From Hospital To Camp

Caring for UCSD's Burn Center Patients

By Joann Gutowski, RN, BSN

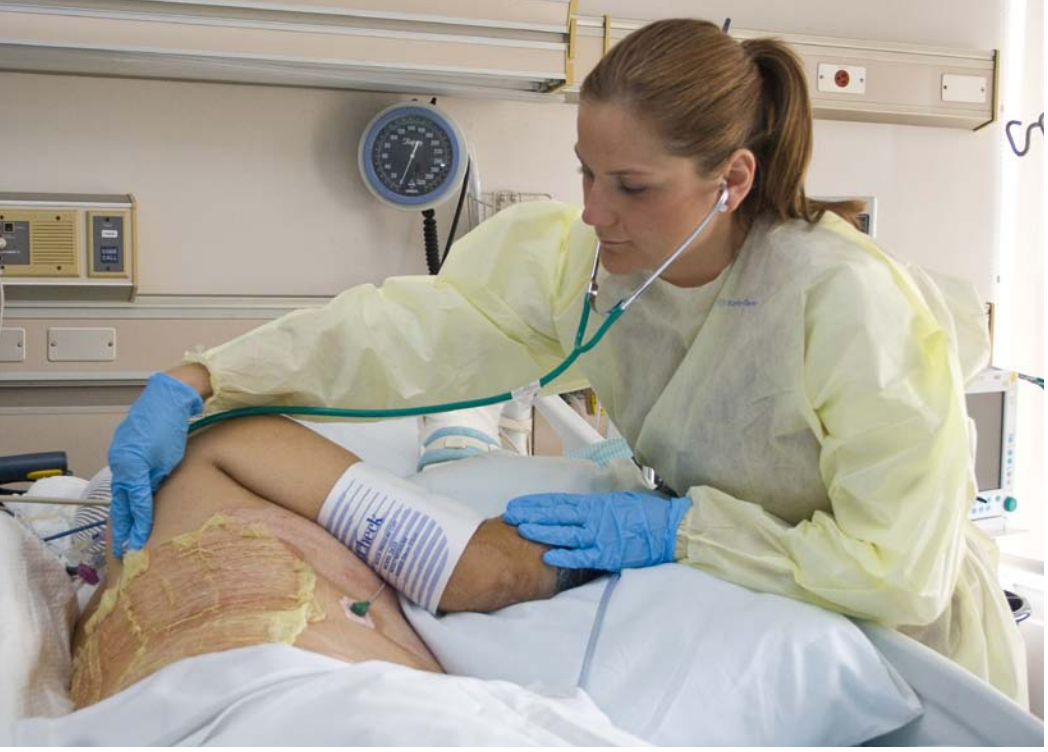
At UCSD's Hillcrest hospital you may occasionally see a little red wagon being pulled through the hallways, carrying one of our VIPs, a pediatric burn patient. The wagon is one way we can help a little one cope better with what is a very traumatic event in his or her life, by allowing a safe and comfortable way for the patient and family members to enjoy a more normal activity and to escape, for a little while, the difficult hospital routine.

Many pediatric burn injury patients tell a similar story. One moment they are at home with their parents and, in a flash, they find themselves on a gurney, in the back of an ambulance or a helicopter, on their way to the hospital. The scenario varies. Maybe they were playing with matches. Perhaps they reached up to touch a hot stove or were scalded with hot water. Sadly there are also cases of abuse that result in terrible burns. Some of the children were just demonstrating normal childhood curiosity with no awareness that their inquisitiveness could lead to a life changing experience.

UCSD's Burn Center is one of only 14 such centers in the state of California and is the only one in San Diego County. The next nearest burn center is two hours away by car. Approximately one million children suffer burns each year, with 40% requiring hospitalization (American Academy of Pediatrics, 2000). Twenty-five percent of patients admitted to our Burn Center annually are under the age of 18. We know that hospital admission is difficult enough for an adult. Imagine being a young child, in terrible pain, in a new and frightening place, with no real understanding of why it hurts so much.

ADMISSION

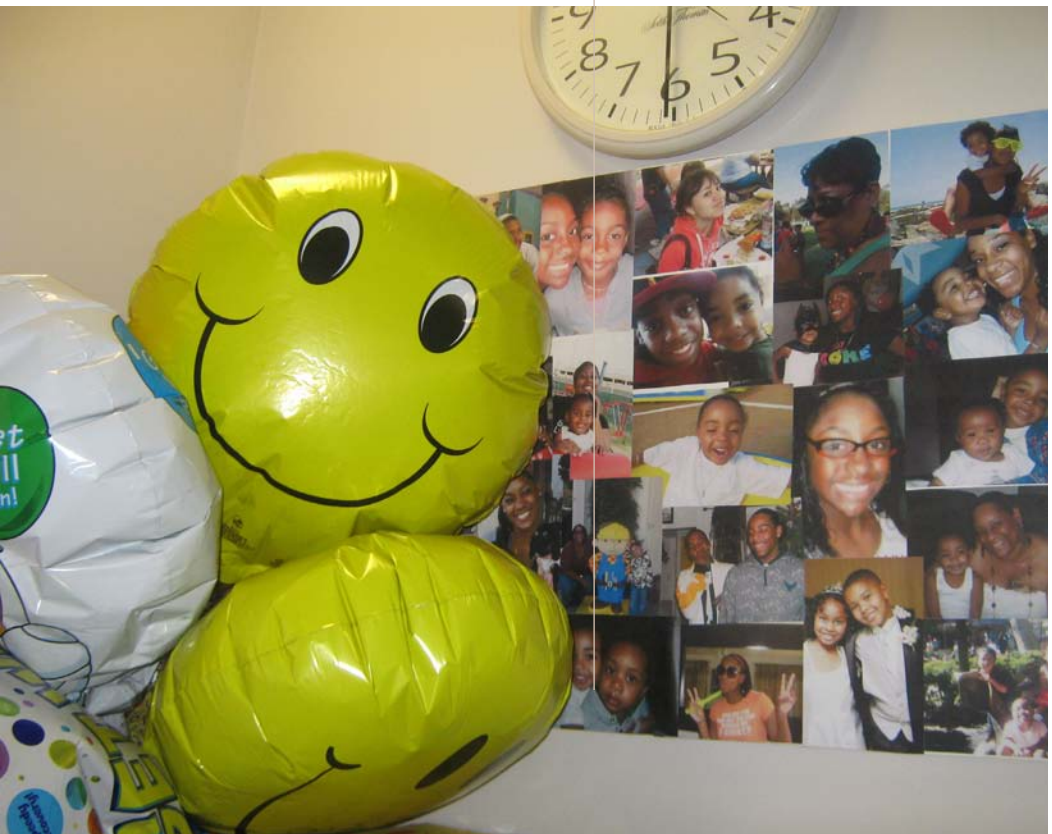
The admission process can be very busy, depending upon the degree of damage (first, second or third degree) and the total body surface area (TBSA) affected by the burns. Often the children are brought in by helicopter and are brought immediately to the trauma bay or the Burn ICU (BICU). It can be very difficult for the nurse emotionally. There is an urge to offer comfort, to reassure them that "it's going to be ok," but their physical care may take first priority. Laboratory tests, wound care and other testing may interfere. The doctors want to get in quickly and do their assessments, too. Fluid resuscitation is a priority. We also need to determine exactly what happened and whether an inhalation injury has occurred, severe enough to compromise the airway, which might require imminent intubation. The arrival of parents or family members presents other problems. We need to prepare them for what they are about to see. Their reactions are never predictable, but in all cases we need to reassure them that we are doing everything we can for their child and that this is the best place for the child to be at this difficult time.



Joann Gutowski, RN, BSN works at UCSD as a staff nurse in the Burn Intensive Care Unit. She graduated from the University of Connecticut's School of Nursing in 2004. After working in Connecticut for a year and a half on a Medical-Surgical floor, Joann decided to take her nursing skills "on the road" and came to San Diego as a traveler in 2006. She started on 11W, but found a special niche in the BICU. Burn nursing is not just a job for Joann. She has taken her skills and her compassion out into the community, working as a professional volunteer at the Burn Camp, a mentor to a burn survivor, as well as continuing to work with patients beyond their hospital discharge.

HOSPITALIZATION

Burn nursing is not for the faint-hearted. Dressing changes can be very painful, which is traumatic for the nurse as well as the patient. It is not uncommon for the nurse to be shedding tears right along with the patient, even if the tears are just caused by anxiety over this traumatic procedure. Often patients require anesthesia for dressing changes if the burned surface is large and painful enough. The drug of choice is Ketamine, given for moderate sedation. If the child is not intubated it is a good choice because it allows for aggressive debridement, along with physical and occupational therapy to minimize contractures. The sedated patient will have no memory of the pain or fear after an hour post procedure. Every effort is made to avoid surgery in the burn patient, but if surgery is indicated these patients have the highest priority. During surgery, burned tissue is excised so that skin grafts may be placed over the open areas as soon as possible. The physicians usually place temporary skin (allograft) initially so that the injured areas can be prepared for permanent grafting of the patient's own skin (autograft) in the next few days.



