



Understanding your child's burn injury

Parent/Caregiver Information

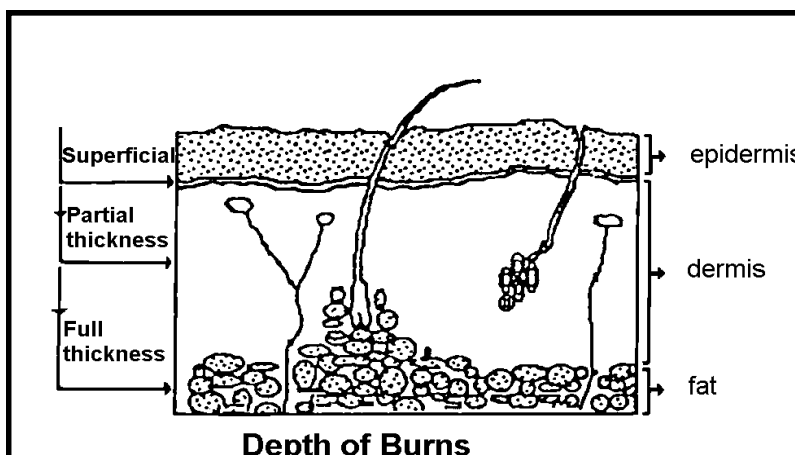


Depth of Burns

There are a number of different burns and methods of treating them, dependent on size, site and depth of the burn.

- A superficial (first degree) burn involves only the epidermis layer (first layer) of skin and requires little or no treatment (e.g. sunburn). These burns will heal within 7-10 days without scarring.
- A partial thickness (second degree) injury involves the epidermis and part of the dermis (1st and 2nd layers of the skin). These wounds heal by regrowth over the sound surface from remaining tissue within 3 weeks.
- A full thickness (third degree) burn, however, involves all the layers of skin and occasionally, underlying fat, muscle and bone. In a full thickness burn, the skin cells capable of regeneration have been destroyed and so a skin graft will be necessary to repair these areas.

It is often not possible to tell the extent of the injury for several days.



Pain

When the burn is exposed to air in the first 48 hours it can be quite painful for the child. Initial assessment is made as quickly as possible, so the burn can be covered. They may not be looked at again for 2-3 days depending on the doctor's orders.

Ooze

Because the skin has been injured, a lot of fluid will escape from the damaged cells and can leak through the bandages. We will be controlling this by adding more padding over the top of the bandage, or changing the bandages totally because wet bandages can cause infection, and will smell. If your child's bandages smell, this does not always mean infection. If the doctors think it is necessary, they will give your child antibiotics.

Change of Dressings (COD)

Change of dressings are sometimes performed in theatre if the doctor feels the child will need a General Anaesthetic to reduce your child's pain. If oral pain relief is adequate then the dressing will be performed in the child's ward. Your child may also be given oral sedation for this change of dressing. This will be discussed with you at the time. When your child is discharged, you may still need to bring your child back to the Plastic Surgery Outpatient Department for further dressing changes.

Temperature

It is very common for a child to spike a temperature after a change of dressing. The body cools down when the bandages are taken off and once your child is wrapped up again, they heat up. Sometimes the body over compensates for temperature loss and needs time to regulate itself. We will help cool the body with Paracetamol. We consider someone to have a temperature if it is above 37.5°C.

Diet

It is important to have a high protein diet, as it helps skin repair quicker, eg. meats, eggs, milk, cheese, etc. Sometimes the doctor may decide it is best to feed your child via a nasogastric tube (in the nose to the stomach). If this is necessary, more details will be given to you. We will also get a dietitian to visit you, while on the ward, to help plan with you and your child, their best possible diet.

Infection

It is important to keep your child's room clean/ tidy and all parents/visitors pay particular attention to thorough handwashing, as children with burns are prone to infection.

Scarring

The extent of scarring depends very much on your child's skin type and how good their body is at repair. During the healing phase, skin may contract (shrink), forming tight bands called contractures on the skin surface. Contractures may occur in any burnt area, but are most debilitating when involving big joints, hands or face. Contracture prevention begins on admission to hospital with careful positioning of the body, splinting and physiotherapy.

It is important that your child does all the exercises that they are asked to do. Please encourage and help your child with this. They may say it hurts, so pain relief will be given prior to this. The more they do, the better they will be able to move when their burns are healed.

Split Skin Graft

A layer of skin is removed from an unburned section of the body (called the donor site) and put on the burn site where hopefully it becomes attached and replaces the tissue that was lost by the burn. With a large burn, your child may require to have a blood transfusion at this time. The skin graft is usually taken from the outer

aspect of the buttocks or thigh areas. The donor site then becomes a partial thickness injury, but will heal itself in 12 – 14 days.

Once donor sites and burn sites are healed, apply moisturising cream, eg. Vitamin E Cream. Keep wool or nylon garments away from this area – they can irritate/itch. We may give your child Phenergan medicine to help with the itch as the skin is healing.

Pressure Garments

Some children need to wear pressure garments to prevent hypertrophic (raised) scarring and contractures that may otherwise form. Wearing these will hopefully prevent further surgery to release contractures or reduce hypertrophic scarring. They may need to be worn for up to two years.

Multidisciplinary Team

Your child will be cared for by many people, other than just doctors and nurses. We may refer your child to see a:

- Physiotherapist
- Dietitian
- Social Worker
- Occupational Therapist
- Play Specialist

Your child will be cared for by two different teams of doctors - a Plastic Surgery Team (caring and managing burn), and a Paediatric Team (caring for your child's pain and fluid needs). Each team consists of a Consultant as head of the team, a Registrar, and a House Surgeon (all medical practitioners).

Burn Support Group

Canterbury has a Burns Support Team which was been formed in conjunction with the Fire Service and Child Safety Foundation to offer support to families. If you wish to have contact with this team, please advise the Social Worker or your nurse who can contact them for you.

Issued By:

Paediatric / Plastics Departments, Christchurch Hospital
For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz

