If found, DO NOT DISCARD
Please return to Burn ICU
801-581-2700
Burn Unit Admission Checklist

☐ Burn Care Book
  o Contact information for Burn Center
  o Card Holder
  o The Burn Team
  o Visitor Policy
  o Support Group
  o Discharge Criteria
  o Journal
  o Dictionary
  o Patient’s Rights and Responsibilities

☐ Red Admission Folder

☐ Security Code

☐ Room
  o Couch/bed
  o Closet/storage
  o Call light
  o TV/TV remote, TV guide, DVD player, Amazon Fire Stick
  o White Board
    ☐ Room Number
    ☐ Unit Phone Number
    ☐ Family names/contacts

☐ Unit Tour
  o HUC desk, check-in
  o Playroom
  o Family Lounge, refrigerator, laundry 1, available food
  o Waiting Room/Outpatient Clinic
  o Family Consult Room
  o Laundry 2
  o Tank Room
  o Burn OR
  o Burn Therapy Gym

Place chart sticker here upon admit
Here at the University of Utah Health Burn Center we are committed to providing world-class care throughout a patient’s healing journey. During a patient’s stay with us, they will have access to state of the art advances in burn care recovery, reconstruction, and follow-up care. Our team is dedicated to providing professional holistic care of every patient, family member, and caregiver.

The University of Utah Burn Center, established in 1982, is a 15-bed trauma intensive care unit. Our center includes an operating room, specialized wound care team, burn therapy department, outpatient clinic, and a community outreach team. We are the only American Burn Association (ABA) verified center for adults and pediatrics in the Intermountain West, treating over 4,500 patients annually.

During your or your family members stay, we recommend that you designate a spokesperson to assist with communication between the burn care team and family. By identifying a spokesperson, communication becomes more clear and efficient. An individualized security code will be assigned and will be required for information to be given over the phone to ensure the privacy and safety of our patients and federal HIPPA laws.

As your loved one heals, a family member may be asked to become more involved with the patient’s wound care and therapies to facilitate a successful transition back home. We offer strategic team support throughout a patient’s stay and at every critical milestone through their transition to a normal and healthy life.

Burns are traumatic, affecting not only the patient, but family, friends, and communities. For this reason, we created this Burn Care Guide Book as a resource and tool. As a Burn Center, we hope you find it useful for whatever circumstance brings you here.
University of Utah Health

Burn Center Information

50 North Medical Drive
Salt Lake City, Utah 84132

Burn Inpatient Care
C41, Main Hospital – 4th Floor
Front Desk: 801-581-2700
Fax Number: 801-585-2103

Teleburn
801-585-7073

Burn Outpatient Care
C40, Main Hospital – 4th Floor
Monday – Friday: 7:30 a.m. – 5:30 p.m.
Front Desk: 801-581-3050
Fax Number: 801-581-8446

Burn Therapy Office
801-581-2132

Patient Help Desk
If you need medical assistance, call your nurse. For anything else, please dial zero (0) on any hospital phone to speak to the Patient Help Desk

healthcare.utah.edu/burncenter/

facebook.com/UofUBurnCenter/

A special thank you to the Phoenix Society, American Burn Association, Arizona Burn Center, and HealthWiseBC for the content in this guide.
Burn Care

Why am I here?
You have been referred here because you meet the American Burn Association’s referral criteria and need specialized burn care only a verified burn center can provide. University of Utah Health’s Burn Center provides the most comprehensive care for burn patients in the Intermountain West. Burn patients endure not only severe physical injuries, but also emotional and spiritual trauma as they work towards recovery. Our burn center is equipped with all the resources to care for you and your family during this difficult time.

Initial Treatment
The treatments explained may vary. The team will individualize, explain, and provide care as needed. We give a general estimation of 1 to 1.5 days in the hospital for every 1% of total body surface area (TBSA) burned. This does not account for complications and will not be exact.

Stabilizing Breathing
In an emergency situation, the most important aspect of care is not the burn, but the patient’s breathing and circulation. Some patients may require a breathing tube which is attached to a ventilator and assists with breathing.

Patients who do not require a ventilator often need oxygen from a face mask or nasal cannula. A pulse oximeter is attached to the patient to continually monitor the amount of oxygen in the blood.

Gaining Fluid Access
A small plastic tube may be placed in the patient’s veins. It delivers fluids and medicine. Many patients may have more than one tube.

Monitoring the Heart
The patient will be attached to a heart (EKG or cardiac) monitor by leads (plastic covered wires that snap onto stickers placed on the chest). This allows the burn team to continuously monitor the heart. Monitors can be viewed throughout the unit and team members will respond to alarms.

Inserting a Foley Catheter
A Foley catheter (plastic tube) is placed in the urinary tract and in the bladder. This allows for hourly monitoring of urine output so fluids can be adjusted appropriately.

Eating and Drinking
Patients with large burns may not initially be given anything to eat or drink because the stress to the body affects the stomach’s ability to digest. If food or fluids are given before normal stomach activity returns, the patient may become sick and vomit. A study may need to be done before you are able to eat or drink.

With burn injuries, the body begins to use energy at a very rapid rate and requires a large amount of calories and fluids to heal.

If additional nutrition is needed, a feeding tube (small, soft, pliable tube) may be placed. It is inserted in the nose, past the stomach, and into the intestines to provide high-calorie supplements.
Water
We often restrict water intake so that all fluids entering a patient contain calories and protein.

Regulating Body Temperature
Healthy skin helps to control the body’s temperature. Because burn patients are unable to regulate their body temperature, heated blankets and radiant heat are used to keep the patient warm.

Controlling Pain
Burns can be very painful. Every effort is made to relieve pain. A combination of IV and oral medications are used for pain management.

A Day in the Life of a Patient
Here is what a general day as a patient looks like.

- Your nurse is assigned to you for a 12-hour shift. The nurse hands off your care during bedside report which takes place at 7 am and 7 pm, daily. We encourage you to participate with bedside report and ask questions at this time.
- Vital signs (blood pressure, temperature, heart rate, and respiratory rate) are taken regularly throughout the shift.
- Personal hygiene is provided on a daily basis with a bed bath, shower, and/or dressing change. Wound care changes will be based on your needs.
- Our burn operating room is open Monday-Friday. If you require surgery a plan will be made in advance, to prepare you for the procedure and to ensure all questions are answered. Our hospital is also equipped to provide emergent surgical needs.
- You will have a diet ordered based on your nutritional needs, which will be managed by a dietician. Some patients need supplemental nutrition through a feeding tube.
- A provider will prescribe medication based on your needs and all medication will be administered by your nurse.
- Our burn therapy team will assess and customize a plan to strengthen and rehabilitate you during recovery.
- Respiratory therapy and speech therapy may also be part of your daily needs and routine.
- Emotional, psychological, and spiritual needs will be supported by the psychosocial team.
- Rounds with the burn team occur daily to address your goals and plan.
About Skin and Burns

When most people think of burn injuries, they think of damage to the skin. Burns also affect many other areas of the body because the skin plays such an important role in protecting the body from the environment. Understanding skin and how it contributes to body function can help us understand what happens to the body after a burn.

Skin is the largest (and heaviest) organ. Eight pounds of skin cover the average adult, almost 23 square feet!

Protection

Much like a knight’s armor, skin is the body’s protective covering. It protects from a lot of things without us even having to think about it. It provides a barrier to viruses and bacteria, helping to prevent illness. It blocks the harmful parts of sunlight that can cause damage to cells. It’s also waterproof, keeping the water in the body from escaping, and keeping us from absorbing water like a giant sponge every time we take a shower.

Sensation

Thousands of microscopic nerve endings live in the skin, allowing the brain to interact with its environment—in other words, to feel! Different nerve types feel different sensations; some nerve types detect temperature and pain, some detect touch, while others detect vibration and tell the brain the location of different body parts in relation to each other. It’s an invisible, complex system that’s quite literally at our fingertips.

Temperature Regulation

The skin also helps keep the body at the right temperature to function, a cozy 98.6 degrees Fahrenheit. Most of the time the temperature of our surrounding environment doesn’t match this perfectly (thank goodness), which means without a protective mechanism we would constantly be either losing or gaining too much heat. Skin solves this problem by acting like the most advanced jacket ever imagined: it senses when the surrounding temperature is too cold and adjusts to keep body heat from escaping. Likewise, when we get too hot, our skin adjusts by opening pores and sweating, allowing the body to cool down.

Healthy Bones and Hormone Production

Skin helps build and maintain healthy bones. Skin produces vitamin D, which helps absorb calcium and strengthen bones. Skin also produces and reacts to other hormones (the body’s chemical messengers) to help maintain many body functions.

Movement

Skin is strong enough to protect us, but also flexible enough to allow us to move freely. These properties come from the proteins that help compose skin: collagen gives skin strength, while elastin gives skin flexibility.
How Burns Damage Our Skin

What is skin made of?
Skin has three main layers: the epidermis, the dermis, and the subcutaneous tissue (hypodermis).

Epidermis
The epidermis is the very outer layer of skin. It’s largely made up of keratinocytes, or cells that contain keratin. They form layers that continuously grow outward replacing the top layer of skin cells.

Dermis
Under the epidermis is the second layer of skin, called the dermis. It is packed full of the components that skin uses to function as an organ system. This layer contains the collagen and elastin that makes skin strong and stretchy, as well as blood vessels, nerves, hair follicles, sweat glands, and oil-producing glands.

