



UMC LIONS BURN CARE CENTER

Patient and Family Handbook



UMC Hospital Number 702-383-2000

Burn Unit South 702-383-2268 Rooms 1318 - 1326

Burn Unit North 702-383-2269 Rooms 1310 - 1317

Burn Unit Out Patient 383-2575

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*Because we care for all of our patients, NO live plants or latex balloons
will be allowed on the Burn Care Unit

University Medical Center

Lions Burn Care Center

A note to patients and families:

The Lions Burn Care Center is Regional Burn Center servicing the state of Nevada, Southern parts of Utah, and Northern areas of Arizona. Our patient care, consisting of all age groups, is geared primarily towards burn survivors as well as a rapidly growing population of patients requiring specialty wound care. As part of a Level 1 Trauma Center we also provide care for trauma survivors. Patients are admitted directly or transferred from other hospitals to the unit's intensive care, intermediate care, or other beds in the Medical Center depending on the level of services required, with burns having priority. Our burn care team not only provides services directly on the unit, but also throughout the hospital. We also provide outpatient services.

When patients are admitted or transferred to UMC's Burn Unit, the Burn Team concentrates all its efforts on evaluating and treating the patient. This is a long process that includes replenishing fluids the patient has lost, removing non-viable tissue from the wound (called debriding the skin); applying antibiotic ointments or synthetic tissue, and dressing the burn. In some cases, there might be a long delay for the family before they can visit with the patient. As soon as the patient has been evaluated and treatment begun, the family will be allowed to visit and will be updated on their condition.

It is always a shock when family and friends see burn patients for the first time. Burn survivors may look drastically different. Those with extensive burns usually develop a great deal of swelling (edema) and the family may not even recognize them. The patients may have many bandages, be attached to numerous machines and tubes, and the arms or legs may be in splints.

Although the family may be upset they see their loved one, they should focus on the patient as a person. Try to interact with the survivor even if they cannot talk, they can still hear; talk to them as you normally would. We encourage you to touch your loved one as much as possible even though it may only be their hands or foot to show support. (Ask the nurse for advice if you have any questions.) The Burn Team also focuses on comfort and support for the family. The family plays a critical role in helping their loved one endure their stay and demanding daily regimen while under the care of the Burn Team.

Our goal is to provide the highest quality care to our patients and their loved ones. We encourage family involvement in all aspects of care. We have developed this handbook to help you understand many of the unfamiliar terms and techniques you will hear and see during your stay.

Please feel free to ask staff members any questions.

Sincerely,

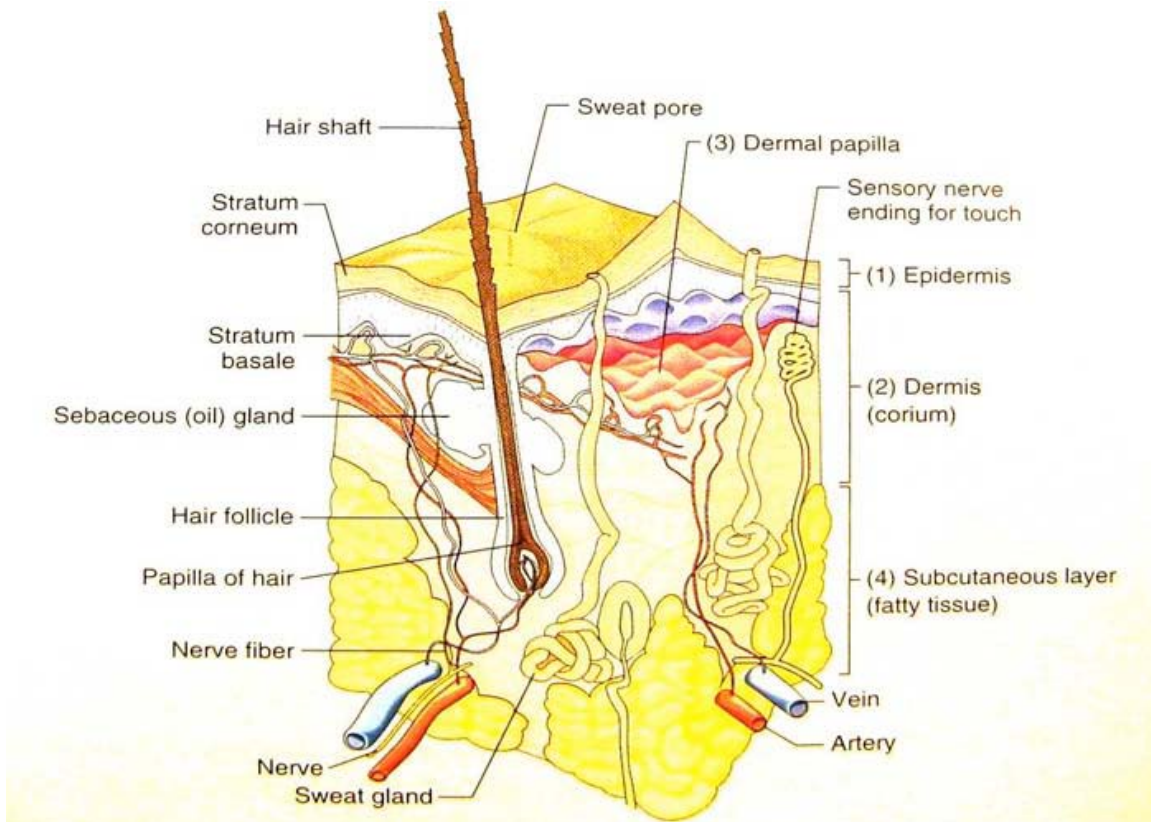
The Burn Care Team

What Is a Burn Injury?

Understanding Your Skin

The skin is the largest organ of the body and makes up the body's entire outer layer. Our skin helps us to stay warm when cold, or to cool off when it is hot. The skin keeps out germs and dirt, and its most important job is to protect against infection and prevent injury to the inside of the body. Skin prevents loss of body fluid, and stops us from losing too much fluid (dehydration). Skin also contains one of our five senses (touch) the nerves in our skin help us to know about the world through touch, pressure, pain, and temperature, and send messages about our world to the brain. Skin grows and shrinks as the size of our body changes. Our skin contains glands that release oils, pores that release body fluid (perspiration) to help us cool down, and hair that helps keep us warm. The skin senses movement and touch and has nerves and blood vessels that keep our skin a vital, living part of our bodies.

When our skin is damaged, our body has a break in its armor. This break can make us get sick or even result in death. There are the layers of fat, muscle, bone, and vital organs under our skin. A break in the outer armor makes the rest of our body feel stressed, and creates a crisis that demands immediate attention. One way in which our skin can be damaged is by being burned. Getting burned is one of the most painful, frightening, and serious injuries that a person can suffer. Being in the Burn Center is the best place for you or your family member to be.

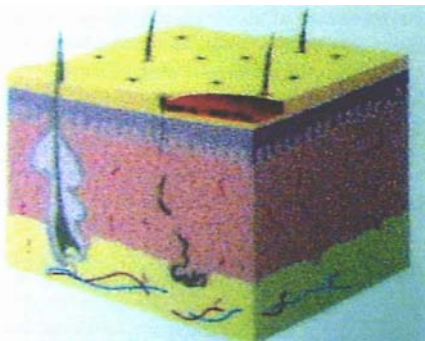


Depth or Degree of Burn Injury

In addition to size, burns can be described by how deeply the skin is hurt. Below are pictures and descriptions of the different depths of burns, and what usually happens in treatment.

First Degree or Superficial Burn Injury:

- A “sun burn”
- Only the outer layer (epidermis) of skin is hurt
- Burned skin looks pink or red, but doesn’t have blisters
- First degree burns are quite painful
- First degree burns must be kept clean, but usually heal within about a week, with no scars



Second Degree or “Partial Thickness” Burns:

- Both the outer layer (epidermis) and the upper parts of the inner layer (dermis) are hurt
- Burned skin looks pale pink to white, wet, and has blisters
- Second degree burns are very painful
- Second-degree burns heal over six to twenty-one days, depending upon how deep they are. Deeper second degree burns may need surgery and skin grafting to prevent scarring and improve function
- Second degree burns that don’t need surgery may result in Permanent scarring



Third Degree or “Full Thickness” Burns:

- All layers of skin – both the outer layer (epidermis) and all of the inner layer (dermis) are hurt
- Burned skin looks white, charred, yellow and/or brown
- Third degree burns tend to be dry, hard, or leathery
- Third degree burns often burn off the nerve endings, but still will mean a painful recovery
- Third degree burns almost always need grafting and usually result in permanent scars



Fourth Degree Burns:

- These, the most serious of burns, involve damage to all layers of skin as well as the muscle, bone, tendons, blood vessels and nerves below
- Fourth degree burns look white/yellow, charred, and feel very hard
- Surgery is always needed
- Fourth degree burns often result in a loss of muscle, blood vessels, nerves, and bone, which may impair function of a limb (arms/legs) and sometimes require amputation





IT'S ALL ABOUT U



Our Partnership Pledge

*As UMC strives to become more patient & family centered
we invite you and your family to join us as active
members of your care team.*

We pledge to

- Coordinate your care
- Explain your care and treatment
- Listen to your questions or concerns
- Ask if you have safety concerns and take steps to address them
- Ask about your pain often and keep you as comfortable as possible
- Check your identification before any medication, treatment or procedure
- Label all lab samples in your presence
- Perform hand washing before and after a procedure

We ask you, or a loved one, to

- Ask questions; speak up if you are concerned about a test, procedure or medicine
- Check the information on your ID bracelet for accuracy
- Be clear and complete about your medical history, including current medications
- Clean your hands often and remind your visitors to do the same
- Appoint one spokesperson who will serve as the liaison between the physician and other family members
- Remind us if we do not carry out our pledge to you

Patient and Family Centered Care Partnership Pledge:

We Pledge to:

- Coordinate your care
- Explain your care and treatment
- Listen to your questions and concerns
- Ask if you have safety concerns and take steps to address them
- Ask about your pain and keep you as comfortable as possible
- Check your identification before any medication, treatment, or procedure
- Label all lab samples in your presence
- Perform hand washing before and after a procedure



We may ask you to:

- Ask questions; speak if you have concerns about a test, procedure, or medication
- Be clear and complete about your medical history including current medications
- Wash your hands often and remind your guests to do the same
- To appoint one spokesperson who will serve as the liaison between the physician and other family members. All information will be shared by the family liaison
- State your goal for the day
- Comply with basic nursing care
- Not take pictures of a patient unless you notify the primary nurse and have a consent signed by the patient
- Not use a tape recorder to document conversation in the immediate patient care area without approval from the primary nurse

Visitation:



- The family liaison will be allowed to stay. All questions and patient updates will be given to the liaison. An alternate liaison may be named should the primary liaison not be available. The patient or primary liaison will need to notify the patient's nurse when the alternate is being used. The alternate will also be included on the pledge.
- Normal visitation will be followed by all others. Two visitors at a time.
- Visiting hours are **open 24 hours a day 7 days a week. At shift change 6:30am-8:00am and 6:30pm-8:00pm, we ask that if you need assistance please put call light on and we will assist you as we make patient rounds.**
- Visitors are not allowed to bring food inside the room
- If the liaison wants to go to the cafeteria, he/she will be asked for a cell phone number, if possible, so he/she can be called back should a physician arrive or if needed to return to the room immediately.

I fully understand and will comply with all of the above

Patient

Designated Liaison

Alternate Liaison

Nurse

Date

Liaison Cell Phone #

General Unit Guidelines

A) Burn wounds are very sensitive to the risk of infection. Because the skin has been damaged, it cannot effectively safeguard the body. Infection is one of the major concerns of the Burn Team. It affects the total health of the patient which influences healing abilities. Although every precaution is taken, some burn wounds do become infected.

To minimize the risk of infection **every visitor** must follow certain rules:

1. Wash hands thoroughly before and after a visit.
2. Only two visitors at a time. This limits bacteria and decreases the risk of infection.
3. Any one with a cold must wear a mask when visiting. Do not allow anyone who is seriously ill to visit.
4. **Do not bring fresh flowers or plants on the unit.** They are a source of small live organisms. Cards, letters, pictures, or silk plants/flowers are welcomed.
5. **Balloons must be Mylar only. NO latex balloons on the unit.**
6. Do not sit on the patient's bed or enter another patient's area.
7. Never use the patient's bathroom.
8. If personnel ask you to wear a gown, gloves and mask, please do so.

B). You are an important member of the Burn team and your support is vital to the well being of your loved one. You can help by observing:

1. **Visiting hours-** are 24 hours a day 7 days a week. Family involvement is **always encouraged.**
2. School Age Children are permitted to visit.
3. Please use the phone mounted on the wall in the waiting room before entering the unit to ensure that the patient is available for visitors.
4. **Two visitors** allowed in room at a time.
5. One person over the age of 18 may stay overnight with the patient.
5. If desired, you may bring favorite foods for the patient. If you choose to do so please **check with nursing personnel prior** to offering food to the patient as **some patients may be on a special or restricted diet.** A microwave is available on the unit.
6. When a patient's condition permits, please encourage them to engage in as much physical activity as possible. The sooner the patient is able to start self care such as feeding, moving objects, etc., the sooner the healing process begins.

