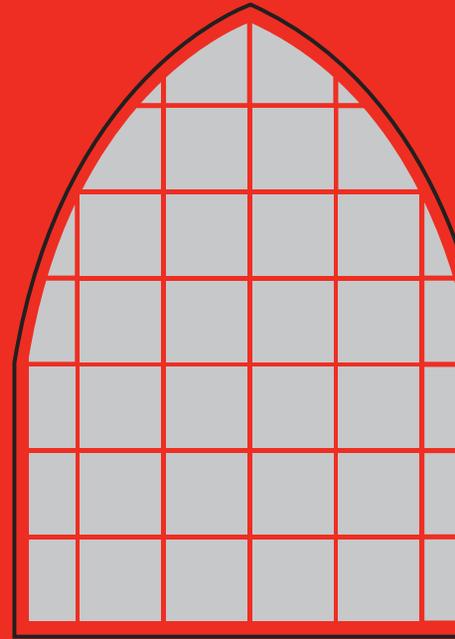


NewYork-Presbyterian Hospital
William Randolph Hearst Burn Center
Parent & Caregiver Guide



┌ **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, each year, we care for nearly 5,000 patients, including 1,500 children with serious burn injuries or diseases that cause large skin loss. Our team will work together to help your child 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 child's care. We hope it will help you better understand your child's 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 Child's 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 you with one.

Getting better from a burn injury, can take time, and we are here to guide you and your child 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*



ACKNOWLEDGEMENTS

This guide was made possible through a grant awarded in 2011 by the NewYork-Presbyterian Hospital's Patient Centered Care program. The Burn Center team is grateful for the support and dedication of the Volunteer Services Department which made this internal grant funding possible.

This information is brief and general. It should not be the only source of your information on this health care topic. It is not to be used or relied on for diagnosis or treatment. It does not take the place of instructions from your doctor. Talk to your health care providers before making a health care decision.

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BURN INJURIES

What is a Burn?

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

How Serious is My Child's Burn?

Burns are measured by their size and how deep they are. The burn team measures the size of the burn by the percent of the body that has been injured in relation to your child's age. For example, you might hear that your child has a 3% total body surface area (TBSA) burn. Burn depth is measured by how many layers of skin have been hurt (see Figure 1). The burn team measures how deep the burn is by looking at or "assessing" the burn two times each day. Burn depth is as follows:

First-degree burns: The top layer of the skin (epidermis) turns red/pink and is mildly painful (like a sunburn). 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/pink, wet, and very sensitive. These burns are at high risk of infection and scarring.

Third-degree burns: All layers of the skin are destroyed, and the skin becomes 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. As the body heals, burn wounds change ("evolve") in size and depth over time. You might hear from the team about changes in burn size or depth during the Hospital stay. The doctors and nurses check how your child's burn is healing twice each day. This helps them decide the best way to treat your child's burn.

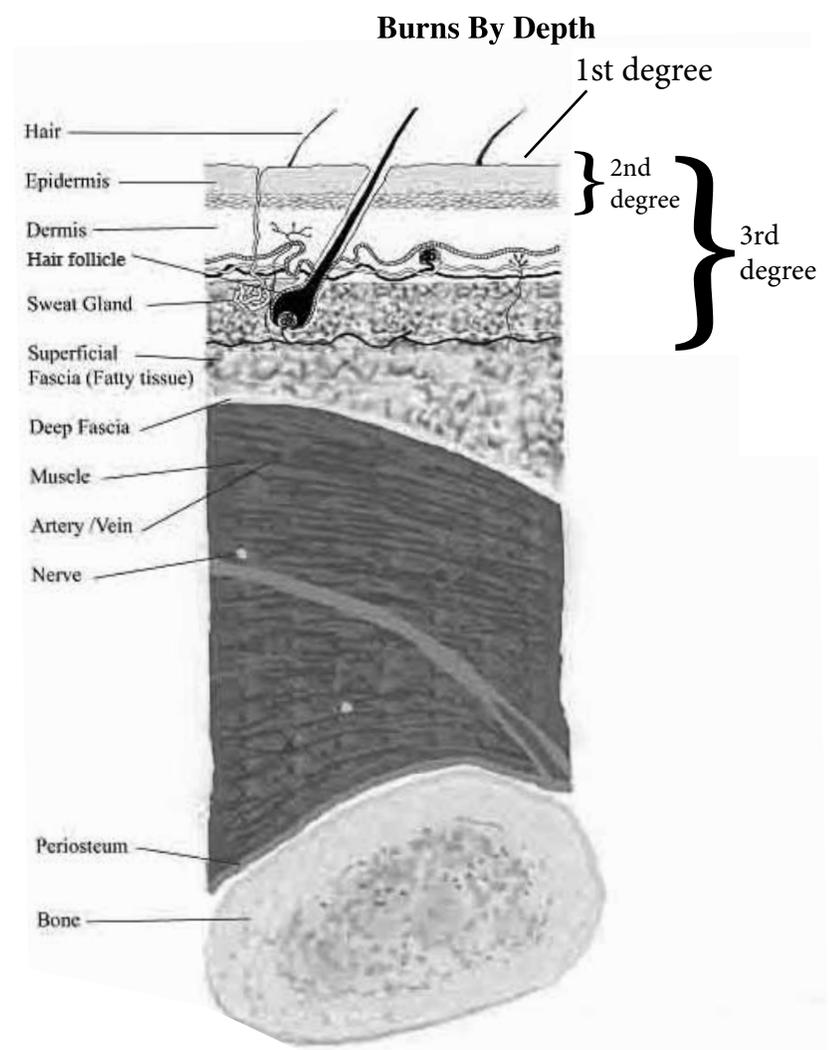


Figure 1: Skin layers, structures, and injury by depth

CARING FOR YOUR CHILD

The Burn Team

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

The burn team includes:

Your Family

You, your child, 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 any questions, concerns, or need more information about your child's care and/or Hospital stay.

