Discharge Instructions
After You Leave the Burn Unit
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Discharge Instructions
After You Leave the Burn Unit

Introduction
You have been treated at the Halifax Infirmary Burn Unit. This guide will provide you and your family with information about what to expect when you are discharged home from the hospital and about burn care at home.

Your health care team will give you and your family specific instructions for burn care before you leave the hospital.

This booklet is only a guide. If you have any questions, please call us at: 902-473-7527 or 902-473-7525.

Day of Discharge
• It may be helpful to have someone help you at home for the first few days while you adjust.
• Make sure that your health care team has your current contact information.
• Make sure that you can get to followup appointments with your surgeon and Occupational Therapist (OT).
• Make sure that you have the contact numbers for your health care team in case you have questions.

What are your questions?
Please ask. We are here to help you.
Taking Care of Your Skin

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 burn or donor sites as this can cause your 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 donor site. They may form after minor bangs, 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 your OT if you are concerned that your garment does not fit properly.
• Have your pressure garments checked regularly by your OT to make sure there is enough pressure.
• Do not wear firm or tight-fitting clothing. Loose, soft knit garments such as 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 a long 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 Polysporin®, 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 contact your OT.

Watch for signs of infection, such as:
› more redness or swelling
› more drainage
› the area feels warm to the touch

If you notice any signs of infection, contact your surgeon or family doctor, 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, removing for dressing changes and hygiene
› completing your exercise program and stretches as discussed with your Physiotherapist (PT)
› elevating (raising up) the affected areas whenever possible
Moisturizing your skin

Your burn injury has damaged or destroyed the oil-producing glands normally found in unburned skin. This may cause your 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 to 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. After you put the lotion on, your skin should feel soft and moist, not greasy. When you are cleaning your skin, remove any lotion that has built up or dried up as it can clog your pores.
- Do not use creams or lotions recommended by family or friends until you have checked with your health care provider. Newly healed skin is very sensitive and may be damaged by the wrong moisturizer or lubricant.
- Avoid lotions that have alcohol as they might make your skin more dry.
- Do not use perfumed lotions, because they can irritate the skin.
- Avoid creams that have wax, lanolin or petroleum bases, vitamin E or tea tree oil. These products damage the elastic in pressure garments.

We recommend the following non-prescription lotions:

› Aveeno®
› Eucerine®
› Galaxal Base®
› Lubriderm®
› Neutrogena® Norwegian Formula hand cream
› Nivea® Professional care
› Vaseline® Intensive Care

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

Ask your surgeon about using makeup. Once the surgeon tells you it is OK, you may use hypoallergenic cosmetic products. Make sure you clean your face well every time. Be careful using products that may cause dryness and/or irritation, as your healed skin may be sensitive.
Itching

Itching is a frustrating problem that happens with healing and newly healed skin. Itching is a normal part of healing. Your skin is fragile as it heals and itching may cause you to scratch and open up fragile skin that has previously healed.

Do not scratch! You will hurt your skin.

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 cool baths after exercising.
• Place a cold compress over the itchy area.
• Wear custom fit pressure garments as prescribed.
• Wear open weave, loose fitting, natural fibre clothing, such as 100% cotton, lightweight, light-coloured clothing.
• Avoid tight elastics on clothing (such as waistbands).
• If itching becomes severe, call your doctor for a prescription for an anti-itch cream or oral (taken by mouth) medication. Your pharmacist may also be able to make a recommendation.
• Use unscented laundry detergent.
• Skin massage with lotion and/or touching with firm pressure on healed areas can help reduce itching.
• Distractions such as television, games, and low-impact or mild exercise or activities can help take your mind off the itching.

If your itch is persistent and bothersome, affects your sleep, or causes anxiety, be sure to talk with your health care provider.
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 colour) 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 a sun protection factor (SPF) of at least 30. Apply sunscreen about one hour before going out in the sun.
- Protect all burned areas by wearing light-coloured 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.

Contact your surgeon if you have any of the following:

- Blisters that do not heal properly
- Wound drainage that is cloudy, yellow, contains pus or smells bad
- Increased pain
- Increased swelling

Sensitivity to heat and cold

You will find that you are less tolerant of temperature changes and extremes 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 and decrease activity
  › avoid heat exposure for long 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 a long period of time
Scarring and discolouration

The amount and severity of scarring depend on a number of things and vary from person to person. A burn that heals in 14 days or less will generally not have scarring. 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. Your OT will give you information on pressure garments to help prevent scarring. See the next section for more information on occupational therapy.

With proper management, most of the scars should gradually fade, although some may be permanent.

Occupational Therapy After Discharge

Goals of treatment

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 (with physiotherapy)
› manage your scars
› become independent with self-care, work and leisure activities

Towards the end of your hospital stay, scars will start to develop. They may be red, raised and itchy and you may still have open areas. It is important to understand that your scars will continue to change and develop for up to 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 unit, you will either go to your home hospital, a rehabilitation (rehab) centre or home. If you go home, an OT will see you as an outpatient. You will need to come to the hospital for regular appointments.
Splints
You may be asked to continue to wear some or all of the splints that the OT made for you in hospital. This is to 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 therapy will help your scars by preventing contracture and improving their appearance. Pressure garments need to fit tightly. They must be worn over burns that are healing and sometimes donor sites.