You may contact the burn unit 24 hours a day to obtain information about your loved one. In order to provide the nurses with the time needed to care for the patient, it is necessary that **one** family spokesperson be designated. To insure the patient's privacy, the spokesperson will be the only person provided with information about the patient's condition.

Phone numbers:

UMC 383-2000

Burn Unit South 383-2268 Rooms 1318 to 1326

Burn Unit North 383-2269 Rooms 1310 -1317

Outpatient 383-2575

Address:

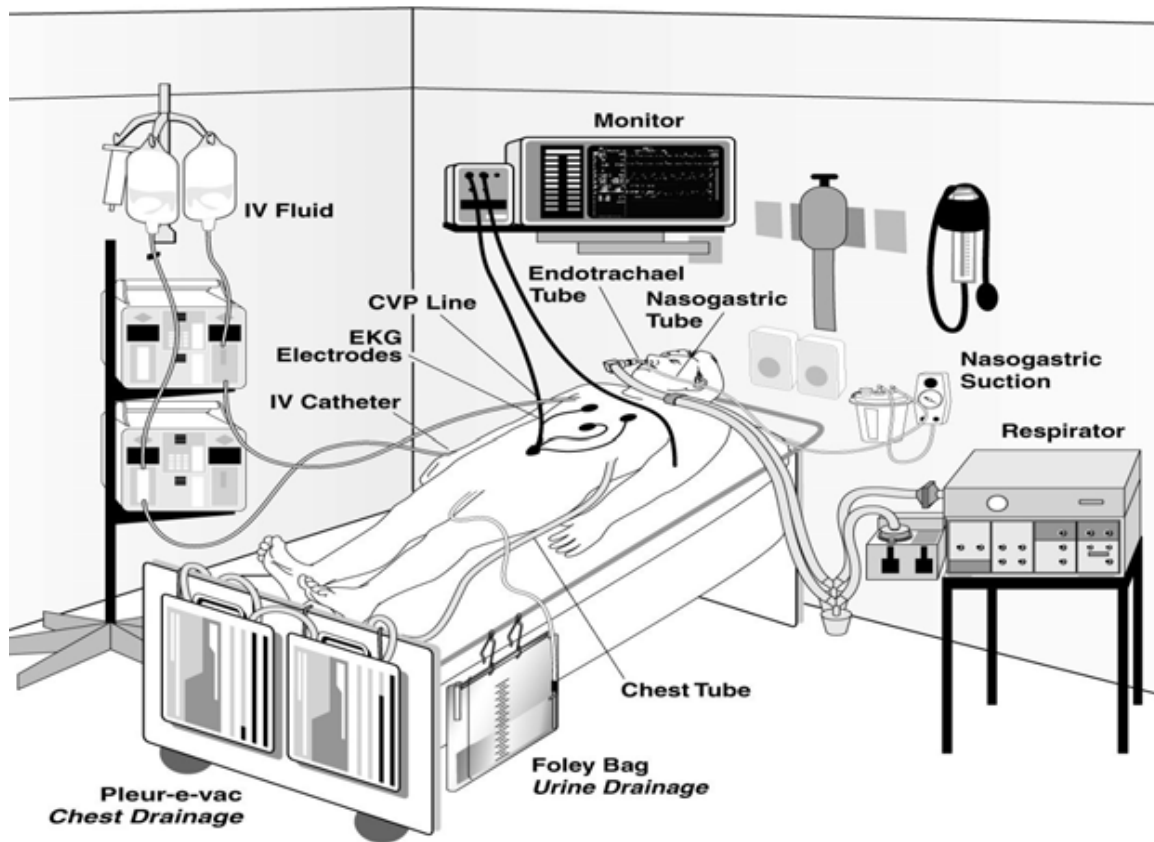
Patient's name

c/o University Medical Center Burn Unit

1800 West Charleston Blvd

Las Vegas, Nevada 89102

What to Expect in a Patient's ICU Room



Bed

UMC has purchased and rented many special beds that help us care for our patients. Many of these beds perform special functions for specific purposes.

Ventilator / Respirator

A machine attached to an endotracheal tube to deliver oxygen to a patient's lungs to help with breathing

Monitor

Each patient in the ICU and on special floors will have their vital signs (heart rate, blood pressure, oxygen saturation) measured and these numbers will appear on a monitor above the bed. Each monitor is under constant supervision by our trained Monitor Technicians.

IV Catheter

A small plastic tube that is placed in a patient's vein for purposes of delivering salt water (saline) solutions, blood, or sugar water (glucose) solutions, and TPN/ Total Parenteral Nutrition.

IV pump

A machine in which IV solutions are placed to deliver medications in fluid form to a patient.

Foley Bag/ Urine Drainage/ Urometer

Machine that continually counts the amount of urine produced every hour by a patient through a tube placed in the bladder. Some of the machines have the ability to measure the inside temperature of a patient.

Chest Tube with Pleur-e-vac Drainage Container

A catheter inserted through the rib space of the chest to remove fluid or air. It is attached to a drainage system collector.

ETT/ Endotracheal Tube

A plastic tube put into the larynx or breathing tube of the patient to deliver oxygen to the lungs, to help with breathing, or to help remove fluid from the lungs.

Electrodes

Attached using patches to the chest, sending data to the monitor.

The Burn Care Team

Attending Physician

Every patient will have a physician in charge of their care. This physician if necessary may ask for special consults for the patient.

Resident Physician

Teaching hospitals offer the latest in medical knowledge and available treatment options. Under the guidance of experienced physicians, resident physicians assist in treating patients. This means instead of one doctor, you have several doctors reviewing your case to determine the best course of treatment.

Consulting Physicians

Patients may have many problems and will need different doctors that specialize in that condition. The patient may need doctors who specialize in the Brain, Spinal Cord, Heart, or Bones. These physicians are consulted to ensure the best care is given.

Nurses

Your nurse has completed a course of study at an approved school of nursing and has passed their exams to become a Registered Nurse (RN). UMC employs RN's to take care of our patient population. Many of these nurses have furthered their education through specialization and work on our Burn Unit, ICU's and Specialty Clinics. The nurse spends the majority of their time with the patient and knows the patient best, frequently the family as well. Often the same team of nurses will take care of the same patient throughout their stay. This ensures continuity of care.

Certified Nursing Assistant

This trained technician helps the RN with hygiene and everyday care of the patient. The CNA is trained to assist the RN and has accredited training in the everyday care of the patient.

Respiratory Therapist

This licensed allied health professional works with the physician in the treatment, control, and the diagnostic evaluation of the patient's cardiopulmonary system. Therapists deliver medical gasses, humidification, aerosols, ventilator support, and airway management to the patient.

Monitor Technicians

Our patient vital signs are monitor closely at all time by our unit monitor technician. This Technician is trained to keep a close eye on all our patients monitor screens. In some units our rooms are visually monitored by cameras placed in the patients rooms to keep them safe and out of harms way.

Dietitians

The Registered Dietitians at UMC identify nutrition related problems by screening and assessing individuals at nutritional risk. They review the patient's diet, drug and medical history. This information along with current diagnoses and treatment is used to determine the most appropriate course of nutrition intervention. We provide education to patients and families to optimize nutritional health and enhance medical care and treatment

Social Worker

The social worker will assist burn patients, their relatives, and significant others with discharge planning for the acute admission and the out-patient burn clinic. This includes providing emotional support, arranging for home health and support, durable medical equipment, home infusion, nursing home/group home placements for referrals to the community providers and government agencies.

Speech – Language pathologist

Burns to the face could potentially limit the movement of the muscles in the lips, cheeks, or forehead. A speech pathologist will assist in developing an exercise program to prevent tightening of the facial muscles; thus, you'll be able to smile, chew, speak, and wink as usual. Additionally depending on the severity and type of burn, the speech-language pathologist may also evaluate and treat swallowing, voice, and thinking.

Pharmacist

In the burn unit the pharmacist is part of the multi-disciplinary team and works closely with your physician, nurse and other health care professionals. The department of pharmaceutical services here at UMC provides the patient with a wide range of products these include intravenous medications, nutrition, drug interaction monitoring but most importantly, the Pharmacy provides the patient with individual pharmaceutical care. Medications are tailored to each individual patients needs, a member of the pharmacy will discuss your medications with you assisting with pain control and monitoring for any adverse drug reactions. A pharmacist is always available to answer any of your questions.