Subcutaneous Tissue (Hypodermis)
"Subcutaneous tissue" is a fancy way of saying "fat," which is what this layer is composed of. But fat isn’t all bad: this layer cushions us, works as insulation to help with temperature regulation, and of course, provides energy storage that our bodies can use in times of starvation or increased energy demand. Under this layer are our muscles, bones, and internal organs.

Different burns affect skin and the rest of the body in different ways. The mechanism of injury (that is, what actually caused the burn) determines wound patterns.

The first layer to be damaged is the epidermis. Deeper layers are damaged in more severe burns. The exception to this is electrical burns. Electricity travels through the body along bones, so the damage occurs from the inside, out. This makes it difficult to determine the severity of an electrical burn just from looking.
First Degree Burns/
Superficial Burns
- **Skin layers**: Epidermis only
- **Looks like**: Red skin without any blisters
- **Feels like**: Hurts when you touch it, but tolerable
- **Healing Time**: Will heal without treatment in a few days
- **Example**: A sunburn is a first-degree burn

Second Degree Burns/
Partial Thickness
- **Skin layers**: Epidermis and dermis
- **Looks like**: Bright red, moist skin with tense, fluid-filled blisters
- **Feels like**: Extremely painful
- **Healing Time**: 10-14 days

Deep Second Degree Burn/
Deep Partial Thickness
- **Skin layers**: Epidermis and dermis
- **Looks like**: Dry, waxy skin that is either white or dull red and can have blisters
- **Feels like**: Hurts, but less painful than a Partial Thickness Burn
- **Healing time**: More than 10 days to heal and may require surgery

Third Degree Burns/
Full Thickness
- **Skin layers**: Epidermis, dermis, and subcutaneous tissue
- **Looks like**: Dry, leathery skin that varies in color
- **Feels like**: Relatively painless
- **Healing time**: Dependent on size of burn; almost always requires surgery
The Care Team

Your Providers

Dr. Giavonni Lewis, MD
Dr. Irma Fleming, MD
Dr. Callie Thompson, MD
Molly Bailey, Physician Assistant
Kathleen Ewanowski, Physician Assistant
Westley Hunsaker, Physician Assistant
Dr. Samuel South, MD Fellow
Mindy Orr, Nurse Practitioner
David Souza, Physician Assistant
Crystal Webb, Physician Assistant

The Burn Team

Treating burn injuries can be a difficult and lengthy process. Our Burn Team provides a shared approach, which include caregivers, committed to providing the best outcomes for our patients. Patients and their families visiting the Burn Center have access to the latest treatments as well as a caring supportive staff that put the patient’s and their family’s needs first. We understand the impact a traumatic injury can have and our team provides the resources and emotional support necessary to help our patients and their families through this process. Specific team members will be listed on the dry erase boards in each patient room; updated each shift.
Attending Physician
The attending physician is the surgeon who is in charge of all patients on the unit and their care. Our attendings are dedicated to the burn center, performing surgery and procedures as needed for medical management of critically ill patients. They also provide support to referring providers and outside hospitals.

Advance Practice Clinicians (APC)
The Burn Unit APC group consists of both Nurse Practitioners and Physician Assistants. They are an important part of our team and provide high-quality care to our patients.

APCs conduct exams, order and interpret tests, diagnose, develop treatment plans, prescribe medications, perform procedures, assist in surgery, and coordinate care – all in collaboration with a physician.

House Staff
House staff are doctors in training, supervised by your attending physician. House staff include:

- Fellows: physicians who have completed medical school and residency and are specializing in a particular area of medicine
- Resident/Interns: doctors in training who have completed medical school
- Medical students: individuals who are currently in training to become physicians

Patient
During the early stages of burn treatment, the patient may be dependent upon the nursing staff and other members of the team for total care. As healing progresses, the patient becomes more independent. Our team strives for patient collaboration and encourages patients to participate in all cares as able.

Family
The family is a very important member of the team as they can help provide motivation and emotional support to the patient. We encourage family members to advocate, ask questions, and participate. They will be guided on how best to care for their loved one both in the hospital and after discharge.

Nurse Manager
The nurse manager is responsible for all nursing care on the unit.

Charge Nurse
The charge nurse supports and supervises staff and patients shift to shift.

Nurses
Every patient will be assigned a bedside nurse each shift (7a-7p and 7p-7a) during their stay. Each nurse is assigned between 1 and 3 patients per shift. The nurse is responsible for assisting with wound care, administering medications, doing assessments, and communicating with the providers about the management of patient care.

Health Care Assistant (HCA)
HCA’s on our unit assist with wound care, stocking rooms, and patient needs. They respond to call lights and are available to help with activities.

Health Unit Coordinator (HUC)
Our HUC directs patient visitors, answers phone calls, coordinates admissions and discharges, and processes patient information. The HUC’s desk is inside the main entrance to the unit. To ensure patient safety, visitors must check in with the HUC every time they enter the unit.

Wound Care Team
The wound care team consists of experienced Registered Nurses and Health Care Assistants. The wound care team assists the bedside nurse with wound care, wound evaluation, and giving direction on what type of dressing will work best. The wound care team takes photos on admission, with significant changes, and every Wednesday. Changes in wound care are then communicated with the provider.

Pharmacist
Burn patients have special medication needs. Medication adjustments are often needed as conditions change. Pharmacists help manage medications, ensuring each patient receives the right drug, dose, and frequency. They also
make sure there are no harmful interactions among medications and provide information regarding potential side effects of medications.

In addition, pharmacists consult with patients, nurses, and doctors to answer any questions about medications. Each patient will first encounter a pharmacist when putting together a list of current medications. This is called a medication reconciliation.

It is important for us to have an accurate list of all the medications taken on a regular basis. At discharge, each patient will meet with a pharmacist again to update medication lists and answer any questions.

**Respiratory Therapist**
Patients often need assistance with breathing and keeping their airway open. Respiratory therapists ensure the ventilator (breathing machine) works properly, monitor patient’s oxygen levels with bedside monitors, and administers respiratory medications.

**Dietitian**
Burn patients have specific dietary needs to allow for healing. Dietitians ensure that patients receive adequate amounts of nourishment.

**Speech Language Pathologist**
Speech Language Pathologists work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing.

**Burn Surgery Team**
The University of Utah Health Burn Center has a state of the art operating room adjacent to our unit. The Burn OR is open Monday through Friday.

The Burn Surgery team consists of:
- Burn Surgeon
- General Surgery Resident
- Burn APC
- Anesthesia
- OR Scrub Tech
- OR Nurse
- OR HCA

**Burn Therapy Team**
The therapy team consists of occupational and physical therapists and aides. The burn therapy team assists patients with functional mobility, flexibility, and a personalized exercise plan during their inpatient stay and after discharge. More information can be found in the Burn Therapy section of this book.

**Psychosocial Team**
The psychosocial team on the burn unit consists of Licensed Clinical Social Workers, a Clinical Mental Health Counselor, a Certified Child Life Specialist, and Certified Recreation Therapist.

Because of the traumatic nature of burn injuries, patients can experience a range of emotions, changes in mood, or symptoms of acute stress. **Clinical social workers** assess each patient individually in order to form a treatment plan best suited to the patient’s needs. By using clinical interventions including mindfulness practice, cognitive behavioral therapy, mind-body bridging, and eye movement desensitization and reprocessing (EMDR), social workers help provide patients with specific coping strategies and tools.

Our **child life specialist** provides support for pediatric patients and their families as well as the children of adult patients. The goal of child life specialists is to minimize anxieties by providing services for burn-injured children that are psychologically and developmentally appropriate. Child Life achieves this through
preparation and support, preparing children to visit their loved one, school re-entry, behavior management, and normalization.

Recreation Therapy is utilized to improve the quality of life of our patients and to return them to leisure and recreation activities they enjoyed before their accident. Improving physical, cognitive, emotional, and social functioning is the primary focus of recreational therapy.

Case Manager
Following a traumatic injury, families often express concern about their insurance coverage. We encourage you to contact your insurance provider to discuss coverage. The case manager does the following:

- Coordinates available financial resources
- Arranges needed medical equipment
- Works with the care team on discharge plans
- Obtains and verifies insurance coverage
- Contacts payers for authorization

Spiritual Services
U of U Health recognizes that spiritual care can play an important role in the healing process and contribute substantially to a patient’s wellbeing. We offer spiritual care services to patients and their families and can contact local clergy on their behalf. If you desire a personalized visit with the Chaplain or from a local representative of your faith, please let your nurse know or contact the Information Desk.

Researcher
In order to provide medically advanced patient care, we participate in and conduct research. Each research project is reviewed by a group of professionals at University of Utah Health to ensure it is conducted appropriately and performed within federal guidelines.

It is possible that we may ask you to participate in a study and if so, please remember the following:

- If you have questions, please ask.
- Your participation is voluntary. If you decline to participate, your care will not be affected.
- All benefits and risks known to us for participating in a study will be explained to you.

Palliative Team
The palliative team goal is to improve quality of life for both patients and their families. Palliative care is provided by a team of doctors, nurse practitioners, social workers, chaplains and other specialists who work with patient’s medical team to provide an extra layer of support.

“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It’s the fuel that allows common people to attain uncommon results.”

—Andrew Carnegie

The burn team meets daily to discuss the specialized needs of every patient. This is called patient rounds.

There is no set time for rounds as it is dependent and flexible to the needs of the unit.

If you or your loved one would like to participate, please let a member of the care team know.
Visiting Guidelines and Resources
General Burn Center Visiting Guidelines

Two visitors are allowed at a time, including children. Please rotate as needed. We ask that visitors respect the patient’s privacy and step out of the room when care is given or when asked. When asked to step out, please leave the unit completely. Do not stand outside the room or in the hallways.

Entering and Exiting the Unit
Before entering the unit, visitors need to use the intercom to notify staff that they would like to enter. This is needed each time a person enters the unit. Hand sanitizer is provided prior to entering the unit and should be used before and after visiting.

Families and friends visiting patients with a 20 percent or more surface area burn must wear a gown and gloves while in the room. The skin protects the body from infection and people with large burns lack the ability to protect themselves from infections that visitors can bring.

Ability for the patient to leave the unit will be determined on a case by case basis. Please consult with your medical team before leaving the unit.

Visiting Hours
We allow one family member to sleep in the room overnight. Please ask a team member any questions you might have about how to convert the couch into a bed. While it is our goal to accommodate each patient’s and family’s needs, patient care comes first and we may limit visitation as needed.

Visiting on Day of Surgery
Following surgery, no visitors are allowed in the patient room until the medical team allows, which is typically 2 hours after the patient returns from surgery. A loved one should be available to speak to the doctor in the waiting room after surgery.

Fighting the Flu
Family and friends who are ill with an infectious disease, such as a cold or flu, should not visit. There are special guidelines during flu season that all visitors need to follow.

Children on the Unit
Children are welcome to visit, however it is important that they are supervised by an adult at all times. Please do not leave children unsupervised in the waiting room, playroom, or hallways. Children must wear shoes when visiting the patient care areas and should be reminded not to play on the floor. If you have children visitors, emotional preparation is offered by our psychosocial team before visiting for the first time.

Pets
We recognize the important part animals play in healing. Family pets current on vaccinations may come for a brief visit, however arrangements must be made ahead of time with the care team. Our volunteer services department offers visitation from a certified pet therapy dog if the patient’s pet is unable to visit.

Smoking
We respect the rights of individuals who choose to smoke. As a place of healing, our main concern is to provide a safe, smoke-free environment for our patients, especially those with breathing problems and weakened immune systems. For this reason, smoking is prohibited everywhere except in designated smoking areas. For burn patients, smoking may be prohibited as part of the health plan. Please consult the team for more information before smoking.
Family Spokesperson and Phone Calls
We recommend that families select a **spokesperson** to assist with communication between the burn care team and the family. This person can contact the unit for updates on the patient’s condition and notify other family members and friends.

A patient **security code** will be given to family and needs to be provided when calling to obtain information about the patient’s condition. Please limit who receives the security code.

Waiting Rooms
The burn center waiting room is located near the entrance to the unit and is shared with our outpatient clinic. We appreciate help in keeping the area clean. Please do not sleep in the waiting room and please keep noise to a minimum. Visitor restrooms are near the elevators. Restrooms located on the unit are for patient use only.

Bringing Gifts
Fresh flowers and plants are not allowed in the intensive care units as they carry bacteria, mold, and fungus. Only Mylar balloons are permitted in patient rooms. Latex balloons pose a danger to people with latex allergies and present a potential choking danger to children.

Valuables
Valuables and other belongings should be taken home. There is limited storage space on the unit so please limit your belongings. Please do not leave personal items such as laptops, cell phones or MP3 players unsupervised. We are not responsible for these items.

Family Kitchen / Food Storage
The family kitchen, located across from the clinic, has a variety of food available. Patients and families are able to keep food in the fridges both on the unit and in the family kitchen.

All items being put into a patient fridge must be sealed securely and labeled with name and date.

Playroom
The burn unit playroom is located next to the inpatient front desk. Children under the age of 13 must be supervised by an adult at all times in the playroom. Patients and families are welcome to take items from the playroom to use in their room. Any plastic toy found in the playroom is reusable and should be returned to the dirty toy bin next to the sink. Books, board games, play-dough, and other such items can be kept by families after discharge. Please clean-up after each use so that others may enjoy the space.

Laundry
Washers and dryers are available on the unit and in the family kitchen. The key for the laundry closet and detergent are available at the front desk. When using the unit washer and dryer, put your room number on the white board located inside the laundry door to keep track of belongings. **Please leave the washer door open for ventilation.**

Entertainment
Each room is equipped with an Amazon Fire Stick. You will be required to log in or create accounts for streaming services and responsible for signing out prior to discharge. Instructions for use are posted in each room.

DVD’s and a small selection of CD’s are also available for in-room use. Ask a staff member for more details.
General University of Utah Health Visiting Guidelines

**Information Desks**
There are information desks located in the main hospital lobby. They serve as a resource for patients, families and visitors. Staff and volunteers provide information regarding lodging accommodations, transportation, church services, and restaurants and can arrange for services such as interpreters, clergy and notaries. You may contact them in person or call (801) 585-8000.

**Lodging Assistance**
If you have any questions or concerns, please contact the lodging coordinators located at the Information Desk in the Hospital main lobby. You do not need a referral. They are available 24/7 by calling 801-587-8230 or via email at infodesk.lodging@hsc.utah.edu.

**The Gift Shop**
The hospital gift shop is located on Level 1 adjacent to the main lobby. The gift shop offers Mylar balloons, cards, snacks, magazines, books, clothing and personal care items for patients and visitors. The gift shop is open Mon-Fri 7 a.m.–9 p.m. and Sat-Sun 9 a.m.–5 p.m.

**Eateries**
**Hospital Cafeteria**
Level A. Breakfast, Lunch, and Dinner. Mon-Fri: 6:30 a.m.–10 p.m., Sat-Sun: 8 a.m.–8 p.m. Phone Numbers: (801) 581-2203, Menu Hotline: (801) 585-CAFÉ (2233)

**Starbucks Coffee**
Open 24 hours a day, 7 days a week. Located on Level 1 near the lobby.

**The Point Bistro**
Huntsman Cancer Hospital, 6th Floor
Open Mon-Fri: 7 a.m.–8:30 p.m., Sat-Sun: 11 a.m.–7 p.m.

**Parking**
Free valet parking is available to patients and visitors of University of Utah Health. Follow the signs to Valet parking when entering the hospital driveway. Wheel chairs and other assistance is available for patients and visitors with special needs. Tipping of valet staff is not accepted. Valet hours: Mon-Fri 7 a.m.–6 p.m.

If you prefer to park your own vehicle, free parking is available in our patient/visitor parking terrace located on the right (northwest) side of the hospital.

**Public Transportation**
**Utah Transit Authority (UTA)**
**Buses and TRAX**
UTA schedules, bus routes, and maps can be found at the front information desk, or you may call (888) RIDE-UTA. There is a UTA bus stop located directly in front of the University Hospital.

TRAX Red Line arrives and departs from the University of Utah campus approximately every 15 minutes. The Medical Center TRAX stop is located directly across from the Moran Eye Center. You may access the University Hospital by taking the elevators located outside the Moran Eye Center on the north side of the building to the sky bridge on the 4th floor.

**Taxi Cabs / Rental Cars**
City Cab Co. - (801) 363-5550
Ute Cab & Rent-A-Car - (801) 359-7788
Yellow Cab - (801) 521-2100
Dollar Rent-A-Car - (801) 575-2580 National Car Rental - 1-800-CAR-RENT
U Car Share - Ucarshare.com
Wound Care

Basic Principles of Wound Care

- Prevent infection by using specific dressings and daily hygiene
- Assess wound progress
- Contributes to improved pain outcomes
- Improves blood flow to the wound
- Helps decrease scar tissue
- Determines the need for surgery

Wound Care Team

The wound care team includes experienced Registered Nurses and Health Care Assistants, in conjunction with burn physicians and advanced practice providers. The team, evaluates and determines the best treatment for wounds. We are able to evaluate wounds on a day-to-day basis and make changes based on the progress of the wound.

Initial Wound Care

When admitted to the burn unit, wounds receive an initial cleaning, or debridement. Heavy sedation and pain medication may be administered for this process.

Depending on the depth and stage of the burn, there are many types of ointments and creams that are used. Wound care training will be provided prior to discharge from the hospital.

Dressing Changes

There will be a dedicated wound care team arriving early every day to prepare and schedule the dressing changes. The time of wound care may not be consistent from day to day. The bedside nurse will communicate wound care times and discuss the pain management plan for the dressing change.

During the day, dressing changes might be done in the shower room or in the patient room. In the evening, changes typically take place in the patient room.

Patients are encouraged to wash their wounds and participate with dressing changes as soon as they are able.

Staff participating in a dressing change will wear a hat, mask, plastic gown, goggles, and gloves to protect the patient from contamination. If a family member or friend wishes to participate during wound care they may be required to wear a hat, gown, mask, and gloves.

Factors Affecting Wound Healing

- Patient age
- Infection
- Nutrition
- Pre-existing disease
- Steroid use
- Smoking
- Decreased immune system

Common Healing Problems

- Scar development
- Joint contracture
- Dry skin
- Itching
- Changes in skin color
- Hypersensitive & fragile skin
- Decreased sensation
- Poor body temperature regulation
- Chronic pain
Surgery

Not all wounds require surgery. Size and depth of the wound will determine if surgery is needed and which surgery is most appropriate. It may take several days for the doctor to know if surgery is needed. For information on surgery types, please refer to the glossary at the back of this book.

The University of Utah Health Burn Center has a state of the art operating room, on our unit. The Burn OR is open Monday through Friday.

The Burn Surgery team consists of:
- Burn Surgeon
- General Surgery Resident
- Burn APC
- Anesthesia
- OR Scrub Tech
- OR Nurse
- OR HCA

Preparing for Surgery

Before Surgery

If the doctor decides surgery is needed, the procedure will be explained and a written consent to perform surgery will need to be signed. Patients may not be allowed to have anything to eat or drink after midnight on the day of surgery.

Before surgery, the anesthesiologist and the operating room nurse will talk to the patient and family to answer questions and review the procedure. The patient will then be taken to the operating room. Family can accompany a patient to the door of the operating room. Family and friends wait in the burn center waiting room. A child life specialist is often available to escort pediatric patients to the operating room.

After Surgery

After surgery, the patient will be taken back to the burn unit or recovery area. The nurse will assess when visitors are allowed into the patient room.

After surgery, patients often experience pain. The physician and pharmacist will work with the anesthesiologist to manage this pain.

Dressings are not typically changed for 3 to 5 days after surgery. The dressings may be bulky and often splinted to protect the new graft. Movement, bleeding, infection, smoking or lack of proper nutrition can prevent the graft from healing properly. For this reason, patients with new grafts are required to keep the grafted body part very still for several days. This usually means bed rest. The graft begins to adhere within 48 hours and is fully adherent in five to seven days.

Staples holding the graft in place are removed within a week of the procedure. Wound care and activity level will be adjusted based on individual needs.
**Burn Therapy**

**In the Hospital**

Burn therapy is an essential part of the healing process and focuses on getting patients back to their previous lifestyle and activity level through gaining strength, endurance, and range of motion. The therapy team consists of occupational and physical therapists, and rehabilitation aides. The burn therapy team will assess each individual’s condition and create a customized rehabilitation plan. A Speech Language Pathologist may be consulted.

Exercise stimulates circulation, reduces swelling, and maintains strength and functional movement. It also helps to prevent scar contractures (a tightening of the skin). Exercise may prevent medical conditions such as blood clots, pneumonia, and bone density loss.

Most patients will be seen by the burn therapy team once or twice a day while in the hospital. Burn therapy can be done at the bedside to accommodate those who are sedated or on a ventilator. Individual exercises may be posted in patient rooms and may need to be performed several times a day. As healing progresses, therapy may be done in the burn therapy gym using specialized equipment to achieve rehabilitation goals. Education for continued home or outpatient therapy will be provided.

Once able, patients will be given a range of motion, strengthening, activity, and mobility program. A therapist will help with this program until the patient or their loved one feels comfortable and is able to manage independently. Patients are also encouraged to perform normal activities such as eating, dressing, and walking as soon as able.

**At Home**

Our therapists follow patient progress and therapy needs after discharge from the hospital. Discharged patients will work with therapists at the burn outpatient clinic as needed. For those who live outside the Salt Lake Valley, they can coordinate care with physical and occupational therapists in the area.

**Scarring**

Factors that determine scarring include:

- Depth of burn
- Healing time
- Body part burned
- Genetic tendency to form scar tissue

Two common complications from a burn injury are hypertrophic (or raised) scars and scar contractures (or tightening). Burn therapists will evaluate for scarring and make recommendations for treatment. Scars may require compression, stretching, and scar massage. Over time, treated scars may become soft, pliable, and more uniform in color.

**Splints**

A burn wound will heal in the position it is held most often. This can cause contractures. Contractures are formed when new skin that has lost elasticity forms across joints, making it difficult to stretch. The contracture period is most active during the first 6 to 9 months. For this reason, it is important to maintain proper positioning during rest which therapists achieve through custom splints, casts, arm boards, elevation, and pillow placement. Splints may also be used to protect fresh grafts. If your splint is causing pain in a specific area, please let the burn therapy team know so they can assess the splint and make adjustments.
Compression

Compression Garments or Anti Burn Scar Support (ABSS) are made to apply constant pressure to help scars to be flatter and smoother. Initially, patients may require temporary compression. Silicone and foam inserts may be needed underneath to apply additional pressure to a specific area. This flattening should help with joint movements and function.

ABSS are measured by our burn therapy team and custom made for each person. They come in a variety of colors. When wounds are healed, compression garments are to be worn 23 hours a day for the entire healing process, often for up to 18 months.
Support & Recovery

The University of Utah Health Burn Center takes a family-centered approach to care, working closely with the whole team and whole family unit to ensure the needs of patients, siblings, parents, spouses, children and other family members of those in our care are being met. A burn accident creates many changes and losses for you and your loved ones. Hospitalization can be frightening, and patients often experience frustration and depression during recovery.

If you are a family member or friend of the patient, openly communicate with your loved one and staff to help get the appropriate support.

Emotional and Behavioral Health

The care team reviews your care daily and every aspect is considered, including your behavioral health. Our behavioral health professionals help you and your loved ones adjust to the injury and help you understand trauma reactions and how to cope with hospitalization phases of recovery.

Our pediatric patients receive age appropriate information about procedures, help with coping, and therapeutic play; an important part of development and coping. A playroom is available for inpatient pediatric patients. Children visiting their loved ones for the first time can benefit from emotional preparation from a member of the team.

Burn Support Group

We offer a weekly support group for all burn patients, both inpatient and outpatient, and their loved ones. The group focuses on reducing stress, increasing self-care, and making positive life changes. Participants have the opportunity to share experiences and learn from each other. Special emphasis is placed on learning how to enhance personal well-being.

The group meets every Wednesday (except holidays) from 10:30 am – 12 pm at the University of Utah Hospital Burn Center Family Support Room. Participation in this group is also available through a secured telemedicine link. Please contact a Burn Unit Social Worker to get set up.

Survivors Offering Assistance in Recovery (SOAR)

SOAR is a program from the Phoenix Society for Burn Survivors. The purpose of the program is to make sure no one recovers from a burn injury alone and to help provide hope. Talking to a trained peer supporter can help anyone affected by a burn injury feel less alone and be better prepared for the future. Our SOAR supporters are previous patients or their loved ones who have gone through both hospital and peer support training to be able to provide the best support possible. Ask any team member to connect you with a SOAR Coordinator.

Community and School Re-entry

Re-entry into the community can be a concern for you and your loved ones. Our psychosocial team can address these issues that often include body image, school re-entry assistance, managing stares, and other appropriate community referrals. This process should begin prior to discharge.
Returning Home
Returning home can require stressful adjustments. It takes time to get back into a workable daily routine. Plan enough time for dressing changes and exercise sessions to avoid feeling rushed and frustrated.

If you are providing care for the patient, don’t do any task for a burn patient that they can reasonably accomplish alone. Patients may not have a lot of energy when returning home. It is important to pace activities and plan frequent rest periods and gradually increase exercise.

For Caregivers
Practical Tips for Caregivers
The best time to ask for help is before you really need it.
- Don’t wait until you are exhausted.
- Develop a support system early.
- Involve others and make them comfortable with the situation, even for seemingly minor help.
- Beware of the effect of compliments and don’t let them disable you. For example, it can be hard to live up to the expectations when people call you a hero.
- Build consensus in decisions where possible.
- Feel free to let others be responsible for finding answers.
- Know how to ask politely, but directly, for what you need.
- Be aware of how trauma and emotions affect the body:
  - Headaches, dizziness, nausea, stomach pain, joint pain, muscle pain and weakness, chest pain, numbing, tingling
  - Hot and cold spells
  - Loss of energy, drive, focus, motivation, appetite, sexual desire
  - Restlessness or periods of irritability
  - Sleep disturbance including insomnia, nightmares, abrupt awakening, and inability to return to sleep
  - Lump in throat and occasional difficulty in swallowing
  - Hyperventilation and shortness of breath

Supporting Personal Health and Resilience
In order to provide care for your loved one, you need to keep yourself healthy.
- Get plenty of restful sleep
- Find a sense of meaning and purpose in the situation
- Seek loving and supportive relationships
- Look for positive interactions and social support
- Exercise and eat healthy food
- Find a connection to others experiencing a similar situation

Palliative Care
Major burns are profound injuries with potential for serious complications, and even death. Our palliative team consists of doctors, nurses, and other specialists who work together with our team to provide an extra layer of support. The goal of palliative care is to improve quality of life for both the patient and family and can be provided along with curative treatment.

As part of routine care, we ask you to define advanced directives, which are detailed instructions on how to care for you or your loved one in the event of a cardiac arrest or other life-threatening event. This is routine practice for all patients, and does not mean that something bad has happened or is expected.

If complications occur, family may be asked to make decisions regarding care. It is important to keep in mind the patient’s wishes and what they would want done for them. We encourage you to discuss your questions or concerns.

In the event of a serious complication or death, our entire team will support you and your loved ones.
Discharge Criteria

We give a general estimation of 1 to 1.5 days in the ICU for every 1% of body surface area burn which does not account for complications and will not be exact. Factors that affect wound healing include: age, infection, nutrition, pre-existing disease, steroid use, smoking, and a decreased immune system.

Discharge is coordinated by the entire team and planning begins at admission. An outpatient nurse will help assist you with the process when the time comes.

Below is the general discharge criteria for burn patients at University of Utah Health Burn Center. We use this criteria to determine when the patient is getting ready to leave the hospital.

□ All medical issues may be addressed as an outpatient. Plans are in place for any other needed medical follow-up.

□ You or your family member are able to move about safely.

□ Enough calories and fluids are being taken by mouth.