After grafting the donor sites are like brand new second degree burns. They are very painful because the nerve fibers are still intact. In addition to controlling discomfort, the nursing care focus at this time is preservation of the new skin grafts. We make every attempt to optimize nutrition to aid in the healing process. If the child is still in ICU and still on the ventilator, he or she is often paralyzed to prevent the graft from sheering. The patient is heavily sedated to ensure adequate pain management since they are unable to communicate their degree of pain while paralyzed. Infection control is critical at this point, as well. Strict infection prevention strategies include education of family members in careful hand washing and in the wearing of protective gowns and gloves whenever they enter the room.

Pneumonia is an ever present risk for intubated burn patients. Meticulous suctioning techniques are essential and a frequent (every two hours) turning regimen is instituted. The

patients receive chest percussion four times every day to keep secretions mobilized and lungs inflated. Sedation is weaned as early as possible, which helps to promote good pulmonary toilet and to achieve timely extubation. The patients are evaluated by a critical care pediatrician attending daily, who contributes, along with the burn surgery team, to the ongoing development of the plan of care. The critical care pediatrician helps to determine optimum sedation and he assists in preventing and treating withdrawal symptoms after extubation. The bedside nurse is the one who really knows when a child is ready to get the tube out of his or her throat. It is impossible to keep them still, which drives the parents crazy along with the nurse! When the extubation finally happens everyone breathes a sigh of relief. We look forward to seeing some smiles, to a good appetite, those rides in the wagon, and yes…for seeing them enjoy Sponge Bob on TV. Every one of the burn center nurses knows that song and could sing it word for word, at a moment's notice!

DISCHARGE

All the nurses at the burn center find the day of discharge a bitter-sweet day. They know that discharge from the hospital is the goal of all their efforts. But it is tough to see the kids go home. After the weeks, and sometimes months, of hospitalization they seem like family. They will never be forgotten. And their journey is not finished. After discharge they may require physical and occupational therapy to prevent contractures, requiring hospital visits twice a week. The parents will eventually be instructed to perform the therapy at home. Patients are fitted with pressure garments, worn over the burned areas, which are used to compress the grafts and decrease scarring. These garments are worn 23 hours a day for a year, and are removed only during showering. Additionally parents are instructed to keep their children out of the sunlight, so that the grafted areas will not turn darker in color (quite a challenge with a young child!). When you look at the long term care of these patients it becomes clear that their recovery does not end when they leave the hospital. Full recovery may take months, even years, and further surgeries or other treatment may be required.

When you see the kids come back with their parents for those post-discharge visits and "thank you's," you are glad to have had the opportunity to care for them in the hospital, no matter how difficult it was. You realize that despite all they endured here, despite the fact that they may not look the way they did before their burns, it has been worth the effort. You have only to look into the eyes of their parents to realize that nothing matters except having their child still with them. That is what really counts.

A LOOK INTO THE FUTURE

Recovery does not stop with hospital discharge. There are tremendous emotional, psychological and physical hurdles for any child after severe burns. One way we have for kids to cope with their injuries is Burn Camp. In San Diego we are able to offer a camp session twice a year. The February camp is a three-day session at Big Bear Mountain. The August camp is held in Eastern San Diego and lasts a week. The original Burn Camp was established by the Burn Institute of San Diego in 1987. It was so popular that they went on to start San Diego's own Camp 'Beyond the Scars' in 1994. Both camps are designed to give young burn patients the opportunity to be outdoors, have fun and spend time with others who have shared similar experiences. As stated in the burn institute's website, "For many children, this special camp is the first time they have seen another child with burn injuries. Campers learn to feel better about themselves and gain a renewed sense of self-esteem." A recent study in the Journal of Burn Care and Research demonstrated the benefits of attendance at a burn camp. The evaluation forms were given to 19 children and families who attended the National Burn Camp in Belgium. The forms consisted of open ended questions and were given at various times during the camp experience. The campers indicated that they felt more self-confident, had better coping skills, made new friends and they felt a sense of accomplishment after attending the camp.

For the past two years burn center nurse Joann Gutowski has attended camp as a nurse and counselor. She has also participated in the Burn Institute's peer mentorship program, acting as a mentor to a 15 year old burn survivor. Joann says "I cannot say enough about what this camp does for the kids. It is a camp like no other, in some ways, but in between having fun in the pool and participating in day trips and activities, kids are able to attend counseling sessions together. They can reflect on their injuries, share their feelings, learn coping skills, and make new friends. They have the opportunity to learn responsibility, and eventually, at the age of 18, may become a Leader in Training (LIT), and later may even become a counselor to campers like they themselves once were. I always knew I wanted to be a nurse, but I never thought I would work in the BICU, caring for children who were so badly hurt. They have survived more than just a fire, overcome more than just surgeries, and they live with more than just scars . . .visible or invisible. These kids are incredible."

BIBLIOGRAPHY

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