Doctors

During your stay at the Burn Center, many doctors will help to care for your child. The attending burn surgeon is the senior doctor in charge of your child's medical care. The attending doctor oversees doctors in training (fellows and residents). These doctors will see your child during the entire stay and also at office visits.

Pediatricians (doctors who only treat children) will also see your child every day. Doctors from different specialties may also help to treat your child if needed. Even though the doctors on-call may change often, a doctor is always available if questions or emergencies arise. Each day, the name of the attending physician will be posted on the white board in your child's room.

Nurses

The burn team includes almost 100 nurses, patient care technicians, nursing assistants, and nurse managers who work closely to help care for all of your child's needs. During each day, a daytime staff nurse (7:30 am – 8:00 pm) and a nighttime staff nurse (7:30 pm – 8:00 am) will care for your child. Each shift, their names will be posted on the white board in your child's room. In addition, the charge nurse, who oversees the nursing care for all the Burn Center patients, is available 24 hours a day, 7 days a week. Also, the patient care director (during the day) and the nursing administrator (at nights and on weekends) are available if needed.

Physician Assistants

Physician assistants (PAs) help treat your child. They will see your child on the unit, in the operating room, and in the doctors' offices. They are supervised by the attending burn surgeon. The PA can assess, diagnose, and treat your child. He/she can order and understand test results, prescribe medications, and assist in surgery. The PAs develop treatment plans and teach you and your child about burn wound care and other health matters.

Social Workers

A social worker will work with you throughout your stay to provide support to your family, plan for discharge (leaving the hospital), and assist at outpatient visits as needed. Social workers help families to access community resources and social services.

Physical and Occupational Therapists (PT/OTs)

Early in your child's stay, he/she will be seen by a physical therapist and/or an occupational therapist (PT/OT). The PT/OTs will check to see how much the injured area can safely move or be used. They will also assess how to best position the injured area so that your child may play and move safely. Also, the PT/OTs will help to provide care to prevent a scar from forming by providing your child with a splint or cast (Figure 2). The therapist will create a care plan that may change over time. The plan may include advice for ongoing care after leaving the Burn Center.

PT/OTs work closely with nurses in order to make sure that your child gets pain medicine before each therapy session. They often provide treatment together with the child life specialist who can help with managing pain and anxiety. Therapists may see your child before, during, or after wound care. They treat patients in the gym (Figures 3 and 4), at the bedside, if needed, and/or in the operating room (OR). We suggest that parents and other caregivers attend these sessions to learn how to help your child during and after the Hospital stay.



Figure 2: Example of a splint placed to an injured arm and hand.



Figure 3: The Burn Center's rehabilitation gym



Figure 4: The Burn Center's rehabilitation gym

Psychologists

Psychologists are here to help families cope with the stress of having a child who has been burned. They are also available to help you if you are feeling overwhelmed, anxious, scared, guilty, helpless, or upset. The team can also assist you with how best to talk to your child about being in the Hospital and/or the burn injury. If you think you or your child can benefit from these services, please ask to speak with someone from the psychology staff. Together with the child life specialist, a psychologist leads the Burn Center's Parents' Support Group (page 17).

Psychologists may meet directly with older teenagers, while younger children will be seen by doctors from the Department of Psychiatry who specialize in the behavioral health needs of children. These doctors will ask for your approval/permission before they work with your child.

Child Life Specialist

Child life specialists help 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 staff help children with hands-on activities to cope, learn, and express their feelings about being in the Hospital, the burn injury, and getting better. The child life specialist often attends procedures (such as wound care) to help your child manage his/her pain or anxiety. Child life staff are available in the Burn Center Monday – Friday and on most weekends. They can also arrange weekend sibling visits (see page 12). If your child cannot come to the playroom, staff will meet with and care for him/her at the bedside. If your child is nervous or scared, or if you would like information about any of the playroom services, please ask to see the child life specialist.

Registered Dietitians and Your Child's Nutrition

Getting enough nutrition is critical to healing after a burn injury. While your child is in the Burn Center, a registered dietitian will closely monitor what he/she eats and drinks each day. Working closely with all members of the burn team, patients, and families, the dietitian may recommend certain foods or drinks such as high protein food or drinks like Ensure High Protein® or Replete® to be given by mouth or a feeding tube.

During your child's stay, you may be asked to write down what your child eats and drinks. We do this to help make sure that he/she is getting enough fluids and energy to help the burn heal. For many reasons, this can be very hard for children in the Hospital, and they may need extra help to get enough to eat and drink. Here are some ways to help your child do this:

- Bring in your child's favorite foods and drinking cup/bottle from home.
- Allow your child to drink only the protein drinks such as the Ensure High Protein® or Replete® given by the Hospital staff.
- Bring in flavored syrups (such as chocolate or strawberry) and add them to the protein drinks.
- Make sure your child sits for each meal so he/she knows that it's time to eat.

If your child is not able to meet his/her 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 child's nose into the stomach or small intestine. The feeding tube gives your child nutrition around the clock to help heal the burn injury (Figure 5).