□ Pain is controlled with medications taken by mouth. Medications to take home have been reviewed with the patient and family, including Narcan teaching.

□ You or your family member will go to a safe living situation with running water, heat, etc. Help is in place for needs such as meals, bathing, and transportation.

□ Wound care teaching is complete. Patient/family member must demonstrate that they are capable of performing wound care on their own, typically after completing three dressing changes. The burn team has approved a plan for outpatient/home wound care.

□ Burn therapy teaching is complete. The burn therapy team has approved a plan for outpatient/home therapy.

□ You or your family member has met with Social Work staff for support. Follow-up has been arranged as appropriate.

□ You have had an opportunity to ask the case manager questions regarding follow up arrangements and for a referral to financial counseling, if needed.

□ Appointments are made with Burn Outpatient Clinic, Burn Outpatient Therapy, photo follow-up and/or TeleBurn.
Burn Outpatient Care

You may follow-up with us in a variety of ways. Examples include sending us a photo, calling us, using MyChart, in-person clinic or therapy appointment, or through a Telemedicine visit.

Burn Outpatient Clinic

The Burn Outpatient Clinic at University of Utah Health provides care for burn patients. Care includes burn evaluation and treatment in conjunction with home care. The clinic also provides care to patients who have wounds that are not from a burn injury. The clinic is staffed with Advanced Practice Clinicians (APC’s), Registered Nurses (RN’s), Health Care Assistants (HCA’s), Patient Relation Specialists (PRS), Physical and Occupational Therapists (PT/OT), a Child Life Specialist (CLS), and a Licensed Clinical Social Worker (LCSW). A Burn Physician can be consulted if you require surgery or other procedures.

Our Burn Therapy team will continue to meet with you in clinic to address range of motion, and scar management through, splinting, compression, stretching, and exercises. Additional Burn Therapy appointments may also be necessary for you.

Keep in mind, rehabilitation will be necessary for several months after discharge. Many patients with large injuries find that rehabilitation becomes a full-time job and can feel overwhelming. Our clinic has a dedicated Social Worker to help address you and your family’s needs.

Burn Outpatient Therapy

Burn Therapy may be required even after discharge. As part of your discharge, you may schedule specific therapy appointments; we will do our best to schedule them before or after your clinic appointment for convenience but this may not always be possible. The frequency of those visits will depend on your needs and can be as frequent as once a day, a few times a week, or every few weeks.

Teleburn

Teleburn allows you to receive specialized burn care and consultation for burn injuries – even hundreds of miles away from University of Utah Health. Through videoconferencing technology, or digital photos our burn experts can follow-up with patients closer to where they live. This allows burn providers to make recommendations for wound care and other needs. TeleBurn currently performs more than 400 video consultations each year, reaching more than 80 contracted locations in Colorado, Idaho, Montana, Oregon, and Wyoming. TeleBurn can help reduce costs for the patient by decreasing the need to travel.

If TeleBurn is the best option, our team will coordinate your care with the location closest to you. If you have a Telemedicine appointment, you will speak to burn staff over video conferencing through the computer. You may have a staff member in the room with you to assist with your appointment, but may need to do your own dressing change.
Your Outpatient Clinic Visit

What to bring to your appointment
- A list of medications you currently take
- Compression garments or splints, if you have them
- Pain medication to take 30 minutes before your appointment time - DO NOT drive while taking narcotic pain medication
- List of questions for provider

When you arrive...
Check in at the front desk. Please arrive to your appointment 15 minutes early to allow time to check-in.

We have a 20-minute late policy. If you are going to be late, please call. If you are more than 20 minutes late we may ask you to reschedule.

MEval
Patients 17 years and older, will be asked to answer questions about their health, called mEval. mEval may be sent to you as an email link before your clinic appointment or on a tablet when you check in for your appointment. The questions are about your general health, mental health, and burn related items like pain and itching. Your answers guide our providers to make a plan of care that is unique to you. The first time you answer the questions, it may take 10 minutes. All of the other times, it takes just a few minutes to complete.

At your clinic appointment... Your visit may last on average of 1 to 2 hours.

A staff member will escort you from the waiting room. We will begin by taking your weight on the floor scale.

You may be visited by the clinic Social Worker or Child Life Specialist.

A staff member will then take you to your room to obtain your vital signs and a brief history. This is the time to review and update medications.

You do not have to do a dressing change before your appointment. Your dressing will be removed and your wounds will be washed. The HCA will take photos to help our team track your healing.

An APC will assess your healing and determine a care plan, which may include:
- Changes to wound care and scar management
- Managing pain, itching, and avoiding infection
- Prescription and non-prescription medication options
- Completion of a release form for school or work if needed - we may request a job description from your employer to assist us in helping you return to work

A physical therapist may also assess your healing, review your exercises, activity level, and scarring. They will check range of motion, discuss compression or scar management needs, and reviewing stretches, splints, and exercises that are needed to return to full function.

The dressings will be reapplied and you will receive supplies for home care.

After all team members have seen you, you will receive an AVS (After Visit Summary) with updated wound care and other instructions.

The front desk will schedule your next follow-up appointment.
Clinic FAQ’s

**Can I return supplies to the clinic?**
- No. Once you receive supplies, they are yours and cannot be returned for safety and sanitary reasons.

**What resources are available to me in clinic?**
- The U of U Burn Support Group meets every Wednesday 10:30-12 in the Burn Family Conference Room. You and your family can attend as often as you like. No appointment is needed.
- Phoenix SOAR Peer Support is still available to you; speak to the Social Worker if you would like information.
- Burn Camps and Reintegration Activities that are posted on the University of Utah Facebook page are available to burn survivors and their family. Follow the page for the most up to date information.

**Will insurance cover my appointment?**
- Benefits and coverage vary from one insurance plan to another. It is your responsibility to know what your insurance will cover. Call your insurance provider to ask about your benefits.

**How often will I need to be seen in the clinic?**
- This depends on your needs. Initially, visits can range from every three to four days to once a week and gradually decrease to monthly, then every few months. Patients are typically followed in clinic for at least one year post burn. Some patients require additional care years after their initial injury.

**If I have a medical need and no appointment, can I come in anyway?**
- We are not a walk-in clinic. An appointment is required to be seen.
- You are welcome to call and ask the provider a question or submit questions and photos through MyChart. If it is outside of business hours call the ICU at 801-581-2700 and ask to speak with the Charge Nurse.
- If the medical need is urgent: call 911 or go to an emergency room.

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If you desire to return to the inpatient area to visit, check in at the inpatient front desk. The HUC will let the staff know that you are here to visit.

In order to protect patient privacy, you will not be able to walk around the unit or enter patient rooms.
Discharge

Your discharge will be planned with all of our team members. We want you to understand how we will continue to provide you with care and support.

Appointments:

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_______________________________________________________________________________________________
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_______________________________________________________________________________________________

Therapy appointments:

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_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
MyChart

What is MyChart and how do I sign up for it?
Our outpatient staff can help you sign up for MyChart. This allows you to access some of your medical information and summaries from your clinic visits. You can message clinic staff with questions or concerns about your wounds, wound care, and medications. MyChart allows you to securely upload photos which can then be reviewed by a provider.

With MyChart you can...

View your medical information
- Review test results – no waiting for a phone call or letter
- Access a visit summary that includes your provider’s clinic notes
- Review your medical history, including medications, immunizations, and allergies

Stay in touch with your physician
- Communicating with your health care team is as simple as sending an e-mail – but more secure

Manage your appointments
- Request or schedule your next appointment and review details of upcoming appointments
- Fill out questionnaires online to save time at your appointment
- Schedule preventive care including mammograms and flu shots

Pay your bill
- View current open accounts, previous statement information and past payments
- Go green by signing up for paperless statements

Contact your family’s records
- Access and manage your family’s health care accounts with one log-in

What do I need to get started?
Outpatient clinic staff can sign you up for MyChart. Once an account is created, you can log in to your personal account using either the MyChart app on your smart phone or visiting the MyChart website at mychart.med.utah.edu

MyChart ID: __________________________

MyChart password: ________________________

You will need an outpatient clinic staff to send you an access code to complete this process. The access code links your MyChart account to your electronic medical record. The access code can be sent securely to your email address or as a text message.

If you need additional assistance with logging on, you can call MyChart support at: 801-213-5555.
## Daily Care Schedule

Multiple people can do multiple tasks. Where appropriate, each person can do these things for him or herself.

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<tr>
<th>Activity</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tr>
<td>Medications - Organizing</td>
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<td>Wound Care + garments</td>
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<td>Laundry - clothes, bedding, towels</td>
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<tr>
<td>Previous activities, hobbies, play</td>
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Burn Camps

What to Expect
Our Burn Camp program provides an additional way to support emotional healing, creating a safe atmosphere where survivors can bond with other survivors, firefighters and care givers. Camps are organized by age and various social needs to ensure participants have the best results. Every program promotes building self-esteem, peer-to-peer interaction, and fun. Our camps give burn survivors the tools to discover the recovery process.

The cost of Preschool Camp, Nah Nah Mah, Adolescent River Trip, and Young Adult Retreat are covered by donations and fund-raising efforts. There is a fee for the Adult River Retreat, however scholarships are available.

Burn Camp Programs

**Preschool Camp**
*Burn Survivors ages 3.5 – 5*
*Millcreek Canyon – Camp Tracy*
*One day in August*

The preschool burn camp specializes in helping young burn survivors understand their burn injury in a new way: socially, emotionally, and physically. It serves as an introduction into the burn survivor community and to the older kid’s camp – Camp Nah Nah Mah. Preschool camp is held on the last day of Camp Nah Nah Mah and is filled with activities such as story-time, arts and crafts, yoga, scavenger hunt, and sensory play.

