevent infections and help healing. It is very common for burn wounds to drain fluid which can soak through to the outer bandages or bed linens. This is expected. Please speak with your nurse if you think your dressings should be taken off for any reason. Please do not remove them. Staff will change your bed linens as often as needed to keep you clean and dry. They may encourage you to drink fluids during the day to replace these lost body fluids.

Since you are part of our care team, the staff will engage you in your wound care throughout your stay. As your wound progresses, we will teach you and your family the specific steps about your wound care to help you get ready for a safe discharge.

Taking Pictures of Your Wounds

During your hospital stay, we may ask you to allow us to take pictures of your burn wound. These pictures are entered in your medical record and used to support your care. To obtain your own copies of the images, you may submit a formal request to the Hospital's Health Information Management department. Records are released after your discharge.

Early Showers

On certain days, you may be asked to take an "early shower." This means that by 8:00am, the nurses will clean the wound and place a temporary dressing on the injury. Upon the doctor's arrival, the temporary dressing will be removed, and the team will view the burn, put on the new dressing, and speak with you about your plan of care. The staff will work with you to determine what schedule works well for you and if you will need any extra pain/anxiety medication.

Burn Wound Healing

All patients are different and no burn is exactly the same. Our burn team is committed to preserving life, maximizing function, and providing you with the best cosmetic results possible. Many factors such as age, other medical issues, nutrition, wound depth and body location, and how your body makes skin and/or scar tissue can affect the time needed for the burn to fully heal. Once a burn wound has closed, the new skin can take as long as two years to mature and recolor. Throughout your recovery, our team will work with you to ensure the best results possible.

Wound Care: What You May Feel

Feeling Pain and Anxiety

Our team knows that burns can be extremely painful. Sometimes your pain is related to wound care, movement, or other treatments. Other times, you may feel pain while you are at rest. Often, our bodies use pain as a signal that something is wrong and an activity should be stopped. Some pain during movement and treatment, however, is expected. This can be a sign that you are increasing your body's function. We encourage you to move as much and as often as your condition allows. For example get out of bed, participate in therapy, and move different body parts.

It is normal to be nervous and/or stressed about feeling pain. It's also normal to be anxious about being in the hospital and away from your family, friends, and regular activities. To help reduce anxiety, our team will work with you to:

- Keep you informed about each aspect of your care, including your wound healing
- Estimate times for wound care, rehabilitation therapy and other treatments
- Plan for your discharge (leaving the hospital)
- Control your pain
- Address your concerns and questions about your care and Hospital experience

We invite you to ask questions about your burn and recovery. Common questions include:

- What will the burn look like when it's healed?
- How long will it take to heal?
- Do I need surgery?
- When am I going home?
- How will I and/or my family take care of the burn once I leave the hospital?
- Will I see a doctor for my burn once I leave the Burn Center?

If you have any concerns about your care, please let the nursing staff know. The burn team will work with you and your family to make you more comfortable. If you notice you are feeling more anxious than normal, please let us know. There are various ways we can help you:

Using Medicine to Treat Pain and Anxiety

The nurses and doctors will discuss different types of pain and/or anxiety treatments with you, including medications and other ways to help you. Our team will order and give you medications as needed. How much, what type and when the medicine(s) will be given will depend on many factors and may change over time. Our goal is to help you safely and effectively manage your comfort throughout your recovery.

To check how well the medicine is working, the team will regularly ask about your pain and/or anxiety. If you think that one or both are not well controlled, please let your nurse know as soon as possible. The team will then talk to you about changing how, when, and what kind of medicine may be needed. As the burn heals, you may feel less pain and/or anxiety. As this occurs, the team will work with you to slowly cut down on how much and/or when medicine will be given. Many patients leave the Burn Center not needing any pain or anxiety medication.

Beyond Medicine: Other Ways to Treat Pain and Anxiety

Each person feels pain and anxiety differently. The burn team understands that wound care can cause pain and anxiety which can be treated with medicine. However, our brains are very powerful and can help us to manage these experiences as well. In addition to medication, try these skills to help manage the discomfort you may be feeling:

- **Positive self-talk:** Notice what you may be saying to yourself while you are in pain. Try replacing thoughts such as “I can’t handle this” with thoughts such as:
 - “I can deal with this.”
 - “This will only last a while and there will be an end to the pain.”
 - “I’ve been in pain before, and I made it through then. I can handle this.”
- **Breathing and relaxation:** Pain can cause muscles to tighten which makes the pain worse. Deep breathing and relaxation can help you to feel better.- Close your eyes and take slow, regular breaths. Think about relaxing certain parts of your body one at a time. More detail on breathing and relaxation exercises are included below in the section “*Coping with your hospital Stay*”
- **Guided imagery:** To help you relax and be distracted at the same time, close your eyes and imagine a relaxing place as vividly as you can. Use all of your senses by imagining what it looks like, what sounds you might hear, what smells there are. Allow yourself to simply concentrate on being in that relaxing place to take a break from the pain experience.
- **Separating the pain:** Try to separate the feeling of pain from the emotions of it. Instead of thinking “I’m in so much pain,” try to focus on where the pain is worst and separate it mentally. Imagine it as separate from your body. This may help you to feel control over the pain. This tool is more difficult and is usually best used after instruction and practice.
- **Distraction:** Distracting your attention from the pain can help ease the pain you may feel. As much as possible, try to take part in another activity to help you feel less pain by:
 - Talking to a loved one
 - Listening to music
 - Watching TV or movies

Various devices and activities are available to you to assist with distraction. Please ask your nurse for music, movie players, games, and other activities. If you have a request for your favorite music or movies that help you to cope, we will do our best to include them in the wound care process.

Itching

You may notice that the healing areas itch as your burn gets better. To treat the itching and prevent scratching the healing skin, moisturizing lotion such as Eucerin®, Lubriderm®, cocoa butter, or Nivea® may be applied to these areas. If needed, the team may also prescribe medicine to treat the discomfort. Please let your nurse know if you are feeling itchy.

Feeling Cold

After a burn injury, you may feel cold more often than usual—especially during wound care or when resting in bed. This is normal. As soon as possible, please let your nurse know that you are cold so we can make the room warmer and give you heated linens and extra blankets.