Figure 5: A feeding tube helps her to get the proper nutrition.

Breastfeeding

The Hospital and Burn Center support breastfeeding. If you are unable to nurse your child at any time, a breast pump can be brought to your child's room in the Burn Center. Also, a breast pumping room (located on 6 West, 6-356) offers private areas where you may pump. Breast pump kits and storage bags are provided, and breast milk may be stored in the Burn Center. Each time you are finished pumping, please ask the nurse to place your child's Hospital medical record label on the bag of breast milk and store it for you. If you have any questions or need help with breastfeeding, a lactation nurse is available to assist you. Please call (212) 746-3215.

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. Rounds take place either at a central location within the Burn Center or in the patients' rooms. You might see a group of staff members with a computer huddling outside your child's room. This means they are talking about your child's care at that time. During these rounds, you are welcome to listen and ask questions about your child's condition, hear about how the burn is healing, and discuss the care plan for your child. You are invited to speak up and question the staff at that time. If you have any questions for any member of the burn team at any time or if you are not able to take part in bedside rounds, please let your child's nurse know, and he/she will assist you.

Pastoral Care/Chaplaincy

Chaplains from the Department of Pastoral Care and Education are available to help you and your child 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 may 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 translation and sign language. Please let staff know if you need these services.

Other Services and Departments

Many additional departments and services may be involved in your child's care. Please refer to the *NewYork-Presbyterian Hospital Patient and Visitor Guide: During Your Child's Stay* for a complete listing.

Important Burn Center Phone Numbers

Greenberg Pavilion 8 South	(212) 746-0327
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

FOR YOUR CHILD'S SAFETY AND SECURITY

Preventing Infection in the Burn Center

Burns can place patients at high risk of infection since the body's best defense against infection, the skin, is injured. 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 after leaving the child's room.
- Put on and wear a hospital provided gown and hat at all times when in the room of an intensive care unit (ICU) patient. The gown and hat should be taken off before leaving the room. Please put hats into the garbage and gowns into the laundry bin in the room.
- Wear a mask along with the hat and gown when entering an area where burn wound care is being done. The gown, mask, and hat should be taken off before leaving the room. Please put hats and masks into the garbage and gowns into the laundry bin in the room.
- Be at least 14 years of age or older to visit, unless prior plans for sibling visits have been made (see Sibling Visits, page 12).
- Do not bring flowers and plants to the Burn Center. They are not allowed in patient care areas.
- The use of stuffed animals in the Burn Center is discouraged. If they are here, however, they must be labeled with your child's name and Hospital ID number. Please take them home if they are dirty or your child is discharged. Avoid sharing them with other patients.

To learn more about preventing infections, please refer to the *NewYork-Presbyterian Hospital Patient and Visitor Guide: During Your Child's Stay*.

Security

The safety of you and your child is very important to us. The Security Department monitors the Hospital and its properties 24 hours a day, 7 days a week. Additionally, in the Burn Center, children may not leave the floor unless they are with Hospital staff. Visitors can only enter and exit the unit by using the buzzer system located at the entrance and exit of each 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.

FOR YOUR FAMILY'S COMFORT

Visiting Your Child

The Hospital understands how important family and friends are to the healing process. For that reason, a parent/caregiver may stay with his/her child 24 hours a day. One cot/pullout sleeper is provided. If you would like to ask about extra sleeping arrangements, please speak to your child's nurse. Visiting hours may be limited to best meet the needs of your child.

Sibling Visits

Children under 14 years of age may visit on the weekends as long as the plans for these visits are made in advance. Child life staff will help to arrange for the visit. They will also provide your family with activities. To keep our Burn Center patients safe, all young visitors must:

- Be healthy
- Be watched by an adult
- Play quietly and not in the hallways
- Honor the planned visiting hours

To sign up for these visits or for any questions, please visit the child life staff in the playroom.

Showers/Laundry

Showers are available and located on 6 West. Soap and towels are provided. Laundry facilities are also located on the 6th floor, across from the family lounge in 6-309. The cost is \$1.00 per load. Only coins are accepted.

Family Lounge

The family lounge (available 24 hours a day) is found on the 8th floor of the Greenberg Pavilion, just outside of the Burn Center between 8 West and 8 South. The lounge includes a dining area, comfortable chairs, and a TV.

CARING FOR YOUR CHILD'S BURN INJURY

Treating the Pain, Anxiety, and Itching

Caring for your child's burn injury is a critical part of the care given at the Burn Center. Twice each day, the nursing staff will change the bandages and clean the burn. This will help the burn get better quickly and prevent infection. It also allows the team to look at the burn and decide on the best treatment. We know that this can cause pain and anxiety for you and your child. The burn team will order and give medicine for pain and anxiety for your child, if needed, before, during, and sometimes after wound care and PT/OT. Staff will discuss pain management including the type, amount, and timing of medication with you.

The team will regularly ask about your child's pain and anxiety. We do this to check how well the medicine is working. If you or your child think that the pain and anxiety are not well controlled, please let your child's nurse know as soon as possible. The team will then talk to you about changing the type of medicine and/or the times at which the medicine is given.

As the burn heals, your child will feel less pain. When this happens, the team will slowly cut down on how much and/or how often pain medicine will be given. Many children leave the Burn Center not needing any pain medication. Your child may also tell you that the healing area feels itchy. To treat the itching, moisturizing lotion such as Elta[®], Lubriderm[®], cocoa butter, or Nivea[®] may be applied to these areas. If needed, the team may also prescribe medicine to treat the itching.