**Camp Nah Nah Mah**
*Burn Survivors ages 6-12*
*Millcreek Canyon – Camp Tracy*
*5 day, 4 nights in August*

Camp Nah Nah Mah is a summer camp that gives young burn survivors the chance to meet, talk, play, and live with other children their age. Interaction with other survivors, and counseling staff provide a safe environment for children. Activities include canoeing, rock wall climbing, archery, and additional activities promoting self-esteem.

**Adolescent River Trip**
*Burn Survivors ages 13-17*
*Green River – Desolation and Gray Canyons*
*6 days, 5 nights in June*

The difficulties of being a teenager who has survived a traumatic event and burn injuries are discussed. Teens come home refreshed and full of life, knowing they are not alone with their injury. This camp is guided by a professional river company who provides expertise on safety and river knowledge. The Adolescent River Trip only accepts a limited number of survivors.

**Young Adult Retreat**
*Burn Survivors ages 18-23*
*Varying Locations*
*4 days, 3 nights in June*

This four-day program was created to support the young adult burn survivor (ages 18-23) and build upon life skills. Campers will learn to heal emotionally, build self-esteem, and create life-long relationships. Mentors work with campers in a workshop setting to build goals that focus on successfully moving into adulthood – examples include personal finances, job hunting, interviewing skills, building healthy relationships, and tools for emotional healing.

**Adult River Retreat**
*Burn Survivor & loved one ages 25+*
*Colorado River – Cataract Canyon*
*6 day, 5 might in September*

Adult Burn Camp is held on the Colorado and Green River in Cataract Canyon in Southern Utah. This is a six-day, five-night river rafting trip with a spouse, family member or loved one who has experienced the effects of the patient’s burn injury. Adult burn survivors and families discuss burn injuries, personal challenges and life after the burn injury. Activities include breath taking hikes, beach games, water coloring or jewelry making, and murder mystery night. This camp is guided by a professional river company who provides expertise on safety and river knowledge on some of the most exhilarating rapids in the nation. This trip is offered every other year.
Burn Camp FAQ’s

Who can go to burn camp?
All burn survivors ages 3.5 and older can apply to attend a burn camp. We have camps for young children, teenagers and adults. Applicants are selected based on their need to attend camp as a burn survivor.

I’m not sure I should attend camp because my burns are not as severe as others.
Burn survivors all differ in their abilities to manage the stress of a burn injury. The size of the survivor’s injury does not relate to the amount of stress they may feel returning to their pre-burn life. Is the burn survivor uncomfortable wearing swimsuits or shorts in a public area because of their burn scars? Do you or your child have trouble talking about the burn injury with others? Have you or your child been teased about the burn scars? These and many other challenges can arise. Not all burn survivors need camp, but many survivors need help and don’t know how to ask for it.

How concerned should I be about safety on the river trips?
River rafting is an adventure sport and does have associated risks. The river trips are guided by a professional river company with over 30 years of river rafting expertise. All camp participants are taught about river safety and must wear a life jacket for all water activities. In addition, all burn camp staff receive extensive training and undergo background checks prior to camp.

We live in another state but want to attend camp. How does this work?
We have many burn survivors who travel from different states every year to attend camp. We may be able to pay for flights and arrange transportation to and from burn camp. We pick up and drop off camp participants at the airport with complete supervision. If you feel your child needs this trip, please don’t let the distance make the decision for your family.

Survivor Engagement
Survivor engagement refers to a burn survivor and their loved ones engaging with the burn survivor community. This is a significant part of the recovery from a burn injury and we encourage all survivors to participate, whether you are 3 months or 30 years since your burn injury.

In addition to the burn camps each summer, we offer a variety of survivor and family activities throughout the year. Examples of burn center sponsored survivor engagement activities include rock climbing and archery clinics, paint nights, plays, movie nights, and involvement in fundraisers such as the Burn Unit 5k Race, Pancake Breakfast, and Chili Cook-off.

Information about events offered by the Burn Center are posted on our facebook page: facebook.com/UofUBurnCenter. For all aftercare programs, including camp, call or email Kristen Quinn for more information (801) 585-02847 or kristen.quinn@hsc.utah.edu.
Frequently Asked Questions

Why did my local hospital transfer me to the University of Utah Health Care Burn Center?
You have been referred here because you meet the American Burn Association’s referral criteria and need specialized burn care only a verified burn center can provide. The University of Utah Health Care Burn Center is a verified burn center and serves a five state area, including Utah, Wyoming, Montana, Idaho and Nevada.

You are here because you meet at least one of the following criteria:
• Second degree burns greater than 10 percent of the body
• Second degree burns to face, hands, feet, genitalia, perineum, major joints
• Third degree burns
• Complicated injuries
• Electrical burns
• Chemical burns
• Multiple trauma
• Inhalation injury
• Burns accompanied by preexisting medical conditions
• Burns to children in hospitals without pediatric services
• Patients with special social, emotional or rehabilitative needs

Will my skin return to its natural color?
As the skin heals, it relearns its natural pigmentation, although it may never completely return to its original color. During this time, it is important to protect your skin from the sun. If the injured skin is sunburned or tanned while healing, pigmentation can change permanently. As long as your skin is pink, red or purple, you should use sunscreen and protect your skin with clothing or compression garments. It is very important that you protect your skin from the sun during the first year after your burn.

Why is my skin so dry?
Your oil glands, which provide natural oils to keep the skin moisturized, have been damaged as a result of injury. Frequent application of lotion can help skin stay hydrated and be less dry.

What causes itching?
Dry skin, combined with sensory nerve regeneration may cause itching. Although very uncomfortable at times, it will lessen over time. Talk to your care provider about medications that may ease itching.

My sleep patterns have changed since my injury. Is this normal?
Changes in sleep patterns following a traumatic injury and hospitalization are very common. Your sleep cycle takes time to reset. To reset your sleep cycle try:
• Sleeping and waking up at your normal pre-burn schedule and avoid long daytime naps
• Avoid stimulants late in the day, such as coffee and caffeinated soda
• Stay active during the day
• Exercise at least three times a week for 45 minutes
• Talking about your anxieties may help ease stress

How long until I will be able to return to school or work?
You may return when your wounds are healed. Going to work or school prior to this puts you at risk for infection.

My skin is so tight and tough. Will it feel this way forever?
Continue with therapy, including stretching, and your skin will soften over time.

How long until I regain my energy?
This is injury specific, however, most patients are back to their previous energy level within 6-12 months after discharge.
Do I need to wear pressure garments in the summer?
Collagen is a body protein in the skin. During the healing process, an overgrowth of collagen causes hypertrophic scarring, which may appear wavy and thick. Pressure garments help diminish scarring. In order to avoid hypertrophic scarring, you should wear garments year round, 23 hours a day, until the therapy team determines it is time to stop wearing them.

How should I respond if people ask how I was burned?
Rehearse Your Responses. Memorize three sentences to use when people ask questions:
1. How/when you were injured
2. How you are doing
3. Thank them for asking
Example: I was burned in a gas accident. It’s been hard work but I’m getting better. Thank you for asking.

What should I do if I notice people staring?
Utilize your rehearsed response (above) and follow STEPS:
S – Smile
T – Tone of voice
E – Eye contact
P – Posture
S – Self-talk

How do I deal with anxiety and frustration when I first get home?
The routine of burn care requires patients and families to create a new normal. Many people think that when they get back home, things will be the same. This can lead to frustration and anxiety. It is important to deliberately think about a new routine that incorporates wound care, rest, and burn therapy. Find a way to move emotions out of your body. This can be done through writing, talking, art, exercise, meditation, or other creative means. The burn support group offered on Wednesdays can be helpful.
Additional Resources

Websites

American Burn Association (ABA)
www.ameriburn.org
This is a verifying agency for Burn Centers around the country. This website is dedicated to improving the lives of everyone affected by burn injury through patient care, education, research and advocacy.

Burn Survivors Online (BSO)
burnsurvivoronline.com
As a service of the World Burn Foundation, BSO provides support for burn survivors and their families. Includes survivor profiles, a chat room, links to assistance, articles, inspirational stories, types of burn injuries and scars, scar revision, guides, and more.

Caring Bridge
caringbridge.org
Caring Bridge is an online resource to help share news and updates to everyone at the same time in a private place. You can enlist community support and personalize it to your needs.

Changing Faces
www.changingfaces.org.uk/
Changing Faces is the leading United Kingdom charity that supports and represents people who have disfigurements to the face, hand or body from any cause. Founded in 1992 by James Partridge OBE, Chief Executive, who was injured in a car fire when he was 18 years old.

State Farm-Smoke Detectives
www.statefarm.com/learning/kid_stuff/home/home.html
Interactive website for kids to learn about fire safety and burn prevention. Learn how to call 911; stop, drop and roll; and how to find fire hazards in your home.

The Phoenix Society for Burn Survivors
phoenix-society.org
This site is a resource for burn survivors, their friends and loved ones, firefighters, medical professionals, and anyone that has been affected by the devastation of burn injuries. The Phoenix Society of Burn Survivors offers programs and information related to burn survivor support. The Phoenix Society also provides a newsletter than can easily be signed up for online.