This section reviews:

- *Getting ready for surgery*
- *What happens during and after surgery*
- *Post-operative care*

IF YOU NEED SURGERY

Some burns (such as those that are deep second- or third-degree) will only heal with surgery. If you need surgery, the burn care team will talk to you about the operation and what you and your family can expect as you recover. We know that this can be distressing. We will do our best to help you to understand the process and answer your questions about your care. Please write down and ask any questions that you or your family may have about the surgery and/or recovery.

Getting Ready for Surgery

At least one day before the scheduled operation, the doctors or PAs will speak with you about the next steps in your care. This discussion may include information about the surgery and other treatments such as the need for blood samples or a blood transfusion. You will be asked to sign a consent form that allows the team to do the procedure(s). Please read the consent form carefully and ask any questions that you may have.

During the hours before the surgery, you will not be able to eat or drink anything except for medications and IV fluids you will receive. On the day of the procedure, the doctor, PA or nurse in the operating room (OR) will ask you to sign the consent form again. This is normal and is done for your safety. If you wish, your family may go with you to the pre-operative area and stay until the team starts the procedure. At that point, we suggest they wait in the family lounge on Greenberg 3 West (G3W). The attending doctor will come there to meet with your family after the surgery and let them know how you are doing.

The Operating Room and Recovery

When you are in the operating room (*Figure 11*), you will be given anesthesia so you will not feel pain or be aware of the surgery. You will also be connected to a heart monitor and breathing machine. While you are asleep, the team will remove (excise) the burned skin and apply (graft) new skin to that area using staples or stitches. In most cases, the new skin comes from an area on your own body known as a “donor site.” When this new skin graft is placed on the burn injured area, it is known as an “autograft.” Sometimes, this donor skin is stretched or “meshed” before it is applied. This is done in order to use the smallest amount of donor skin possible.

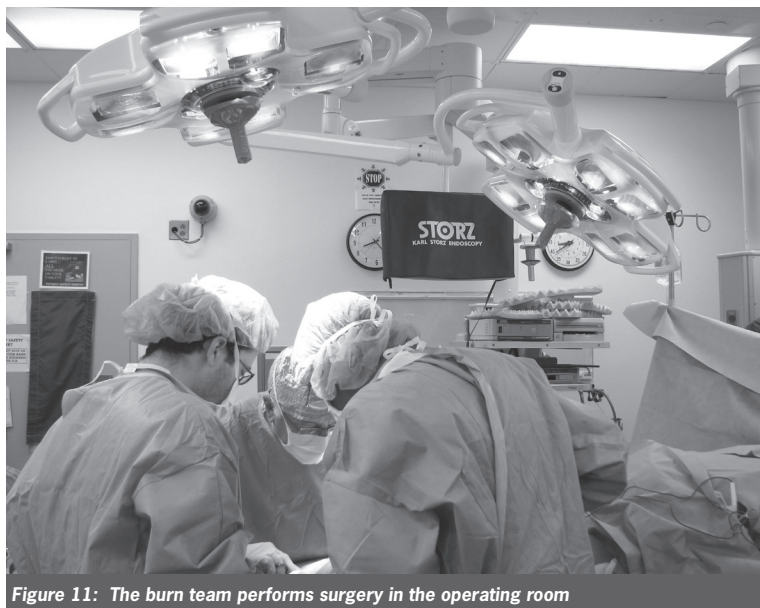


Figure 11: The burn team performs surgery in the operating room

In some cases, the team may speak with you about putting “homograft” (also known as allograft), or donor skin that is not yours on your wounds. This donor skin is used for short-term wound care and must be replaced by your own skin during another operation.

After the burn has been grafted, the team will place bandages and casts, and/or splints at the graft and donor site(s) to protect the healing skin (*Figure 12*). This can make it very hard to walk, move, sleep, eat, bathe, and use the toilet. Such challenges can be very frustrating. However, the casts and/or splints are very important for wound healing and will help you function in the future as well as possible. When the surgery is complete, the attending surgeon will meet with you and your family. The doctor will let you know about the surgery, address any additional questions you might have, and speak with you and/or your family about the bandages and splints. You will return to the Burn Center from the OR or post-anesthesia care unit (PACU) as soon as possible.



Figure 12: Splints and bandages are often applied after skin graft surgery

Once you are out of surgery, the nurses will monitor your pain closely. You may receive pain medication by mouth or through your IV. In some cases, you may return to the unit with a PCA (patient controlled analgesia) pump. This will allow you to control how often IV pain medicine is given by pressing a button.

Your dressings and splints will then remain in place for 3-5 days so the grafts may heal. During this time, staff will help you with your routine activities. The therapists and nurses will work with you to keep you moving as much as is safely possible. After that time, the splints and bandages will be taken off, and the areas will be checked for healing and your ability to move them. At that point, the wound care and splinting needs often change. As that occurs, our staff will continue to teach and engage you as you get ready for the next phase in care.

Your donor site(s) that were bandaged during surgery will stay covered and heal within about two weeks. During that time, they may lightly ooze or bleed, or cause pain/discomfort. The outer covering will be changed as needed by the nursing staff. If you are ready to leave the Hospital before the donor site(s) have healed, the staff will teach you how to care for them.

This section reviews:

- *Common responses to the stress of an injury and hospital stay*
- *Tips to help with coping and stress management*
- *When to get help to manage stress*

COPING WITH THE HOSPITAL STAY

How Stress Can Affect Us

Being in the hospital with an injury or having a loved one in the hospital can be physically and emotionally draining. Common adult responses to this stress may include:

- Frequent thoughts or dreams about the injury
- Anxious feelings when something reminds you of the injury
- The desire to avoid reminders of the event that led to the injury
- Difficulties sleeping or focusing
- Feeling sad, tearful, anxious, irritable
- Being overly concerned about safety

Helping Yourself

You may feel stress and anxiety because you are dealing with a painful burn injury and burn care while away from home, family, and normal routines. These feelings can cause a lot of fear, worry, and guilt. But there is a lot that you can do to make your stay at the Burn Center easier. Here are several ways you can help yourself during this difficult time:

- **“Normalize”:** It’s normal to feel stressed or anxious in the hospital. Being in pain and dealing with a burn injury is not easy for anyone. The lack of privacy and having to ask for help to do simple things you used to be able to do by yourself, like going to the bathroom, grooming, or even changing your position in the bed can be very difficult. Allow yourself to feel frustrated but make sure that it doesn’t get too extreme or interfere with your recovery.
- **Allow yourself to think about the events of your injury:** Often our brains don’t have time to grasp what is happening during the time of the injury because it happens so quickly. After the moment is over, our brains may try to make sense of what happened. It may do this through dreams or frequent thoughts about the event. This is normal. The best thing you can do is not avoid these thoughts or reminders of the injury. Don’t force yourself to think about the injury. But if thoughts about it come into your mind, let them be there. Don’t push them away. This will help your brain to get used to what happened. Over time, you will be able to think about the injury without feeling upset.
- **Getting support from family and friends:** This is important and can help you feel better emotionally and physically during your hospital stay. Reach out to people whom you can trust to encourage you, distract you, and cheer you up. Ask friends and/or family members to visit you in the hospital often. This will help you keep your spirits up. At times you may feel like you want to be alone, but don’t isolate for long periods of time. Welcome loved ones to visit even if you don’t quite feel like talking.
- **Focus on the Now:** During your Hospital stay, you may find your mind jumps ahead to issues that await you after discharge. These could include paying your bills, housing concerns, returning to school or work, and relationship issues. Looking ahead to many difficult issues while not being able to solve them can be frustrating. Instead, try to focus on your current physical needs and feelings at hand. This can reduce stress and keep your energy up to deal with your immediate needs. Your longer-term issues can be dealt with once you are further along the road of your physical recovery.

- **Distraction:** Use TV, music, talking with others, walking, or reading to distract you from your discomfort. This can be very helpful, especially during wound care or other treatments. We can provide you with a tablet or iPod stocked with movies and music during your Hospital stay. Please ask your nurse for these.
- **Notice unhelpful thoughts:** While you are in the hospital, you may find that sometimes your thoughts lead you to feel more scared and upset. It can be helpful to notice and respond to your thoughts when they are increasing your stress. One way to do this is to imagine what you would tell a friend or family member going through the same situation that you are. You would likely be gentle and encouraging to this person. You might remind them that what he/she is going through is temporary and that with help from the medical team and loved ones, he/she can get through this challenging time. Try to talk to yourself the same way you would talk to a loved one in the same circumstance that you are in.
- **Sleep:** Getting rest is very important while you are recovering. However, noises, lights, and interruptions during the night are all too common in the hospital. To help you sleep, try to engage in a soothing ritual close to bedtime. Turn off distractions such as the TV or cell phone that might disturb you. If your injury allows it, use an eye mask or ear plugs.
- **Group activities:** Spending time and talking with other patients who are going through a similar experience can help you deal with your injury. Attend the Burn Center's monthly burn survivor support group (see page 33 for details).
- **Bedside care:** The team can bring activities such as games and crafts to your room for you and your family to do during your stay.
- **Make your room more like home:** Ask your visitors to bring in your favorite movies, books, activities, or food from home. This will help make your hospital room feel more familiar and comfortable. Post pictures of yourself and your friends and family.
- **Mental Imagery:** Imagining a calm and relaxing scene can help you feel less stressed while you are in the hospital. To do this:
 - Close your eyes
 - Imagine a setting that you find very relaxing such as a beach or nature scene.
 - Imagine all of the details of this scene as vividly as you can.
 - Use all of your senses, including the way the air smells, the sounds you would hear, and the feeling of the breeze blowing.
 - Stay in this scene and use it to take a brief mental vacation away from your Hospital room.

Know that this scene is available to you whenever you need it.

- **Calm Breathing:** When we are under stress, our bodies tense and we breathe quickly. This response may help us in a crisis but can make it harder to cope over the days and weeks after a burn injury. To help calm this stress response, take a few deep, slow breaths to help you feel more relaxed and more in control of what is going on around you:

- Sit or lie in a comfortable position.
- Place your right hand lightly on your stomach and your left hand on your chest.
- Take a normal breath in through your nose, with mouth closed, moving your stomach mostly, not your chest.
- Breathe out slowly, with mouth open.
- Say the word “calm” silently. Or picture the color green as you breathe out.
- Take the next breath.

Practice calm breathing daily or whenever you feel stressed.

- **Keep Track of How You Feel:** For many, the stress, anxiety, and guilt responses will go away after the first few weeks. However, for others, they may continue for a longer period. If you are feeling any of these symptoms, talk with loved ones. If any of these symptoms go on for more than a few weeks or if they affect your work, social or family life, ask for expert help. The Program for Anxiety and Traumatic Stress Studies (PATSS) at NewYork-Presbyterian Hospital can give you information on coping with stress as well as possible treatment, or help you find resources for treatment (see *Resource List* for contact information).

Your social worker can also make a referral to a mental health professional near your home to help you through this difficult time.

Other Ways to Relieve Stress

- Contact the Chaplain Service or your own religious advisor.
- Ask to speak with the staff psychologist or your social worker.
- Write down some of your thoughts and feelings.
- Do some stretching exercises (as allowed)
- Learn as much as you can about your care.
- Write down questions for your care team. Ask them as often as needed.

This section reviews:

- *How your child may react to your burn*
- *How you can help your child to understand your injury*
- *Steps to take if your child will visit*

MEETING THE NEEDS OF CHILDREN WHEN A CAREGIVER GETS BURNED

How Your Child May Be Affected

Burn injuries can be difficult for you and your family at home. As a result of your Hospital stay, your child may be confused or anxious about your injury. Even the youngest child can be confused or feel:

- Guilt that they may have in some way caused you to get sick
- Worry that your illness will get worse
- Anger or upset about changes in routines and plans that need to take place while you are in the hospital

As a result, children may react to having a parent in the hospital by:

- Bad behavior, hyperactivity or aggression
- Being rebellious or taking risks
- Feeling withdrawn and quiet, or not wanting to play with friends
- Having problems in school: failing grades, trouble concentrating, trouble following directions, or overachievement and perfectionism
- Clinging to parents.
- Showing behaviors from a younger age, such as thumb sucking, whining, clinging, bed wetting, going backwards in toilet training
- Blaming him or herself for the event
- Taking care of everyone else, but not wanting to be cared for
- Reporting physical problems, such as headaches or stomach aches
- Having frequent accidents
- Developing symptoms of the injured burn patient

Let your child know what is going on using gentle honesty and words your child can understand. Tell your child about your burn, what the hospital looks like and who is caring for you. Children need to know you are in the Hospital and how you are being cared for. Here are some tips for talking to your child about your burn:

- Support your child by talking about his/her feelings and yours. Families are together in the good and sad times.
- Listen to what your child says; watch the body language.
- Talk with and update your child often.
- Let your child know that you are willing to answer questions and listen to any worries.
- Keep your child's routine as normal as possible.
- Involve your child's school. Let teachers know what is happening so they can be aware of any changes in behavior and be supportive.