Psychologist

The psychologist works with burn patients to help them understand that their experience may alter their current functional abilities as well as future life style changes. Support and guidance is a key focus for both the patient and significant others during this intense time.

Burn Care Clinical Manager

The Clinical Manager of Burn Care Services is a Registered Nurse with special training; experience and clinical competence in the care of burn patients. The Clinical Manager develops and maintains standards of care, and evaluates the quality of care utilizing the Performance Improvement process. The Clinical Manager directs the staff to achieve high quality care.

Burn Care Coordinator

The burn care coordinator is a registered nurse who provides counseling and education to family as it relates to burn healing rehabilitation prevention and treatment the coordinator also acts as a liaison between patient/family and their physicians.

PT/OT

Our Physical therapists and Occupational Therapists see every burn patient. Their mission is to help you regain your strength and mobility so you can return to your former level of independence as soon as possible. The Physical Therapists (PTs) concentrate on your strength, stamina, balance, and your ability to move and walk. The Occupational Therapists (OTs) focus more on your personal care – your ability to eat, clean up, dress, and use the bathroom. Both services will work closely with you, your family, your doctors, and nurses to devise a personalized program to meet your rehabilitation needs.

Any severely injured patient may be confined to bed for a long period. Being bed bound poses many risks, including loss of strength, loss of muscle mass (called disuse atrophy), loss of coordination, decline in circulatory system response, possible lung infection, and the risk of bed sores (pressure ulcers). Burn wounds add further risks. Burns heal by contraction. Your healing skin tightens. This goes on 24 hours a day, every day. If this process is allowed to go on unimpeded, you can develop ugly scarring, joint contractures, and muscle shortening that could prevent you from regaining normal movement. While in bed, the therapists will work with you to move body parts to ensure your skin and muscles get stretched and that joints stay loose.

Patients often position themselves to minimize their pain and discomfort. However, healing in “positions of comfort” may prevent future natural movement. Because of this, therapists will often place patient’s body parts in anatomically beneficial “positions of function” to allow the tissues to heal at optimal length. For example, if you cannot move a burned hand, the therapist may place a splint to immobilize it in a “safe position” that will prevent the hand from tightening into contraction.

As soon as you are medically cleared, the PTs and OTs will assist you to get out of bed. Strengthening starts with sitting up in a chair but as your activity tolerance improves; you will advance to ambulation and exercises. You will be encouraged to care for your personal needs – self feeding, bathing, and dressing – as you are able.

Your therapists will assist you to do “range of motion” exercises and teach you to do your own self-exercises. Although it may be painful, you can never do enough stretching. A good time to stretch healing tissue is after pain medications, when it is more tolerable. Stretching should be done slowly, gradually, and your stretch should be held at the end of the movement for at least one minute so the skin can adjust to healthy length and flexibility. A good way to maintain your skin’s stretch and flexibility is to stay active, do your exercises five or six times a day, and do your daily self care activities as normally as possible.

OTHER PROFESSIONALS YOU MAY MEET:

Anesthesiologist

An anesthesiologist is a medical doctor trained to administer anesthesia and manage the medical care of patients before, during, and after surgery.

Hope Chaplains

Hope Chaplains are volunteers that are available to provide spiritual assistance and other support services. There are 55 Chaplains that visit approximately 325 hours monthly. The Hope Chaplain office hours are:

Mon– Fri: 8:30 am – 3:30 pm

Sat: 8:30 am – 12 noon

Call 702-383- 2434

The Chapel is located at front of hospital near Out Patient surgery.

Patient Advocate

Also known as Patient Relations Coordinators, these employees are essential to UMC's quality service and play a vital role in how smoothly our hospital runs. UMC strives to make your hospital stay as pleasant and comfortable as possible.

Our Patient Relations coordinators provide a link between the hospital, patient and families where conflict resolution concerning treatment are involved. The coordinators will meet with you to discuss your concerns and work with you to resolve any issues.

The Patient Relations office hours are:

Monday – Friday 9am – 6:30 pm

Call (702) 383-2036 or (702) 383- 2376.

Child Life Specialist

These professionals are trained in child development and specialize in working with children in healthcare settings. They address the child's need to understand and cope emotionally with the medical experience.

Environmental Services/ Housekeepers

These professionals are responsible for maintaining and keeping our hospital clean.

Transport

Individuals trained by the hospital to move patient to their rooms, tests, and/or exit the hospital at discharge.