MSKTC (Model Systems Knowledge Translation Center)
msktc.org/burn
The MSKTC works closely with researchers to develop resources for people living with burn injuries and their supporters. These evidence-based materials are available in a variety of formats such as printable PDF documents, videos, and slideshows.

Understanding Burn Care
Understandingburncare.org
This website contains resources created by burn organizations and fire departments from across the nation to assist users in their outreach efforts. It brings together, in one central library, tools to assist in burn injury awareness, prevention education, and outreach. In addition, resources have been created to inform survivors and their families about burn care and give them access to these resources.

Safe Kids Coalition
www.safekids.org
Sponsor programs and initiatives that include education, awareness, environmental changes and safety device distribution to get communities more involved in child safety and keep families and children safer.
Journal
Utilize these pages to jot down questions and notes from meetings in addition to writing down your thoughts and feelings. This space is for you to utilize freely.

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Self-care that works for me is....

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What went well today?
What are three things you are thankful for?

I am worried about....
My support system is...

Questions I am afraid to ask the team are...

What I wish I knew about burn recovery...
To me, healing is... ________________________________________________________________

I am motivated by... ________________________________________________________________
For emotional support, I can talk to...

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When I go home, I am most looking forward to....
Burn and Hospital Dictionary

**Abdominal Pressures** – A measurement determining the amount of swelling in the trunk of the body.

**Ace Wraps** – Elastic bandage used to wrap burned areas. It provides pressure and support, thereby potentially decreasing scar size, improving circulation, and minimizing swelling.

**Acticoat** – A patented silver coated antimicrobial burn dressing that kills bacteria and yeast. Used to treat 2nd and 3rd degree burns and donor sites. It may be applied as a dry dressing or as a wet dressing with water.

**Acute Respiratory Distress Syndrome (ARDS)** – An acute lung condition where organs have inadequate oxygen supply due to fluid buildup in the lungs.

**Acute Stress Disorder (see also Post-traumatic stress disorder)** – Anxiety that develops in some people after extremely traumatic events, such as combat, crime, an accident, or a natural disaster. Duration of the disturbance is three days to months after trauma exposure.

**Adaptic** – A type of non-stick gauze.

**A-Line** – See “Arterial Line”

**Allograft** – A biological dressing used as a covering for a burned area. It is cadaver skin (also called homograft).

**Aloe Vera Products** – Lotions, gels and sprays used to moisturize skin.

**Amputation** – Surgical removal of any body part when it cannot be saved.

**Anesthesia** – Medicine used to put a patient to sleep for surgery. It can be given by mouth, through the IV line, or through a face mask.

**Antibiotic** – Medicine used to kill or prevent the growth of germs (bacteria). It can be given by mouth or through an IV line. Antibiotics are not given to treat viruses.

**Anxiety** – An emotion characterized by feelings of tension, worried thoughts and/or physical changes such as increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may also have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat.

**Arterial Line** – A small tube placed in an artery by a needle, used to draw blood or read blood pressure. It is placed either in the wrist or the groin.

**Autograft** – A skin graft that is harvested from an area of undamaged skin on the patient and transplanted to the burned area on the same patient. It may be left as is or it may be meshed to cover a larger area.

**B&A (Bacitracin & Adaptic)** – Bacitracin is an antibiotic ointment used to treat burns, healing skin grafts, and donor sites.

**Bair Hugger** – A machine that blows warm air into a blanket to help warm a patient.

**Blood Pressure** – A monitor that determines how well the heart is working and how well the blood is circulating.

**Burns-Causes** – For more information see the individual causes in the dictionary.

- Chemical
- Contact
- Electrical
- Flame
- Flash
- Sun
- Scald
Burn Degrees
- **1st Degree (Superficial):** Skin is unbroken. May be red, swollen, and tender. Usually heals in 3-5 days.
- **2nd Degree (Partial thickness):** Damage extends through the top layer of skin and produces blisters. It may need surgery depending on how it progresses.
- **3rd Degree (Full thickness):** All skin and some underlying tissues are destroyed. Appearance is leathery and white. Surgery may be needed.
- **4th Degree (Full thickness):** Burns extending through the skin, muscle, and sometimes the bone.

Burn Diagram – A tool that determines the percentage of the body that is burned.

Burn Pad Liner (BPL) – Wound veil used to dress wounds

Burn Team – A team of professionals working together to provide the best outcome for the patient. Includes physicians, nurses, dietician, pharmacy, physical and occupational therapy, child life specialist, social work, and others.

Burn Unit – A certified hospital unit that provides specialty care specific to the needs of those who have suffered burn injuries.

Call Light – A button that will notify a health care provider about the patient’s needs

Cardiac Monitor (ECG) – A machine that shows heart rate, blood pressure, and other important information.

Cellulitis – An infection of the skin and underlying layers (sometimes surrounding the burn wound) that is red, warm, and often has swelling and pain.

Central Intravenous Line - A catheter with several lumens (ports) that is placed into one of the larger veins in the body (usually in the neck or groin).

Chaplain – A medical professional who focuses on the spiritual needs of the patient.

Chemical Burn – Certain chemicals (acids and alkali) can burn the skin. Examples include kitchen/bathroom cleaners, bleach, and pool chemicals.

Circumferential Burn – A burn that completely wraps around an entire body part (typically arms or legs) and may cause loss of blood flow to that body part due to swelling. Surgery or an escharotomy is often needed to open the burn and allow blood flow to return. See Compartment Syndrome.

Clinic – A place where the patient goes after discharge to be seen by the burn team to check his or her progress.

Collagen – A building block (protein) of the body that gives strength and durability to the skin.

Community Reintegration – The process of transitioning back into society after a hospitalization, injury, or illness.

Compartment Syndrome – Often seen with circumferential burns when swelling cuts off the blood supply to a body area. To correct this problem, surgery or an escharotomy may be required to allow return of circulation.

Conjunctivitis - An infection of the lining of the eyelids causing the eyelid and sometimes the eye to be red and painful. Eye drops or antibiotic ointment is used to treat.

Contact Burn – When the body comes in contact with and is burned by a hot surface.

Contracture – A tightening or pulling of skin in a band-like fashion that decreases movement and requires corrective surgery.

Contracture Release – An operation to remove scar tissue to enable improved range of motion.

Coping – Constantly changing cognitive and behavioral efforts a person makes in order to manage, avoid, remove, minimize, or get through external/physical or internal/emotional demands.
Continuous Renal Replacement Therapy (CRRT), a type of Dialysis used in critically ill patients with renal failure who cannot tolerate normal dialysis treatments. The goal of CRRT is to allow the kidney a period of rest so that it can reestablish its normal function.

**Cultured Epithelial Autografts (CEA)** – Skin that is grown in a lab after a biopsy of a patient’s skin is removed. Used only in patients with large burns due to limited donor site locations.

**Debridement** – The manual or surgical removal of burned skin.

**Dermis** – The layer of skin just below the epidermis.

**Dietary Staff** – Dieticians who plan and prepare your food and provide supplements to assure proper nutrition for the in-hospital patients. Burn patients require more calories than usual to aid in wound healing.

**Donor site** – The area of the body from which the non-burned skin is taken to cover the excised area of previously burned skin.

**Dressing Change** – The procedure of changing the bandages and ointments that are protecting the burn wound. Bandages are changed frequently until the skin is healed.

**Edema (Swelling)** – Caused by body fluids collecting in a certain area of the body. It may take days to weeks after a burn for the swelling to go down.

**Electrical Burn** – Caused when an electrical current runs through the body, either from electricity or lightning. Electrical burns may have contact points of burn in a few places.

**Endotrachial Tube (ET Tube)** – A tube inserted through the mouth and trachea into the lungs. It is connected to a ventilator to assist with respiration.

**Epidermis** – The outer thin layer of skin.

**Eschar** – The dead skin and tissue covering a burned area. This skin is often yellow, gray or brown in color and may feel like leather.

**Escharotomy** – A cut made in the burn to relieve pressure and help blood flow return to the area. This is the type of procedure used to treat circumferential burns and compartment syndrome.

**Eucerin or Ella** – Moisturizing lotions/creams that are put on healed burns, grafts and donor sites.

**Excision** – The act or procedure of removing burned skin that is no longer healthy.

**Explosion** – The ignition of chemicals like gasoline or propane.

**Extrude** – The removal of an endotracheal (breathing) tube that was placed to help with mechanical ventilation.

**Exudate** – The fluid that comes out of an open wound which is usually clear to yellowish in color.

**Fascia** – The sheets of stringy (fibrous) tissue, which covers muscle.

**Fasciotomy** – A cut made in the fascia to relieve pressure and increase blood flow. This type of operation is often used to treat severe circumferential burns and compartment syndrome.

**Feeding Tube** – A small flexible tube, placed in the nose or mouth, and is positioned in the stomach or small bowel. The purpose of the tube is to supply nutrition by feeding the patient through the tube, and providing a way to give medications when unable to take them by mouth.

**First Degree Burn** – See Burn Degrees.

**Flame/Flash Burn** – Fire that burns the skin.

**Flaps** – A full thickness section of skin that is surgically removed from one part of the body and transferred to another part of the body.

**Fluid Resuscitation** – Immediately after a burn injury, fluids are given through an intravenous catheter to ensure the patient does not get dehydrated by the loss of fluid through the burned skin.
**Fluorescein** – A medicine put in the eyes to check for scrapes or burns on the covering of the eye.

**Friction blister** – A small area of open wound caused by bumping or rubbing of skin. The blisters decrease over time as the skin becomes stronger.