It is important to remember that each child copes with stress differently. Some children will ask questions right away. Others will need time to process what is going on over time. It is helpful for children to be prepared if they plan to visit. A child life staff member can help you get your child ready to visit the Burn Center and:

- Help to teach a child about the Hospital.
- Explain the infection control procedures step-by-step
- Describe what the child may see or hear during the visit.
- Use teaching dolls and medical equipment to help a child express worries and feelings through play that the child may not be able to express in words.
- Go with the child and provide emotional support before, during and after the visit.

If you would like to have your child visit you in the Burn Center, please speak with your nurse. The staff will do their best to make this happen, based on your condition and plan of care. If your child does visit, we recommend the following steps to get ready for the visit:

Visitation Checklist

- Make sure you are feeling well enough for the visit
- Speak with the nurse to time the visit, based on your care needs.
- Ask the staff to make sure the room is neat and place a chair near you.
- Have another adult explain the infection control procedures to your child and help your child follow them during the visit.
- Keep the visit short
- Have a family member bring something the child can give the patient
- Ask a family member to bring an activity for the child to do in the waiting room

Since your child cannot help in your direct care while in the hospital, give them a specific job that helps the family. This could include getting the mail or other household chore. Praise them for being so helpful. This can help to deter other behaviors. Other things your child can do include:

- Making a card or present for you
- Collecting pictures from home or drawing new ones for you and other family members
- Choosing your favorite music from home and delivering/sending it with another adult who is visiting the hospital
- Talking to you on the telephone

This section includes:

- *Follow-up doctors visits*
- *Treating the pain and wounds after the hospital stay*
- *Planning your discharge from the Hospital*

LEAVING THE BURN CENTER

Planning for discharge (leaving the hospital) begins early in your hospital stay so that your needs can be met in advance. Factors that may affect your discharge plan include:

- Wound healing
- Your health before your burn
- Available social supports
- Your ability to care for yourself after your injury

Patients are discharged home with follow up at the burn doctor's office. Some may need PT/OT, nursing, and/or other services in the home or at another facility as a next step in care. Led by our social workers, the team will help to arrange for the right level of care needed and ensure a safe discharge. Please let us know, at any time, if you have questions or concerns about the discharge plan.

Planning a Visit to the Doctor's Office

Before you leave the Hospital, the staff will help you to make an appointment with your burn doctor. Office visits take place in the "L" wing on the 7th floor. This check-up usually takes place within 2 weeks after leaving. If needed, we will provide an interpreter at no charge to you. Please call the doctor's office at (212) 746-5024 to make or change an appointment or if you have questions.

During the visit, the attending doctor, nurse, PT/OT and social worker, if needed, will meet with you. The team will check the wound for healing and how well you can use the affected areas. They will also help to plan for future wound care needs. You will be seen by the burn doctor until the scars are considered "mature" (most often, one year after injury). During your visits or anytime, please ask us any questions and/or concerns you may have about your recovery.

Wound Care and Pain Management

During your hospital stay, our nurses will explain how to wash the areas and put on the medications and/or bandages. To help get you ready to leave the Hospital, the Burn Center team will work with you to make sure that you and your family understand and can do any wound care that you need at discharge. As you get closer to discharge, the staff will ask that you/your family learn and perform the care with the nurses present. This "teach back" helps us to ensure that before you leave the hospital, you/your family are ready to do the wound care at home.

Our team will work with you to make sure that your pain will be well and safely controlled after you leave the hospital. To help with this, your medications may be changed as your wound heals. Before discharge, we will provide prescriptions, including pain medication to you.

Discharge Checklist

To help ensure that your discharge is a success, please make sure you can answer “yes” to the following questions at least one day before discharge:

- I/my family understand how my burn will change (heal) over time.
- I/my family member have learned burn wound care from my nurse.
- I/my family member have practiced doing wound care with my nurse.
- I/my family member have shown the nurse that I/they can do burn care.
- My pain is controlled.
- I/my family member have asked the Burn Center doctors, nurses and/or PT/OT's, social workers all of my questions about my care and/or discharge instructions.
- I/my family have:
 - A ride home
 - Received discharge and follow-up instructions
 - Received all prescriptions for medicines
 - A follow-up appointment to see the burn doctor in the office

If you are unsure about anything on this checklist, please ask a member of the burn team for help. We understand that questions about your care may come up after you leave the Burn Center. If this happens, please call (212) 746-0328 and ask to speak to the charge nurse.

Discharge Phone Calls

Within five days of leaving the Burn Center, one of our nurses will call you for follow-up. The nurse will ask how you are and what your questions or concerns may be.

This section includes:

- *Caring for your healing burn (moisturizers, clothing, sun care, skin color)*
- *Scar management*
- *Physical and occupational therapy care*
- *Pressure garment use*

CARING FOR A HEALING BURN INJURY AFTER LEAVING THE HOSPITAL

Even after leaving the Burn Center, your burn will still need care, and the skin will take months to fully heal. During this time, your care may include some or all of the following:

Moisturizer Use

Lotions, such as Lubriderm®, cocoa butter, Eucerin®, Nivea®, or Elta® should be applied to all skin grafts, donor sites, and healed burns several times each day. This will help to prevent the skin from becoming dry, scaly, and itchy. If you wear a pressure garment, apply the lotion at least 5 minutes before putting on the garment.

Choosing Comfortable Clothes

We recommend wearing loose cotton clothes (such as T-shirts, light pants, and sweatshirts) after a burn injury. Tight-fitting clothes, belts, and elastic pants can rub against new skin and cause blisters. Soft slippers and sandals may feel better than shoes.