Medicines and Bandages (Dressings)

All burns are treated with medicines to prevent infection and help healing. The type of medicine used depends on many things: how deep and where the burn is, and how the burn is healing. First-degree burns may be treated with moisturizing cream or lotion such as Elta[®]. 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. Bacitracin[®] is a thin, pale ointment. These may be put directly onto the burn or they may be placed onto a pad which covers the burn. Special bandages are then used to wrap and protect the injury (Figure 6). Bandages are changed twice daily until the burn heals.

Sometimes burns are treated with special bandages such as Acticoat[®] or Mepilex Ag[®]. These also help the skin to get better, prevent infection, and are changed every 3-7 days as per the doctor's orders. The doctors and nurses will talk to you about what treatment is recommended for your child's burn.

Deep second-degree and third-degree burns require surgery to heal. Please see the section "If Your Child Needs Surgery" on page 14 for more information.



Figure 6: Common burn wound dressings and treatments

Once the burn has healed, moisturizing lotion, such as Elta[®], Lubriderm[®], cocoa butter, or Nivea[®] will be applied often. This will help to prevent the skin from becoming itchy, dry, and scaly.

Burn Wound Care

Twice each day, the nurse will give your child pain/anxiety medicine as needed and plan for burn wound care. The amount of time needed for burn wound care and the time of day at which burn care is done can vary due to many factors. Our team will keep you informed about the times for your child's wound care as much as possible.

Once each day, the staff will bring your child to the hydrotherapy ("tank") room for wound care (Figure 7). The wound will be cleaned and the dressings will be changed (see below) while your child is on the shower table. Each day, wound care will also be done at your child's bedside. During wound care, many members of the burn team check to see how the burn is healing. Please ask them any questions that you may have.



Figure 7: The 8 South hydrotherapy room

Changing the Bandages (Dressings)

During wound care, old bandages (dressings) are removed and the wound is gently cleaned with special soap, water, and gauze pads. Once the area is clean, doctors, nurses, PAs, PT/OTs, and others will check the burn for healing and/or infections. Nurses will then put a cream or special bandage on the area and wrap the burn with new, clean dressings. The staff may also place splints at the area if needed.

Helping You and Your Child During Wound Care

The burn team knows that wound care can be painful and stressful for you and your child. We will do everything we can to support both of you during these times. Let us know what usually helps your child cope when he/she is sick. For example, in addition to giving pain medicine, our child life specialist can help your child cope by distracting him/her with games/movies or by talking to your child.

If Your Child Needs Surgery

Deep burn injuries (such as those that are deep second-degree or third-degree) will only heal with surgery. If your child needs surgery, the doctors, nurses, PAs, and others will talk to you about the operation and what you and your child can expect after surgery. We know that talking about this can be scary. Please write down and ask any questions that you and your family may have about the surgery and recovery. To help your child get ready, our child life specialist can speak with your child about the surgery using terms and in ways that meet your child's ability to understand.

Getting Ready for Surgery

At least one day before the scheduled operation, the doctors or PAs will speak with you about the plan for surgery. They will also ask you to sign a consent form that allows the team to do the surgery and/or other procedures as needed. Please read the consent carefully and ask any questions you may have. During the hours before surgery, your child will not be able to eat or drink anything except for medicines given by the nurse. On the day of surgery, the doctor, PA, or nurse in the operating room (OR) will ask you to sign the consent form again. If you would like, you may go with your child to the OR, on the third floor, and stay until the team is ready to do the surgery. At that point, we suggest that you wait in the family lounge on Greenberg 3 West (G3W). The doctor will come there to meet with you after the surgery to let you know how your child is doing. Your child will return to the Burn Center from the operating room or post-anesthesia care unit (PACU) as soon as possible.

The Operating Room and Recovery

While your child is in the OR, he/she will be hooked up to a heart and breathing machine. He/she will also be given anesthesia so he/she will not feel pain or be aware of the surgery. After your child is asleep, the team will take off the burned skin and apply new, healthy skin to that area using staples or stitches. In most cases, this new skin comes from an area on your child's own body known as a "donor site." When this new skin is placed on the burn injured area it is called an "autograft." Sometimes, this donor skin is stretched or "meshed" before it is applied to the burn. This is done in order to use the smallest amount of donor skin as possible.

In some cases, the doctors may speak to you about using "homograft" (also known as allograft), or donor skin that is not your child's, to treat the burn injury. This donor skin is used for short-term wound care and is then replaced by your child's own skin during another operation.

After the burn has been grafted, the doctors and PT/OT team will place bandages, casts, and/or splints, if needed at the graft sites to protect the new skin (Figure 8). These can make it very hard to walk, move, sleep, or play, but they are very important to help your child heal well. After the surgery is complete, the doctor will meet with you to let you know how your child is doing. He/she will also speak to you about your child's bandage and splint needs, and answer any questions that you may have. These dressings and splints will remain in place for 5 - 6 days to allow the affected areas to heal. After that time, they will be taken off, the areas will be checked, and the wound and splint care may change.



Figure 8: This child is wearing a cast after skin graft surgery.

Any donor site(s) will be bandaged during the surgery. They usually stay covered and heal within two weeks. During that time, they may slightly ooze, bleed, or cause pain/discomfort. If your child is ready to leave the Hospital before the donor site(s) have healed, the staff will speak to you about how to care for them after discharge.