X-Ray Technicians

These technicians are healthcare professionals who create medical images of the body to help health care providers diagnose and treat illness and injury. X-Ray Technicians produce & interpret high-quality images of the body for doctors to diagnose injuries and diseases.

Programs

Patient care conferences are conducted once a week and more frequently if needed. Patient cases are discussed focusing on the psychological and nutritional aspect, pain control, family support, wound and/or resuscitation problems or concerns. Those who attend are from the burn care team, burn physicians, clinical manager, burn care coordinator, dietitian, Psychologist, social worker, and rehabilitation physical, occupational and speech therapists. If you would like to have a patient care conference, please contact the Charge Nurse /Unit Manager to arrange one.

Juvenile Fire Setters Program

A fire prevention program for school aged children. Those involved in the program include: local fire departments, the school district, volunteer burn victims, and the burn care coordinator. Safety education is taught on a practical and yet age appropriate level.

America Burn Association Burn Registry

National database, in which the Lion's Burn Center participates by logging vital information about each burn patient. This information helps us identify high-risk population and burns for community outreach education.

Research projects- the burn unit is actively involved with research projects related to improving the quality of care for our burn patients.

Burn Support Group Meetings- composed of those who have been burned, their loved ones and the burn care coordinator. Meetings are conducted once a month. Patients may explore how they can help each other, the families of burn patients, and how they can raise the community's awareness of burn prevention. The group strives to facilitate the psychological healing of families-as well as the physical healing of person burned. Meetings Are held on the 2nd Monday at 6:30 PM on the Burn unit 3rd floor in the Family Room. Call Mary Martinat 702-671-1087 if you have questions related to the Support Group.

Burn Camp-each summer the Lion's Burn Care sends children to burn camp. This camp is unique in that it is dedicated to burn children and their siblings. At camp, many of the kids start new friendships that last a lifetime with other kids who are experiencing the same difficulties and challenges. While at camp, the kids enjoy swimming, hiking, horseback riding, and many other summer activities. It is our belief that this is a small part of the healing process and we feel privileged to participate.

What To Expect

Patients who have been burned go through a major life crisis. The goal of the Burn Care Team is to rehabilitate the patient during this period the patient may experience a variety of mood including depression, fear, anger, and helplessness. For this reason it is essential for family and friends to offer whole-hearted support of the patient's treatment plan.

As recovery processes, exercising rehabilitation activities consume more of the patient's time. This is the period when your loved one will need to become more involved and supportive as less specialized care is required and plans are beginning to be made for rehabilitation and discharge.

You will experience a variety of feelings and these may change from moment to moment. This too is normal. Please remember, the Burn Care Team also functions as a resource for the family to call upon for support and information.

Terms You Might Hear During Your Stay:

Bacteria- also called germs. Bacteria are the cause of most burn infections.



Bear Hugger- A large blanket that provides heat to the patient.



Contracture- A shortening or shrinking of scar tissue between two joints. This can cause joints to become "stuck" or decrease range of motion.



Culture- A laboratory test used to determine if bacteria is growing on the tissue which is removed from the patient



Debridement- The removal of dead tissue from the surface of the wound.



Donor Site- The area of the patient's body from which healthy skin is taken, that is to be used for grafting.



Drainage- Leaking of body fluids from the burn wound.

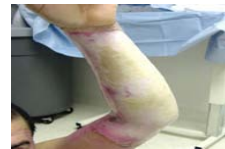
Dressings- The bandages, which cover the burn wound and surrounding areas. Dressings vary according to the injury and the stage of the healing process. Dressings may be changed twice a day, or every couple of days, depending on the type of dressing.



Edema- A medical term for swelling. Edema is common in the first few days after a burn.



Eschar- The damaged or dead tissue on the surface of the wound, which must be removed for healing to occur.



Escharotomy- An incision made through the eschar to relieve pressure and increase blood circulation to the involved area.



Feeding Tube- A small tube that enters through the nose into the stomach or small intestine to provide nourishment when patients are unable to eat, or need extra calories.



Foley Catheter- A tube going into the bladder that is used to collect and measure urine output.



Graft- The procedure in which skin is placed on the burn injury. Grafting is done in the operating room.

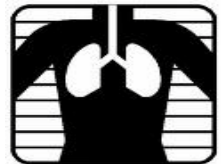


Heat Shield- A warming device similar to a heating lamp. It is placed over the patient to maintain body temperature.

Hypertrophic Scar- An enlargement of scar tissue. The overgrowth of skin cells that form raised thickened scars which may appear after the initial healing.