Protection from Sun Exposure

Newly healed skin, donor sites, and skin grafts sunburn easily. To protect against this, use sunscreen with a minimum of sun protection factor (SPF) 15, even under pressure garments. Pressure garments and ordinary clothes do not block sunlight. Loosely fitting clothes such as a hat, long sleeve t-shirt, pants over the affected areas will also help. The best option is to wear sunscreen and clothing made with SPF>30. Some examples of SPF clothes can be found at:

<http://www.coolibar.com> or <http://www.sunprecautions.com>.

Sensation

Nerves help us to feel pain, touch, and heat/cold. If nerves are injured, they can take months or years to heal. In patients whose nerves were hurt by the burn injury, those areas may feel numb, tingly, or sensitive. Therefore, it is very important to keep heat or cold away from these areas. Always test the water temperature before you get into the bath or shower and avoid rough play as new skin can break or bleed easily.

Skin Color

The color of healed skin will change over time. Color is affected by your original skin cells, burn injury depth, your body's healing process, and if you had a skin graft. Donor sites and burns that were not very deep may return to their original color after many months. Deeper burns or skin grafts may always be a different color than unburned skin. Your skin color and texture can change over the weeks and months after your burn. Expect that the healing areas will look different at different times. Scars can take up to several years to fully mature. Each person heals at his/her own pace. We realize that it can be frustrating to wait several years to learn what the results will be. We will work with you at each stage of your recovery to help you get the best cosmetic and functional results possible.

Scar Management

A scar is very common long-term effect of a burn. A scar is an area of the skin that can be different in color, look, and feel from the uninjured skin. Scars can affect how we look and feel about our bodies. They can also affect how well we move and function.

Scar management is the process to help scars heal well. This will help the new skin stay soft and flat enough to let the body move. This process begins upon Burn Center admission and may include splint use and stretches. After the burn heals, you may use special, tight-fitting clothes called pressure garments (see Pressure Garment section on page 28) to help with scarring. The burn team will talk with you in detail about treating scars during the outpatient visits.

To help reduce the effects of a scar, the burn team may prescribe ongoing PT/OT and pressure garment therapy.

Physical and Occupational Therapy (PT/OT)

The burn team may recommend continued PT/OT care after leaving the Hospital (*Figure 13*). This care can include any of the following:

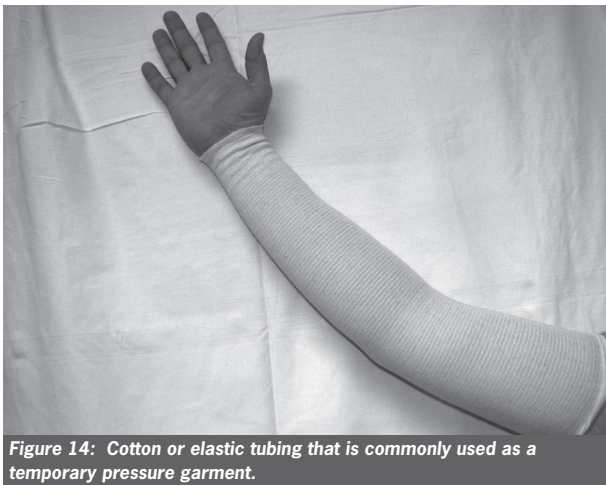
- **Home Exercise Program:** During the Hospital stay, your PT/OT will make a plan for a home exercise program. This may include stretching, splint wear, and pressure garments (see page 28). The home exercise program is designed to help the skin continue to heal and prevent scars.
- **Outpatient PT/OT:** If you have needs that require more than what can be given at home, our team will suggest outpatient PT/OT care. These visits may take place up to several times per week. For outpatient therapy, our team recommends NewYork-Presbyterian/Weill Cornell Medical Center. The therapists at this Hospital have a lot of experience treating burn survivors. Our outpatient team can easily contact the team which treated you in the Hospital if needed. If you prefer, you may get care at a site of your choice. Once you begin care at that site, our therapist will contact your new therapist to provide guidance specific to your burn.
- **Acute Inpatient PT/OT:** For patients who can do at least several hours of PT/OT each day as part of recovery, our team may recommend the transfer to an acute care, inpatient rehabilitation hospital. These hospitals focus on intensive PT/OT while supporting minor medical care. Should you need this level of care, our team will assist you through the process of choosing and transferring to that facility.



Figure 13: The Burn Center rehabilitation gym

Pressure Garments

Pressure garments (Jobst® or Medical Z®) are tight fitting clothes made of cotton, nylon, and elastic. They are worn over healed burns and under regular clothes. They help to keep the skin soft and flat. If the burn team suggests these, you may be given temporary garments usually made of cotton or elastic tubing once the skin has healed (*Figure 14*). You will then be measured for a custom set that will be ready in about 3-4 weeks. An example of these is the glove in *Figure 15*. When the custom set arrives, we will ask you to come to the doctor's office where you will be fitted for these garments. You will also learn how to wear and care for them.



As the garments may be tight and show under regular clothes, they can be hard to wear. Garments should be worn 23 hours each day. They can be taken off for bathing. Wearing them as recommended until the wound is mature is critical. This will help you get the best results possible.

Sometimes, pressure garments may cause blisters. If this happens, take the garment off and call us right away. Call to make an appointment with your doctor as soon as possible. Leave it off until you speak with a Burn Center nurse or PT/OT. Try to keep the blister intact by covering it with a non-stick bandage or a Band-Aid. Do not open or pop the blister.

This section includes:

- *Getting back to your family, friends and favorite activities*
- *Feeling good about yourself*
- *Sex and Intimacy After a Burn Injury*

COPING AFTER DISCHARGE

Getting Back To Family, Friends, School, Work and Favorite Activities

Leaving the Hospital is a positive step in your recovery. It can also be scary and stressful to depart from the safety of the Burn Center. It is common to worry about how your injury looks or what others might think or say. Other concerns can include getting back to school, work, and other activities. Family members may worry about their abilities to help you in your recovery. Know that it will take some time to deal with what happened. Some stress and fear are normal. Very often, these decrease over time. It is difficult to feel better when you stay away from people and things that you enjoy. Most of the time, feeling better comes after you start doing those things—not before. Each time you take part, you may find more enjoyment. Over time, your mood will start to improve.

Keep in mind that changes within the family that have occurred as a result of the burn injury are more often noticed after a person returns home. Be patient with yourself and your family as you deal with these. Slowly work to get the family back into a routine. We encourage you to get back to your normal activities and to interact with others. Even though it may be hard at first, these are important steps you can take to help with your recovery.

Sometimes family or friends may not know how best to help. Rather than have them guess, you may wish to let them know what you find helpful. You can also tell them that it's important just to be there to listen. It's important to have a comfortable place to talk about your feelings. There are many places you can turn for support, including the monthly burn support group at the Hospital. Many other resources for burn survivors and loved ones are listed below under NewYork-Presbyterian/Weill Cornell Medical Center Resources, and Outside Support and Recovery Organizations (page 33). If you find getting back to your regular routine is too stressful, ask a friend or family member to help you. Or you can contact the burn team at (212) 746-0328.

How to Handle Questions or Looks from Others

Upon your return home, friends, family, and even strangers may ask you about the burns or scars. They may want to know how you are doing, or what caused the burn. Most of the time, people ask out of concern. Other times, strangers may stare or ask because they do not know any better. You cannot control others. You can control how you react to them. You may not want to answer the questions, and you should never feel as though you have to. You do not have to share private details, but you may not want to shut out those who are trying to help you and your family.

Often, it can help to prepare one answer for friends/family and another one for strangers. Practice what you will say in each of these situations out loud and ahead of time. That way, if someone approaches you, you have an answer ready. This can make answering questions easier. You can also refer to the BEST program for how to deal with questions, stares, and comments (see *Resource List* on page 33).

Avoiding Reminders of the Injury

Although it may seem logical to avoid things that remind you of the burn injury, this can actually keep you feeling anxious longer. If you avoid the reminder, you will likely feel relief in the moment. But the next time you are in that situation you will feel anxious again. This pattern can continue over time. As a result, you may end up avoiding more things. This can limit what you are able to do and where you go.

The best thing to do is let yourself face these situations in a safe way. You may feel anxious at first. Your anxiety will decrease each time you approach the situation until it no longer makes you nervous. You will then gain control over what is at hand instead of feeling like it is something you cannot handle. It's okay if it's too hard to face these situations on your own. At first, have a family member or friend with you during these times. You can also start by dealing with things that make you a little bit anxious and build up gradually but quickly to the harder ones.

Home and Personal Safety

Once home, you may find that you are more careful about and aware of safety - sometimes too much so. This is to be expected. But keep in mind that injuries can happen in even the safest of places. Take logical steps to protect yourself and your family, but permit yourself to take part in regular activities. Make sure not to avoid hot things, but take proper precautions around them. If you find that you are uncomfortable or anxious taking part in regular activities, having a family member or friend accompany you the first few times can be helpful. Feeling anxious is not a sign that something is dangerous. It is the way that your mind reacts to the burn by being extra careful. Don't use feeling anxious as a guide for danger. Instead, think logically about how safe something is. If you decide it is safe, then approach it.

Understanding and Allowing Children to Process Grief

Many people think of the process of grief as something we go through when someone dies. Actually, grieving happens when we experience any loss or major life change. A burn injury can cause a change in your appearance or limit your abilities. This can be a loss for your child.

People, including children, do the best they can with the tools they have to work with. Teach your child how to respond when people ask them about your burn injury. This is a great way to teach children about the importance of a person's inside heart and soul instead of appearance.

Even the youngest of children can understand a burn injury. Toddlers see differences in color and size. They will notice that burn scars look different from the rest of your skin. Answering the questions a child may ask will help them process your burn. You can say, *"Mommy's arm looks different but I can still hug you like I used to before I was burned."*

School aged children and adolescents are sometimes concerned about others' views of their family. Come up with an explanation you are comfortable with for your child to explain your injury. Have your child practice this answer with you and your family. An example of one could be: *"My mom was burned a few months ago. She is doing much better. Thanks for asking."*

How Burn Injuries Can Affect Sexuality and Intimacy

Sex and Intimacy

It is normal to be concerned about intimacy and sexuality after a burn. Self-confidence, body image, self-esteem, and comfort with physical touching—all normal parts of human sexuality—can be impacted by a burn injury. Pain, scarring, changes in sensation at the healing areas, and medications can also affect sex and intimacy after an injury. There is no “right” or “wrong” time to think about these topics or to (re)start an intimate relationship after a burn. A normal sex life is one you and your partner can move forward in together and feels “right” for both.

Questions about how burns can affect sexuality, intimacy, and sexual health (sex drive, child bearing, pregnancy, breast feeding, performance, etc.) are common. Questions about these are rarely asked since they can be hard to talk about. Please ask your care givers about any of these topics if you have any questions about this very important part of recovery. Please also refer to the Phoenix Society (www.phoenix-society.org) to learn more on this topic. They offer many articles and discussions—many of which provide the basis for the section in this manual.

Changes in Healing Skin and Joints

Healing can change how we perceive touch to our skin. To help ensure comfort, you may want to consider the following:

- Together, learn what feels good on your skin.
- Remember to take your pain medication before planned activities.
- Before or as a part of your intimate activities, apply moisturizer to the skin and stretch the healing areas.
- Take care to avoid pressure on sensitive or healing skin.

Medications and Sex

Some medicines can interfere with sexual interest and/or performance. If you think that your medication could be doing this, please talk to your doctor about other options and/or doses.

Making the Most of Your Energy

Plan times for intimacy for periods for when you have the most energy. Clear your schedule of other activities during those times to allow this as a priority.

Fertility, Pregnancy, and Breastfeeding

It is common for monthly menstrual periods to stop while your body heals from a burn. For many, periods resume normally. As it is possible to get pregnant during this time, family planning options should be considered.

Fertility, pregnancy and/or breastfeeding are possible after a burn injury. Many burn survivors have had children and/or breastfed successfully. If you have concerns about these issues, speak with your doctor.

Feel Good About You: Self-confidence and Self-Esteem

Feeling good about yourself and your body is the basis of health. They are an important part of sexuality and intimacy. Simple things you can do to feel good about who you are and how you feel about you can include:

- Make personal grooming and getting dressed a priority.
- Exercise daily—even for just a few minutes and build up to longer periods as best as you can.
- Set one goal for yourself every day.
- Reward yourself when you meet your goal—celebrate your success!
- Focus on what you do accomplish—not what you don't!
- Allow yourself to relax and not worry about what you can't control.