Wound Care At Home

As your child's burn injury heals, the team will show you how to take care of your child's burn once he/she is ready to leave the Hospital. They will also answer any questions you may have.

COPING WITH THE HOSPITAL STAY

It is very common for children to be scared and/or nervous when they are in the Burn Center. This happens because they are away from home, family, siblings, and normal routines, and have to undergo painful burn care. Children look to adults they trust to help them deal with these challenges. This may be very hard for parents to cope with since they, too, have their own fear, stress, and even guilt. But there is a lot that parents can do to make a stay at the Burn Center easier for their child and for themselves. Some ways to do that include:

Firefighter Jeff Giordano Child Life Playroom

The Firefighter Jeff Giordano Child Life Playroom is on 8 South in room 8-327 (Figures 9 and 10). The playroom offers many services to the children and families treated in the Burn Center, and is open most days. Please check the exact hours and days posted on the door. Soon after your child is admitted, a member of the child life staff will meet with you and your child. If your child is unable to visit the playroom, a child life staff member will visit with you and your child at the bedside to offer the same care, support, and teaching that are available in the playroom.

Some of the Playroom services include:

- **Medical play:** Children role-play and act out feelings about being in the Hospital.
- **Getting ready for procedures:** To help prepare your child, child life staff can teach your child about wound care, placement of an IV (intravenous catheter), or feeding tube, and surgery, or other treatments, if needed. Children can look at pictures of the operating room, play with approved medical supplies, and ask questions.
- **Distraction:** Staff members use bubbles, books, movies, and music to help distract your child's attention from certain aspects of treatments such as wound care or IV placements.
- **Group activities:** Spending time with other children who are going through a similar experience can help your child deal with his/her injury.
- **Bedside care:** The team brings activities to the bedside that appropriately meet your child's age and activity level needs.



Figure 9



Figure 10

Additional Child Life Services

- **Looney Louie** comes every other Tuesday and performs magic for the children in the playroom and at the bedside.
- **Music therapists** use music in a one-on-one and/or group setting to help by distracting the child from painful care, offering a way to cope with stress, pain, and/or anxiety, and expressing themselves through music or song.

School

School is available for school-aged children (kindergarten through high school) every day (Monday – Friday) from 2:00-3:00 pm according to the New York City school calendar. A certified teacher from the New York City Board of Education gives lessons. Classes are held in the Firefighter Jeff Giordano Children’s Playroom (8-327).

Parents’ Support Group

This weekly group is led by a psychologist specialized in treating those affected by trauma and the child life specialist. The group offers information, support, and stress management to parents and caretakers of children in the Burn Center. Meeting times and locations are posted in the playroom.

Comforting Your Child:

- Touch/hold your child if his/her condition allows.
- Use calm, gentle, positive tones and faces.
- Try not to be overly upset, scared, or nervous around your child since that may scare him/her. For example, if you feel that you are going to cry, take a deep breath or step away for a short time. Let someone else stay with your child until you are calm.
- Be careful not to talk in a worried tone about your child’s burn while in his/her Hospital room. If you need to talk with someone in person or on the telephone, step outside of the room.
- Encourage play and visit the children’s playroom if medically cleared to do so.
- Speak with the child life specialist about arranging a sibling visit.

Make your child’s room more like home:

- Bring in favorite toys, books, movies, and food from home.
- Post cheerful pictures, drawings, and posters.
- Stay with your child as much as you can; ask family or friends to be there when you can’t be or need a break.
- Spend the night in your child’s room.

Take Care of Yourself

Parents who have a child in the hospital sometimes neglect their own health and well-being. But you can do more for your child if you take good care of yourself. Be sure to:

- Eat regularly.
- Sleep or rest when your child is sleeping.
- Take regular breaks, go for a walk.
- Use the shower facilities on the 6th floor.
- Accept help – if family members or friends offer help, take it!

It is normal to feel frightened or nervous when your child is not well. To help you to be there for your child, take care of yourself. Try to take steps to relieve stress.

Ways to Relieve Stress

- Share your thoughts and feelings with others, including other parents on the Burn Center, family and friends.
- Attend the Burn Center's weekly parents' group (see page 17).
- Contact the Chaplain Service or your own religious advisor.
- Do some stretching exercises.
- Write down some of your thoughts and feelings.
- Learn as much as you can about your child's care.
- Write down questions for your child's care team. Ask them as often as needed.
- Listen to music.
- Ask to speak with the staff psychologist.

Remember, if you are feeling well, you will be better able to care for your child, and your child will feel more at ease.

Calm Breathing to Reduce Stress

When we are under stress, anxious, nervous, or scared, our hearts beat faster, our muscles tighten, and our breathing becomes short and fast. This response may help us for short periods of time in a crisis but can make it difficult to cope over the days and weeks after a child's burn injury occurs. 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.

How to breathe calmly

- Sit, stand, 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 to yourself or picture the color GREEN as you breathe OUT.
- Take the next breath.

Practice calm breathing whenever you feel stressed. Set aside time each day to practice.

LEAVING THE BURN CENTER

Planning for discharge (leaving the Hospital) begins soon after coming to the Burn Center, even if your child will be in the Hospital for a while. For example, upon admission, you will receive a Discharge Envelope along with the *NewYork-Presbyterian Hospital Patient and Visitor Guide: During Your Child's Stay* so that you can have a single place to keep information related to the Hospital stay. Factors that affect the length of stay are your child's progress, home needs, family resources, wound care teaching, and the follow-up care plan. During your child's Hospital stay, various members of the burn team will speak with you about these issues as your child's needs may change over time.