If worn as directed by your therapist, pressure garments will help your scars by:
› decreasing redness
› flattening raised areas
› softening the scar, making it more flexible and less likely to crack or open during movement
› preventing contractures so you can keep or increase the movement of a joint, allowing you to do your regular activities
› helping with itching and pain
› speeding up the healing process

There are several ways of applying pressure. You will likely use several different ways during your rehabilitation.

These include:
• 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
These are made especially for you. You will be measured when your open areas are minimal (small) and your body weight has stabilized.

These garments are expensive. Ask your therapist for price quotes. If your private insurance does not cover these garments, there are several sources of funding available.

The goal is to wear these garments at all times, so 2 sets are ordered. There must be pressure on the affected areas 24 hours per day, except when bathing. The pressure garments must be worn until your scars have matured (about 18-24 months).
• **Inserts**
  These are made for smaller areas where it is hard to get pressure garments to distribute enough pressure, such as the spaces between your fingers or your armpits.

Your OT will address your concerns about everyday activities, as well as continually check the fit of your pressure garments. Pressure garments often need frequent adjustments to make sure they are giving the right amount of pressure. Your OT will also be in contact with your plastic surgeon about your progress on a regular basis. It is important to let your OT know if you gain more than 10 pounds, as you will need to be re-measured for your garments.

**Caring for your pressure garments**

• Wash your garments every day. Use a washing machine on the gentle cycle or preferably hand wash by soaking.
• Soak garments for 10 minutes in warm soapy water using a mild soap (Ivory Flakes® or Zero®).
• Rinse well and remove extra moisture by rolling in a towel.
• Do not use a clothes dryer.
• Dry garments flat, and out of direct sunlight.
• Use a washing machine at least once per week if hand washing.
Physiotherapy After Discharge

Goals of treatment
› 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 to 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 would 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 the old ways if needed.
Healthy Eating After Discharge

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 be losing 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 like 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 doctor or social worker about this.

Know that your family and/or friends may be having the same feelings as you. Talk about your feelings with them. Plan to work through your feelings together.
Sleep and nightmares
You may have trouble sleeping when you first go home. If you have trouble falling asleep:
• Drink warm milk 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 Your 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.
• At first, 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 or therapist 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 or OT about this.
• Talk with your doctor about going back to work.
Sexual Activity

• It is not unusual to have less interest in sex after a long illness. Your interest in sex should come back as you recover. Sexual enjoyment may be affected due to 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.
Definitions

Collagen
A type of tissue that makes up skin, tendons, bones, cartilage and all other connective tissues.

Contracture
Abnormal shortening of muscle tissue, making the muscle hard to stretch. For example, a patient with severe burns may stay in a comfortable position because it is painful to move. If joints are allowed to stay in this position, the muscle fibers that normally provide motion will stretch or shorten and eventually lose their ability to contract (tighten) and relax.

Dermis
The layer of skin just below the outermost layer of skin (epidermis).

Donor site
The area where skin is taken from to cover or skin graft a burned area.

Eschar
Scab/dead tissue that is usually created by a deep burn injury.

Escharotomy
A cut made through eschar to release tight tissue.

Hypertrophic scar
Mounds of hard, reddened, non-flexible raised tissue.

Pressure garments
Garments worn over burned skin that apply pressure to minimize scarring.

Skin graft
A piece of normal skin transplanted to replace an area of skin.
More Resources

Burn Support Group
Debbie Ward (President and burn survivor)
110 Bambrick Road
Middle Sackville, Nova Scotia  B4E 0J4
Phone: 902-252-2884
Email: debbieward@eastlink.ca

Canadian Association of Burn Nurses
• Information on burn centres across Canada
  c/o local council representative
  QEII 4.2 Burn Unit
  1796 Summer Street
  Halifax, Nova Scotia  B3K 6A3
  Website: www.cabn.ca

Nova Scotia Firefighters Burn Treatment Society (NSFFBTS)
• Information on how the NSFFBTS helps support burn survivors, burn support
groups across Nova Scotia and resources and education about burns
  PO Box 481
  Dartmouth Main
  Dartmouth, Nova Scotia  B2Y 3Y8
  Website: www.nsffbts.ca
  Email: info@nsffbts.ca
Looking for more health information?
Find this pamphlet and all our patient resources here: http://library.nshealth.ca/PatientGuides
Contact your local public library for books, videos, magazines, and other resources.
For more information, go to http://library.novascotia.ca

Nova Scotia Health Authority promotes a smoke-free, vape-free, and scent-free environment.
Please do not use perfumed products. Thank you!

Nova Scotia Health Authority
www.nshealth.ca

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The information is not intended to be and does not constitute health care or medical advice.
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WR85-0212 Updated October 2017
The information in this pamphlet is to be updated every 3 years or as needed.