Dating

Dating and starting a relationship after a burn injury can be difficult for anyone. After a burn injury, the worry about rejection and what others will think of our bodies can be stressful. Keep in mind that these concerns are a normal part of developing any intimate relationships. Allow yourself to enjoy meeting others!

When and how you talk to your partner about your scars should follow your comfort level. Talking about them before an intimate encounter may be easier than bringing it up in the moment. Some have found that wearing clothes that show a part of the scar helps to start the conversation at a time when you can focus best. An open, honest relationship in which you can safely share your thoughts, feelings, and ideas takes time to build but will be the most rewarding for you and your partner.

The above section was adapted from the Phoenix Society. For this source information and additional topics on intimacy, please refer to www.phoenix-society.org.

Counting on the Burn Team at NYP: We Are Here For You and Your Family

Having a burn injury can be challenging in many ways. However, we have seen thousands of people successfully recover after their injuries. We are committed to helping you through your recovery process as well. Please know that you can count on the burn team as a resource through all stages of your healing.

RESOURCE LIST

NewYork-Presbyterian/Weill Cornell Medical Center Resources

Burn Center Rehabilitation (PT/OT) Office (212) 746-1598 or (212) 746-1573

Therapists can guide you regarding issues related to therapy including treating scars.

Burn Survivor Support Group

The Burn Center offers a monthly support group for adult burn survivors and their family members. Inpatients and outpatients are welcome. Meetings take place on the first Monday of each month in the Greenberg 8 South gym (room #8S316) from 5:30 - 6:30pm. If the meeting falls on a holiday, the group meets the following week. For more information, please call the Burn Rehabilitation Office at (212) 746-1573 or the Burn Center Social Work team at (212) 746-4380.

Burn Outreach and Professional Education at the Hearst Burn Center (212) 746-5417

This free program provides burn prevention information to schools, community groups, health outreach events and health care and social service agencies. Teaching may be provided on-site, and materials are available free of charge. www.nyp.org/services/burn-center-programs.html

Program for Anxiety and Traumatic Stress Studies (PATSS) (212) 821-0783

The PATSS program is based in the Weill Cornell Medical College Department of Psychiatry. Psychologists and psychiatrists from PATSS treat the emotional effects of trauma. They have a great deal of experience in working with burn survivors. They can give you information and resources about this topic.

www.patss.com

Survivors Offering Assistance in Recovery (SOAR) (212) 746-1598 or (212) 746-1573

The SOAR program is a free, Hospital-based program that pairs up a burn survivor or loved one who has “been there” with someone who is going through the recovery process. This program can begin in the Hospital or any time after discharge. Contact: Burn Center Rehabilitation Office.

Outside Support and Recovery Organizations

American Burn Association (ABA) (312) 642-9130

ABA activities include stimulating research in treating burns, prevention, and recovery.

www.ameriburn.org email:info@ameriburn.org

Burn Survivors Online (BSO) www.burnsurvivorsonline.com

BSO is an interactive Internet resource that is a source of medical information on burn injuries and peer support for burn survivors and families.

Burn Survivors Throughout The World, Inc. (BSTTW) www.burnsurvivorsttw.org

BSTTW is an international non-profit organization which offers support, advocacy, education, email and chat rooms, and burn literature online.

Changing Faces 011 44 845 450 0640

Changing Faces is a charity based in the United Kingdom that supports and represents people who have disfigurements to the face, hand, or body from any cause. Address: The Squire Centre, 33-37 University Street, London, WC1E 6JN. www.changingfaces.org.uk

website for young people: www.iface.org.uk email: info@changingfaces.org.uk

1-800-LIFENET - is a free, confidential, multi-lingual, mental health and substance abuse information, referral, and crisis prevention hotline available to anyone at any time. Your call will be answered by a trained behavioral health professional.

Legal Aid Society

(212) 577-3300

The Legal Aid Society is a private, not-for-profit legal services organization, the oldest and largest in the nation, dedicated since 1876 to providing quality legal representation to low-income New Yorkers. It is dedicated to one simple but powerful belief: that no New Yorker should be denied access to justice because of poverty. The Society handles 300,000 individual cases and matters annually and provides a comprehensive range of legal services in three areas: the Civil, Criminal and Juvenile Rights Practices. Unlike the Society's Criminal and Juvenile Rights Practices, which are constitutionally mandated and supported by government, the Civil Practice relies heavily on private contributions.

(Source: <http://www.legal-aid.org/en/las/aboutus/ourmission.aspx>)

The Phoenix Society is a national nonprofit organization that seeks to help anyone affected by a burn injury. For more than 30 years, the Phoenix Society has been connecting burn survivors, their loved ones, and burn care professionals with resources and a support network. Address: 1835 R.W. Berends Dr. SW, Grand Rapids, Michigan 49519
www.phoenix-society.org email: info@phoenix-society.org

Phoenix Society Programs include:

- World Burn Congress: an annual 3-day conference for burn survivors and family members focused on providing education and peer support
- Behavioral & Enhancement Skills Tools (BEST) Program: provides practical tools for burn survivors and families to deal with questions, staring, and teasing
- Phoenix Educational Grant Program (PEG): the first national scholarship fund created for burn survivor students
- Online chat room: Wednesdays at 8:30pm

Scar Management Products

This is a partial list of vendors and products which are useful to help soften and flatten burn scars. Please check with your insurance company about coverage and payment for these products.

Drug World

(212) 746-5005

Contact Hours: Please call the Burn Center for the days and times of the outpatient office hours during which this service is available. Products: Jobst Pressure Garments

North Coast Medical, Inc.

(800) 821-9319

www.ncmedical.com email: custserv@ncmedical.com

Products: Compression: Dema® Grip Compression Stockinette and Tubigrip® Stockinette, Silicone: Topigel® Sheeting

Sammons® Preston

(800) 323-5547

www.sammonspreston.com email: CustomerSupport@Patterson-Medical.com

Products: Compression: Isotoner® Therapeutic Gloves and Tubigrip® Stockinette
 Silicone: Cica-Care™ Silicone Gel Sheet, Oleeva™ Fabric Silicone Gel Sheeting, Mepiform® Self-Adherent Silicone Dressing

A-G-ONICS SOUTH, INC.

(800) 421-5647 (800) 662-8011
www.dermablend.com/index.aspx

Product: BIO-FORM™ Ready Made Chin Strap
 Makeup: DERMABLEND™ Professional
 Products: Corrective makeup products that provide coverage for face and body skin color imperfections

Glossary

Acticoat®: a bandage that has silver in it and is put directly onto the burn to protect from germs and help the burn to heal. Acticoat® can be changed every 3 – 7 days.

Adaptic: a type of moist gauze that prevents burn dressings from sticking to your skin. It keeps the medicine/creams in place and makes removing dressings easier and less painful.

Anesthesia: medication given to stay comfortable during surgery, wound care, or other care. There are different kinds of anesthesia. During general anesthesia, medication is given through an IV. It causes the patient to go into a deep sleep. You will not be aware of what goes on around you. Doctors will closely monitor your heart rate and breathing while getting this medication.

Autograft: skin taken from one part of the patient's body and put onto the burn injured area. This is placed on the patient during surgery and stays on the patient.

Bacitracin®: a thin, pale ointment that protects from germs and is often used on minor or almost healed burns or on burns of the face.

Blister: a fluid-filled sac between the first and second layer of skin. Some blisters may go away on their own. Others may need to be opened by staff during wound care.

Burn: injury to the skin and body from heat, cold, radiation, chemicals or electricity. Burns can be large or small. They can be serious or minor. Burns are defined by how deep they are (see first-degree, second-degree, and third-degree definitions below).

- **First-degree burn:** a burn to the top layer of skin (epidermis) that resembles sunburn. There is no breaking of the skin, and it often gets better within 5 days.
- **Second-degree burn (partial thickness):** a burn to the top and second layers of skin (dermis). Often, this burn causes pain and blisters, and heals within 2 weeks. Sometimes, a deep second-degree burn can go into the bottom of the dermis layers and need surgery to heal.
- **Third-degree burn (full thickness):** all layers of the skin (epidermis and dermis) are destroyed. The wound appears dry and white. These burns do not hurt since the nerves have been injured. These burns require surgery (skin grafting) to heal.

Burn Team: the members of the Burn Center staff that care for you, including doctors, nurses, patient care technicians, physical and occupational therapists, dietitians, social workers, and others.

Cast: a rigid casing, made of fiberglass, placed on a body part to keep it from moving. A cast is used after surgery or as needed to protect or stretch a part of the body that was burned.

Consent form: a form that is signed by a parent or guardian that gives permission to members of the health care team to do a procedure (such as surgery).

Donor site: the area of the body from which skin is taken and used to cover the burn injury.

Duoderm: dressing that is used for donor sites. It can remain in place for days, and you can shower with it.

Eschar: dead skin (caused by the burn) that may require surgery in order to be removed.

Feeding tube (also known as a nasogastric tube): a tube placed through the nose into the stomach to give nutrition, fluids, or medicine.

Fellow: a doctor who is specializing in a specific area, such as burn surgery, within a field, such as surgery.

Homograft (also known as allograft): donated human skin that is used as a short-term treatment and is placed on the patient during surgery. During a later surgery, the doctor will remove this and replace it with the patient's own skin.

Hydrotherapy room: the room in the Burn Center where the nurses wash and bandage your wounds and you are able to take shower. The doctors and PT/OTs will visit you in this room to look at your burns.

Mepilex Ag®: a foam bandage containing silver that is put directly onto the burn and is changed once or twice a week as per the doctor's orders. This bandage helps the burn to heal and protects from infection.

Pressure garment: these dressings (such as Tubigrip® and Demagrip®) are sleeves of cotton and elastic that put minor pressure on the skin. They help to keep the skin soft, flat, and moving well. Using these begins the scar management phase of your recovery. They come in many sizes to fit the healing body part. Some patients may need custom-made garments. These are also tight-fitting, long-term clothes made from spandex-like material that put pressure on the skin to prevent scarring. You will be taught how and when to use them. You will also learn how to wash and care for them.

Rounds: twice daily meeting of the burn team to discuss patient progress and care plans.

Scar: an area of new skin that may look or feel different from the skin that was not hurt. Soon after the burn heals, the scars may be raised or puffy. At first, they can be pink, red, or purple. Later, the scars may soften, flatten, and turn lighter in color. A raised scar may keep the joints from moving well.

Scar management: the process to help scars heal well. The goal is to treat the skin so it stays soft and flat enough to let the body move. This begins when you are admitted to the Burn Center and includes splint use and stretches. After the burn heals, you may use special, tight fitting garments (such as Tubigrip® or Demagrip®—see pressure garment definition above). These help to keep the skin flat. You may also use custom-made garments that apply even more pressure on the skin. At times, silicone may also be used with the garments to treat specific areas. This process ends when the scar is “mature” (about 1 year after the burn injury). You will be taught how to use the different treatments for scar management.

Silvadene®/Silver sulfadiazene (SSD): a white cream that protects against germs and is used to treat second- and third-degree burns. This can be put on many places on the body except the face.

Silver nitrate: a liquid medicine made of silver salt that protects against germs and is used to treat burns. It may turn the skin dark brown for a short time.

Skin grafting: surgery to remove the injured skin and put new (donor) skin on the burn injured area. The new skin can be the patient's own (autograft) or come from a human donor (homograft/allograft). This surgery is used to treat deep second-degree and all third-degree burns.

Splint: a device made of molded plastic that is used to keep a body part from moving. A splint is used after surgery or as needed to protect or stretch a part of the body that was burned.

Sulfamylon® (mafenide acetate): a white cream that protects against germs and is used to treat second- and third-degree burns. It is usually used on the ears? Often, this medicine is used along with others to treat serious burns.

Main Office/Appointments: (212) 746 – 5410
Burn Outreach/Education: (212) 746 – 5417

William Randolph Hearst Burn Center at
NewYork-Presbyterian Hospital
525 East 68th Street, L706, New York, NY 10065

<http://nyp.org/services/burn-center.html>

If you or your family member gets burned,
call 911 and seek immediate medical attention!

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