As your child gets ready to leave the Hospital, the team will work with you to plan for the next level of care. For example, your child may be able to go home with outpatient follow-up and/or may need a home care program. Our team will help to arrange for the right level of care for you and your child after leaving. To help you get ready for discharge, the staff will go over the contents of your child's Discharge Envelope to make sure that you have all of the needed information. They will review all of the instructions for wound care and follow-up with you and ask that you let them know that you understand what is explained.

Planning a Visit to the Doctor's Office

Before your child leaves the Hospital, the staff will help you to make an appointment to see your child's burn doctor for an office visit. This check-up usually takes place within 2 weeks after leaving. It allows the team to check healing, scarring, and how well your child is moving the affected area(s). They will also answer any questions you may have, and talk to you about your child's progress. Please see the Follow-up Visits section (pg. 20) for more on this.

Discharge Checklist

In order to get ready to leave the Hospital, please make sure you can answer "yes" to the following questions:

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

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 child's care may come up after you have already left the Burn Center. If you have any questions after your child has been discharged, 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. He/she will ask how you and your child are and if you have any questions or concerns. Before you leave the Hospital, your nurse will ask for the best telephone numbers, times, and days to reach you.

CARING FOR A BURN INJURY AFTER LEAVING THE HOSPITAL

Even after leaving the Burn Center, your child's burn will still need care, and the skin will take months to fully heal. During this time, we recommend the following:

Follow-Up Visits

Prior to leaving the Hospital, we will help you make an appointment for a follow-up visit in the outpatient Burn Center in the "L" wing on the 7th floor within two weeks of discharge. During these visits, the attending doctor, nurse, PT/OT and social worker, if needed, will meet with you and your child. The team will check the wound for healing, movement, and function and help you plan for future needs. Your child will be seen by the burn doctor until the scars are considered "mature" (most often, one year after injury). Please ask us any questions and/or concerns you may have about your child's recovery. 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.

Scars

One of the most common long-term effects from a burn injury is a scar. 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.

Treating Scars

Scar management is the process designed to help scars heal well so the new skin stays soft and flat enough to let the body move. This process begins upon admission to the Burn Center and may include splint use and stretches. After the burn heals, your child may use special, tight-fitting clothes (see Pressure Garment on page 21) to help with scarring. The burn team will talk with you and your child 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 ongoing PT/OT care after leaving the Hospital. This care can include any of the following:

Home Exercise Program: During the Hospital stay, your child's PT/OT will make a plan for a home exercise program. This may include stretching, splint wear, and pressure garments (see page 21). The home exercise program is designed to help the skin continue to heal and prevent scars.

Outpatient PT/OT: If your child has needs that require more than what can be given at home, our team will suggest that he/she attend outpatient PT/OT care. These visits may take place as many as 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, and can easily contact the team which treated your child in the Hospital if needed. If you prefer, your child may get care at a site of your choice. Once your child begins care at that site, our therapist will contact your child's new therapist to provide guidance specific to your child's burn.

Acute Inpatient PT/OT: In cases when a child requires at least several hours of PT/OT each day to get better after a burn injury, our team will recommend admission to an acute care, inpatient rehabilitation hospital. These hospitals focus on intensive PT/OT while supporting minor medical care. Should your child need this level of care, our team will assist you through the process of choosing and transferring to that facility.

Pressure Garments

Pressure garments are tightfitting clothes (made of cotton, nylon, and elastic) that are worn over healed burns and under regular clothes. They help to keep the skin soft and flat. If your child needs these, he/she will be given temporary garments, usually cotton/elastic tubing, once the skin has healed (Figure 11). He/she will then be measured for a custom set (ready in about 3-4 weeks) such as the glove in Figure 12. When the custom set arrives, we will ask you to bring your child to the doctor's office where he/she will be fitted for these garments. You/your child will also learn how to wear and care for them.



Figure 11: Standard cotton/elastic pressure garment



Figure 12: Custom made pressure garment

As the garments can be tight and may show under regular clothes, children often do not want to wear them. However, to help your child get the best results possible, it is critical that your child wear them as recommended until the wound is mature. Garments should be worn 23 hours each day and taken off for bathing.

Your child may outgrow the pressure garments quickly. If you notice that the garment is too small, call your child's doctor's office to make an appointment to be refitted. The first set of pressure garments is paid for by the Hospital, while additional purchases of garments will be at the parent's cost. Please check with your insurance plan to see if coverage is provided.

Sometimes, pressure garments may cause blisters. If this happens, take the garment off your child and leave it off until speaking with a Burn Center nurse or PT/OT. Then please make an appointment with your child's doctor as soon as possible. Try to keep the blister intact by covering it with light gauze or a band-aid. Do not open or pop the blister.

Moisturizers

Lotions, such as Lubriderm®, cocoa butter, 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 your child wears a pressure garment, apply the lotion 20 minutes before putting on the garment.

Sensation

Nerves help us to feel pain, touch, and heat/cold. If nerves are injured, they can take months or years to heal. In children 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 your child gets into the bath or shower. Your child should also avoid rough play as new skin can break or bleed easily.

