

Going Home: Burn Discharge

Burn Unit: 905-521-2100; extension: 46350

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	Burn Clinic – See appointment card						
	Tele-medicine (virtual follow-up) – You will be contacted by email or						
	telephone to arrange a Zoom visit with the nurse practitioner.						
	Not required – Call the Burn Clinic, nurse practitioner (card included) or surgeon's office (card included) if needed						
Other Appointments							

☐ See attached appointment card(s)

Wound Care

- Small areas of bleeding and scabs are normal
- Take pain medication and shower as directed

Your wound care has been arranged as follows:

□ Burn Clinic

- Bandages will be changed at your Burn Clinic appointment
- Take pain medications prior to attending your appointment
- ☐ Home & Community Care Support Services (HCCSS)
 - You will have wound care in your home or at a wound clinic near you.
 - If you have not met with HCCSS before leaving hospital, you will be contacted by phone for details.
 - Please ensure the team has your current phone number, discharge address, and emergency contact.
 - HCCSS contact: 1-866-655-6402



□ Self-care – You or your family have been given supplies and taught how to change your dressings as follows:

Burn/Grafted Burn Skin

- Location:
- Shower + remove old bandage
- Pat dry
- · Apply in this order
 - Greasy gauze (e.g. Adaptic®/Jelonet®)
 - o Normal saline moistened gauze
 - Dry gauze
 - Wrap with roll gauze (Kling®)
 - o Secure with tape

Donor site

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•	Location:		
•	Location.		

- Xeroform® (yellow gauze) DO NOT pull off. It stays on your skin and begins lifting once your wound is healed. Only trim the edges of the Xeroform® that lift off with a pair of clean scissors.
- Xeroform® may have white gauze on top if wet. The white gauze needs to be changed daily in this order:
 - Remove old gauze
 - Apply normal saline-moistened gauze
 - Apply layer of dry gauze
 - Wrap with roll gauze (Kling®)
 - Secure with tape
- Once the Xeroform® is dry you can stop using the white gauze cover dressing.

Shower

- Shower (no baths) once daily before dressing change. You will be instructed whether to remove your dressing or not prior to showering.
- Use lukewarm water (not too hot or too cold).



- Use mild, unscented soap (such as unscented Dove® or Ivory®).
- Pat dry (don't rub) with towel.

For Healed Skin

- After showering, and at least two times a day or more, apply unscented, water-based moisturizing lotion.
- Do not use Vaseline Petroleum Jelly® or oil-based lotions or creams.

Face Care

You or your family will have been taught face care.

Heat & Cold Tolerance

- It is normal to feel more sensitive to hot or cold.
- You may need to adjust your layers of clothing (less or more), activity level, or how much time you spend in that temperature or environment.
- Speak to your burn team if you have any questions.

Exposure to Sunlight

- Healing skin is sensitive to sun and can burn easily.
- Stay in the shade and wear sunscreen on healed wounds.
- Sunscreen should be water-based and have a minimum of SPF 50.
 Apply 30 minutes before going outside and re-apply every 2-3 hours.
- Wear protective clothing and a wide-brimmed hat.

Swimming

 No swimming, pools, lake water, or hot tubs until directed by your burn team



Water Blisters

- Clear water blisters are normal. Do not pop them.
- Do not limit your activities if water blisters appear.

Nutrition

- Resume a healthy, balanced diet with regular meals on discharge.
- Supplements and special vitamins are no longer required for your recovery unless specifically recommended by your dietitian.

Pain Management

Please take your medications as described.

Driving

- You may be advised not to drive temporarily due to changes to your body from your burn injury, skin grafts or other health issues.
- You should not drive while taking narcotics or opiates as they may cause sleepiness.
- Please discuss any questions with your surgeon, family doctor or pharmacist.

Emotional Support

- It is normal to experience changes in your mood as you cope with different stages of recovery.
- Support is available with social work, the nurse practitioner, through peer support with another burn survivor or a referral to psychiatry.
- The Phoenix Society (<u>www.phoenix-society.org</u>) or Life After Burns (<u>www.lifeafterburns.ca</u>) are also good resources.



Sexuality & Intimacy

- Medications and body changes from surgery may affect sexual comfort or performance.
- Please speak with your burn team, social worker or nurse practitioner if you have or your partner has any questions.

Body Image

 Changes to the body after a burn can be an adjustment for patients and families. Please speak with your burn team, social worker or nurse practitioner.

Exercise

- Your therapist will tell you if you are referred to outpatient rehabilitation.
- Follow handouts provided by your therapist.
- Wear your splints as directed by your therapist.

Scar Management

• Early options include wearing coban tape, tensor bandages, tubigrip and edema gloves.

Pressure Garments

- Follow wearing schedule and care instructions for garments.
- If your skin breaks down or blisters, clean and cover the area with a bandage and wait 1-2 days before wearing garments.

Massage

• Use water-based lotion to massage for 30 seconds over healed skin as directed by your therapist or nurse (refer to scar massage handout).



When to Call 9-1-1

• Call 9-1-1 in an emergency. For example, if you are having chest pain or difficulty breathing.

When to Call Your Family Doctor/Walk-in Clinic

 For general medical issues or pre-existing health issues not related to the burn

When to Call the Burn Clinic

- If you have:
 - o Fever, chills or flu-like symptoms
 - Blood blisters
 - o Wounds that smell/have a bad odour, new drainage or pus
 - Bleeding that does not stop on its own, or soaks through the bandage
 - New swelling
 - Difficulty coping
 - o Any questions about your burn care after discharge
 - Pain that is not controlled despite taking your medication as prescribed