**Frostbite** – Injury to body tissues caused by exposure to extreme cold.

**Full Thickness Burn** – A severe burn that destroys the epidermis, dermis, and sometimes other tissues as well. This is often called a 3rd degree burn.

**Graft** – To transplant or implant tissue. Skin which is surgically placed on a deeply burned area or to cover an open wound. Types of grafts include:
- Autograft
- Full Thickness Skin Graft
- Homograft
- Meshed Graft
- Split Thickness Skin Graft

**Granulation tissue** – The new growth of tissue on debrided (raw) areas of the wound.

**Hand Washing** – The process of removing germs and bacteria by mechanically rubbing and washing hands with soap and water or sanitizer. This decreases the spread of infection from person to person.

**Homograft (Allograft)** – A skin graft taken from the skin bank (cadaver skin) and placed on a patient’s burn to help it heal. This is not a permanent graft.

**Hypermetabolic** – Expanded energy consumption which uses nutrients at an accelerated pace.

**Hyperpigmentation** – Abnormal pigmentation (coloration) of the skin. Sun exposure on burned skin can cause this discoloration.

**Hypertrophic Scars** – The abnormal increase in the size of scar tissue.

**Infection** – A condition in which the body, or part of it, is invaded by germs which then cause a diminished condition. Treatment may include the administration of antibiotics.

**Inhalation Injury** – Burns in the nose, throat, bronchia, or lungs caused by breathing in smoke, chemicals, or other gases. This injury often requires the patient to be intubated and the use of a ventilator (breathing machine).

**Intake and Output (I’s and O’s)** – The measurement of a patient’s intake through diet, tube feedings, and IV fluids. Measured output includes stool and urine output, as well as any drainage from tubes or catheters.

**Intravenous Lines (IV)** - An IV is a catheter placed into a vein using a special needle. Once placed, the catheter is attached to tubing that runs through an IV pump that gives the patients medicines and other special fluids.

**Intubation** – The procedure of placing a breathing tube (Endotracheal Tube) into the trachea (main airway) in a patient who is having difficulty breathing.

**Isolation** – The restriction of a patient who is suffering or is a known carrier of a communicable disease. The separation is done to prevent the spread of that disease to other patients in the unit.

**Itching** – The irritation of the skin in burned or scarred areas due to dryness, growth of blood vessels, or nerve endings. It can be very uncomfortable, but can be partially controlled with medications, by applying lotions, and by wearing pressure garments.

**Keloid scars** – An abnormal scar that grows beyond the boundary of the original site of a skin injury. These scars are similar to hypertropic scars and are more common in people with darker skin color.

**Kerlix** – A type of gauze used to bandage burn wounds.

**Laser** – A devise that emits light through a process of electromagnetic radiation. Laser therapy may be used to treat burn scars.
allows the skin graft to be stretched to cover a larger area.

Nasogastric (NG) tube – A tube placed into the nose going into the stomach. It is used to either remove air or fluid out of the stomach, &/or for putting fluids and medicines into the stomach.

Necrosis – The death of cells or tissues.

Necrotic Tissue – Dead tissue that is the result of either severe burn injury or other skin diseases.

Nothing Per Oral (NPO) – An abbreviation that means the patient cannot have anything to eat or drink. Typically this happens the night before surgery or when an endotracheal tube is in place.

Mepilex – A patented absorvent wound care product used to dress burn wounds.

Mindfulness – Moment-by-moment awareness of thoughts, feelings and sensations.

Occupational Therapy – The use of activities to encourage the patient to contribute in their own recovery. This includes dressing, bathing, feeding, and functional home skills such as cooking and childcare.

Orogastric (OG) Tube – A tube placed into the mouth going into the stomach. It is used to either remove fluid or air out of the stomach, &/or for putting fluids and medicines into the stomach.

Outpatient – A patient who has left the hospital but continues to come back to the clinic for visits with the burn team.

Partial Thickness Burn – A burn that produces painful blisters and some superficial destruction of the dermis beneath the burn. This is often called a 2nd degree burn.

Percent of Burn – The percentage of the total body surface area (TBSA) which is burned. Evaluation takes into account the depth of the burn. This is particularly important with new burn patients to help determine the amount of fluid, what nutrients to give, and what life-saving procedures to use.

Physical Therapy – Treatment of injury by physical or mechanical means in order to promote recovery.

Pigmentation – The coloration of the skin due to deposits of pigments.

Post-traumatic stress disorder (PTSD) (see also Acute Stress disorder) – Anxiety that develops in some people after extremely traumatic events such as combat, crime, or an accident or natural disaster. People with PTSD may relive the event via intrusive memories, flashbacks and nightmares. This can occur with patients, family members, or anyone subjected to a traumatic event. There are resources in the hospital to help patients with PTSD.

Precautions – Infection prevention plan to decrease the exposure and spread of bacteria. Types include:
- Contact Precautions
- Droplet Precautions
- Airborne Precautions

Pressure Garments – A specialty garment that is custom fit for each patient. These garments put pressure on wounds, which decreases scarring and aids in blood flow to the skin. They are typically worn 23 hours a day for the first year after a burn injury.

Primary Closure – A burn wound that is small enough to be surgically removed with closure of the incision, rather than being grafted. This method provides the best cosmetic result.

Prosthesis – Artificial replacement parts for missing or surgically removed body parts or organs.

Pulse Oximeter – A monitor that measures the pulse rate and the amount of oxygen in the tissues.

Radiation – Burns caused by a severe sunburn or by being around radioactive materials.

Range of Motion – The amount of normal body movement in a body part. Range of motion may be limited in a burned person due to pain, splints, or scar tissue development.
Re-epithelialization – The growth of new skin.

Rehabilitation – The process of restoring a person to a useful life and maximum potential after an illness or injury. It is accomplished through education, therapy, and the desire to get well.

Release – A surgical procedure which releases the scar tissue and allows for better range of motion and function. A release may require the addition of a skin graft.

Restraints – Interventions to keep the patient from pulling at tubes, drains, and lines or to prevent the patient from self-harm.

Scald Burn – Burn injury from hot liquids.

Scar – Marks left on the skin or internal organs by the healing of a wound. New connective tissue replaces the injured tissue.

Scar Maturity – Stage of scar development when it stops growing, loses its redness, softens slightly, and usually stops itching. This occurs many months to years after the original injury.

Second Degree Burn – See Partial Thickness Burn.

Sepsis – An infection that spreads through the body that may be a life-threatening condition, and may require the administration of antibiotics and other special medications.

Shower Chair – A chair located in the shower room and used for showering the patient and changing the dressings.

Shower Table – A table used for patients that are not able to sit up to use the shower chair. It is used for showering the patient and changing the dressings.

Silicone – Silicone is a special plastic sheet that is sometimes placed under pressure garments. The silicone sheet flattens the scar by adding pressure. The silicone is left in place for 23 hours per day and washed once a day with the pressure garments.

Silvadene – a white antibiotic cream put on new burns to prevent infection.

Silver Nitrate – A solution of silver salt which is antibacterial and used to treat some burn wounds, and to stop bleeding.

Skin – The largest organ of the body. It is tough and flexible and protects the underlying tissues from damage and infection. It is also waterproof, controls body temperature, and sends sensory signals to the body via nerve endings. The 3 layers of the skin are the epidermis, dermis, and subcutaneous tissue (hypodermis).

Skin Graft – See Grafts.

Splint – A temporary device usually made of plastic or plaster to immobilize, protect, or stretch an injured part of the body. It may be flexible or rigid depending on its purpose.

Split Thickness Auto Graft (STAG) – A thin layer of donor skin from an unburned part of the body that is meshed (stretched) to cover a larger area. The meshing creates a pattern of small slits in the skin, which creates a better bond to the burned skin.

Split Thickness Sheet Grafts – The donor skin is not meshed and lacks the pattern that meshed donors have. These grafts produce a smooth appearance and are typically placed on hands and faces. Sheet grafts typically take longer to heal and require the patient to have restricted movement and activity.

Sterile – Free from germs or bacteria.

Straight Cath – Insertion of a tube into the bladder. This is used to drain urine when a patient is having difficulty urinating naturally. The tube is removed after the bladder is drained.

Sunburn – Injury from the rays of the sun.
**Superficial Burn (1st degree burn)** – A mild burn that feels hot, hurts, and is red. It does not have blistering or charring of tissue.

**Suprathel** – A patented synthetic wound application, typically used on donor sites.

**Survivor engagement** – Refers to a burn survivor and their loved ones engaging with the burn survivor community. It is a part of the recovery from a burn injury.

**Tank Room** – The Tank Room is an area in the burn unit dedicated to wound cares. It holds both the shower chair and shower table.

**Third Degree Burn** – See Full Thickness Burn.

**Total Body Surface Area (TBSA)** – The percentage of the body that has sustained deep burns. TBSA does not include 1st degree burns.

**Tracheostomy** – A cut made by a surgeon into the neck that allows a tube to be placed into the lungs which will help the patient breathe.

**Transfusion** – The transfer of blood or blood products into a vein.

**Urinary (Foley) Catheter** – A tube that goes into the bladder allowing the patient to pass urine. It is connected to a collection bag which allows the nurse to measure output.

**Ventilator (Vent)** – A machine used to help the patient breathe by delivering oxygen either through an endotracheal tube or tracheostomy tube.

**Vital Signs** – Values that determine how well a patient is doing: blood pressure, pulse (heart rate), breathing rate, temperature and pain assessment.
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