Sun Exposure

Newly healed skin, donor sites, and skin grafts sunburn easily. To protect against this, your child should wear sunscreen with a minimum of sun protection factor (SPF) 15, even under pressure garments. Pressure garments (Jobst® or Medical Z®) do not block sunlight. Loosely fitting clothes (such as a hat, long sleeve t-shirt, pants) over the affected areas will also help to protect these areas. The best option is to wear clothing made with SPF >30, along with sunscreen.

Clothing

Your child should wear loose cotton clothes (such as t-shirts, light pants, and sweatshirts) after a burn injury. Tightfitting clothes, belts, and elastic pants can rub against new skin and cause blisters. Soft slippers and sandals may feel better to your child than shoes.

Skin Color

The color of healed skin will change over time and is affected by your child's original skin color, how deep the burn was, how your child's body heals, and if your child 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.

COPING AFTER DISCHARGE

Return to Family/Community/School

Although leaving the Hospital is a positive step in your child's recovery, it can be scary and stressful to depart from the safety of the Burn Center. Parents may worry about taking care of the healing child and his/her siblings, home safety, and how you and your family will adjust. Children may worry about what others might think or say, if and when they can get back to school and other activities, and how they look. Know that it will take some time to deal with what happened and that some stress and fear are normal.

Keep in mind that changes within the family that have occurred as a result of the burn injury are more often noticed after a child returns home. Be patient with yourself and your children as you deal with these changes. Slowly work to get the family back into a routine. Encourage your child to get back to his/her normal activities and to interact with others. This is important for you as well. All of these changes can be hard as you get back to your regular home (and work) tasks. If you find this to be too stressful, ask a friend or family member to help you and contact the burn team at (212) 746 - 0328.

Once home, you may find that you are more careful about and aware of safety - sometimes too much so. As the caregiver of a child who was hurt, this is to be expected. But keep in mind that injuries can happen in even the safest of places. Take logical steps to protect your child, but allow him/her to take part in regular activities.

Our mission is to help children who have suffered a burn injury continue to develop as normally as possible and successfully return to the community. To help with this, the burn team is available to teach parents, caregivers, teachers, classmates, and survivors how to deal with the possible effects of the injury and scars. Using terms that your child can understand, we can help teach your child how to respond to unkind comments and to people who might stare.

For information on programs that will help your child cope with the aftermath of his/her burn injury, see the school re-entry program (page 25) and the Phoenix Society's BEST Program (page 27) listed in the Resources List section of this guide.

How Stress Can Affect the Caregiver

Caring for a sick or hurt child in the Hospital can be physically and emotionally draining for the caregiver as well as the patient. Common adult responses to this stress may include:

- Frequent thoughts or dreams about the injury
- Avoiding reminders of what happened
- Difficulties sleeping or focusing
- Feeling sad, anxious, irritable
- Being overly concerned about safety

For many, these 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. Keep in contact with them. If any of these symptoms go on for more than a few weeks or if they affect your work/social/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 (see Resource List for contact information).

How to Handle Questions or Stares from Others

Upon your return home, friends, family, and even strangers may ask you and/or your child about the burns or scars. They may want to know how you/your child 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, but you can control how you react to them. You or your child may not want to answer the questions and should never feel as though you have to answer. 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 have one answer for friends/family and another one for strangers. Also, you can refer to the BEST program for how to help your child deal with questions, stares, and comments (see Resource List section, pg. 27).

RESOURCE LIST

Below is a partial list of resources that can help you and your child on the path to healing. Some of them are NewYork-Presbyterian Hospital services while others are outside organizations.

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 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.

Camp Phoenix

Weill Cornell Medical College students run a day camp to help children deal with their emotions about their burn injuries. The activities build self-confidence, focus on teamwork, and bring together kids who understand each other. Siblings are invited to attend. The Camp organizes three one-day events held on Saturdays in November, February, and May. There is also a single, weekend trip in June.

Website: www.campphoenix.org

Email: campphoenixcornell@gmail.com

Juvenile Fire Setting Intervention Program at the Hearst Burn Center (212) 746-5417
Children who have set fires may be referred for screening and follow-up with support services. Burn prevention education is also provided. This program is offered free of charge.
Contact: Burn Outreach and Professional Education

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.
Contact: PATSS
Website: www.patss.com

School Re-entry (212) 746-5417
To help a child return to the classroom after a burn injury, the staff will speak to teachers and students about burns, recovery, and how they can help their burn-injured classmate. Burn prevention education is also provided. This program is offered free of charge and is open to all burn survivors and families.
Contact: Burn Outreach and Professional Education

Survivors Offering Assistance in Recovery (SOAR) Phone: (212) 746-1598
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 anytime 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.
Website: <http://www.ameriburn.org>
Email: info@ameriburn.org

Arthur C. Luf Children's Burn Camp (888) 40-BURNS or (203)878-6744
Connecticut Burns Care Foundation:
Since 1991, Burn Center staff members and firefighters throughout the region - including those from New York City - have volunteered as summer camp counselors at this regional sleep-away camp for children aged 8-18 who have survived serious burn injuries. Campers apply directly to the camp and attend free of charge. Camp is for one week in mid-July.
Address: 601 Boston Post Road, Suite 2, Milford, CT 06460
Website: www.ctburnsfoundation.org
Email: ctburnscare@optonline.net

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 0845 4500 275
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.
Website: www.changingfaces.org.uk
Website for young people: www.iface.org.uk
Email: info@changingfaces.org.uk

Phoenix Society (800) 888-2876
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
Website: www.phoenix-society.org
Email: info@phoenix-society.org

Phoenix Society Programs

- *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 8:30 pm

Scar Management Products

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

Vendor: Drug World

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

Phone: (212) 746-5005

Products: Jobst Pressure Garments

Vendor: North Coast Medical, Inc.

Website: <http://www.ncmedical.com>

Email: custserv@ncmedical.com

Phone: (800) 821-9319

Products:

Compression: Dema® Grip Compression Stockinette and Tubigrip® Stockinette

Silicone: Topigel® Sheeting

Vendor: Sammons® Preston

Website: <http://www.sammonspreston.com>

Email: CustomerSupport@Patterson-Medical.com

Phone: (800) 323-5547

Products:

Compression: Isotoner® Therapeutic Gloves and Tubigrip® Stockinette

Silicone: Cica-Care™ Silicone Gel Sheet, Oleeva™ Fabric Silicone Gel Sheeting,

Mepiform® Self-Adherent Silicone Dressing

Vendor: A-G-ONICS SOUTH, INC.

Phone: (800) 421-5647

Product: BIO-FORM™ Ready Made Chin Strap

Makeup: DERMABLEND™ Professional

Website: <http://www.dermablend.com/index.aspx>

Phone: (800) 662-8011

Products: Corrective makeup products that provide coverage for face and body skin color imperfections

APPENDICES

How Children Express Stress and Anxiety

Children of different ages show stress differently, depending on age. Note that each child is different, but below are some general ideas to help you comfort your child.

Infants and toddlers (0 - 2 years):

- Get comfort from trusted adults. If they are in a strange place, holding or soothing can help them feel safe and calm.
- Can tell if their caregiver is stressed. To reduce your stress, ask your child's nurse to give you the day's plan. This may help you and your child feel less anxious.
- Are afraid to be away from their parent. You can help your child by staying close by and asking another family member or close friend to stay with your child so you can step away and take a break.
- May be afraid of strangers (usually after 7 months old). They may also get upset when they see, hear, or smell new things or meet doctors, nurses, and other staff. Again, stay close by and use soothing words if your child is afraid.

Preschool age (3 - 5 years old):

- Want to do things on their own but are still afraid to be away from a parent.
- May know what it means to get burned, but they may not know what caused the burn or why it needs to be cared for. Teach your child about his/her burn using simple ways to explain how the body works.
- May feel a lack of control over the world. Your child may deal with this by pushing limits or acting out. Try to be patient with your child.
- May think he/she has to have wound care as a punishment for being bad. Be honest and explain things clearly. For example, you can say, "The nurses need to wash and clean your foot so you can get better."

Early school age (6 - 8 years):

- Do more things on their own and are better able to control what is around them. They like to feel helpful. To help them deal with being in the hospital, give them a "job." Tell them that "the nurses' and doctors' jobs are to make you better, but it's your job to tell them when things hurt or scare you."
- Can talk about why the burn injury happened, but these reasons may not make sense. Even at this age, your child may think he or she has to have wound care as a punishment for being bad. Be honest and explain things clearly. For example, you can say, "The nurses need to wash and clean your foot so you can get better."
- Begin to realize that they are different from their friends. Make sure their friends can visit them when they feel better or stay in touch by phone or email.

Older school age (9 - 13 years):

- Can better understand their burn injury and its treatment. Remember, they are still children. Do not expect them to react as adults do. Be patient and supportive.
- May feel left out when they miss school or activities. Make sure their friends and/or siblings can visit them when they feel better or stay in touch by phone or email.
- May be angry about their loss of control. You may feel the need to protect your child by keeping him/her from activities with other kids, or your child may not be allowed to take part in his/her usual play, sports, etc. for medical reasons. Help them get involved in new things like art and music.

Teens (14 - 17 years):

- Take part in their own care. Give them time to talk to the staff without you.
- May show increased anger. Your child may test you and other adults such as the doctors and nurses. Talk to your child about his/her actions. Give them positive ways and time to express what they are feeling.

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.

Anesthesia: medication given to stay comfortable during surgery, wound care, or other care. Types of anesthesia can include:

- General anesthesia: medication is given through an IV. It causes the patient to go into a deep sleep. He/she will not be aware of what goes on around him/her. Doctors will closely monitor your child's heart and breathing while getting this medication.
- Local anesthesia: medication is given at the site of the surgery (such as the leg). It will cause the area to feel numb.
- Conscious sedation: medication is given through an IV. It will help your child to feel sleepy or may put your child into a light sleep. Doctors will closely monitor your child's heart and breathing while getting this type of 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 your child, including doctors, nurses, 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.

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 cadaver 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 child's wounds. Often, the child life team, doctors, nurses, and therapists will see your child in this room.

IV/PIV line (intravenous line or peripheral intravenous line): a small tube placed a short distance into a vein that can be used to give fluids, and/or medications. IVs can be put into an arm, leg, hand, foot, or scalp and can be moved if needed.

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.

Pediatrician: a doctor specializing in the care of children.

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 child's recovery. They come in many sizes to fit the healing body part. Some patients may need custom-made garments. These are also tightfitting, long-term clothes made from spandex-like material that put pressure on the skin to help with the healing. You will be taught how and when to use them. You will also learn how to wash and care for them.

Resident: a doctor who has completed medical school and is training in a specific field of medicine (such as medicine, surgery, pediatrics).

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 your child is admitted to the Burn Center and includes splint use and stretches. After the burn heals, your child may use special, tightfitting garments (such as Tubigrip® or Demagrip®—see pressure garment definition above). These help to keep the skin flat. Your child 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. 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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