Inhalation Injury- Breathing in hot air or smoke causes damage to the upper breathing passages or lungs. The tissue can become swollen and secrete large amounts of fluids which may interfere with breathing.



Intravenous Line (IV) - A tube inserted into the vein using a needle. The needle is removed once the tube is in place. It is connected by a long piece of tubing to a syringe containing fluids or a bag, nutrients or medication. An IV may be placed into almost any part of the body that has a vein.



PICC/Central Line – An indwelling catheter inserted into a central vein when peripheral access is impaired or prolonged IV therapy is required.



Pressure Garments (Jobst) - Elastic bandages or garments that provide constant and equal pressure over a healing burn to decrease scar formation. There are many different types and colors and are custom made. They require a doctor's order and may take up to 3 weeks to arrive after measurements are taken. Pressure Garments need to be worn 23 hours a day for a period of one year or until discontinued by the physician.



Restraints – Methods include physical or mechanical devices, attached to the patient's body that can not be easily removed. Restraints are a safety measure utilized to prevent harm when equipment is required (i.e. Ventilator, IVs, feeding tube, catheter). If your loved one has restraints, please notify the RN while visiting if you would like the restraints removed and again when you leave. They must be reapplied properly.



Skin Graft - A portion of the patient's skin is taken from an unburned area of the body, and placed on a burned area. Grafting is done in the operating room.



Splint - A device used to position an area of the body. This is used to help the skin from contracting, provide support, decrease swelling, and maintain proper positioning.



Ventilator- A machine that helps the patient to breathe. The air from the ventilator is delivered to the patient by a tube placed by the physician into the patient's mouth and trachea.



Debridement and Dressing Changes







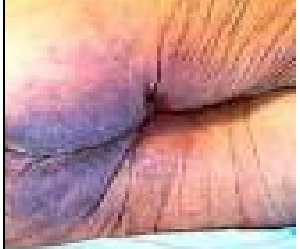
Cleaning and debridement of wounds can be painful for the patient. Premedication is given, but it is not always possible to eliminate all of the pain. Patients and families often ask that the patient be medicated to the point of unconsciousness. This level of medication would eliminate pain but because the patient is immobile, the damaged skin especially the skin covering joints, limbs and appendages, would tighten. It would also allow muscles to atrophy and ligaments and tendons to contract.

Dressing changes go on almost around the clock. Each patient may have up to two dressing changes daily. A single dressing change may take from one-to-two hours. Sometimes there is a lot of drainage from the wounds and bandages that have just been changed may look soiled. This is caused by fluid draining from the wounds and is a normal physical reaction to burn injury.

As UMC strives to become more patient & family centered we invite you and your family to join us as active members of your care team. However, family members may be asked to leave the room and unit when dressing changes or other nursing procedures are performed. This helps decrease anxiety for both the patient and the family members.

Family members should understand that after a difficult dressing change, patients may be tired, their morale may be low, and they may prefer to rest rather than visit.

Other Wounds UMC Burn Unit Treats

Friction / Shear / Skin Tears	Partial-thickness injury due to friction or shear. More common among the Elderly/Steroid use.		
Stage 1 Ulcer	Non-blanchable redness of intact skin. Generally on bony prominences. May include changes in skin temperature, tissue consistency (firm or boggy feel)		
Stage 2 Ulcer	Partial-thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.		
Stage 3 Ulcer	Full-thickness skin loss. Subcutaneous tissue is visible. The ulcer presents clinically as a deep crater undermining /tunneling may be present.		
Stage 4 Ulcer	Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g. tendon, joint capsule). Undermining and sinus tracts may also be present.		
Non-stageable	Full thickness tissue loss in which the base of the ulcer is covered by slough and/or eschar		
Deep Tissue Injury	Deeper, full-thickness damage to underlying intact tissue which may appear as purple areas or dark necrotic tissue should not be confused with Stage 1 pressure ulcers.		

UMC Burn Unit Dressings

Acticoat	Antimicrobial barrier, decreases eschar autolysis pre-excision, decreases exudate	Changed every 3 days. Outer dressings are changed daily
Biobrane	2 nd degree clean burn dressing	Stays on until it falls off (if healing normally)
Collagenase Santyl Ointment	Debriding chronic dermal ulcers and severely burned areas	Changed daily
Dakins, acetic acid, Sulfamylon solution	Bacteriostatic for wounds with known or suspected infection	Changed daily
EZ Derm	Biosynthetic wound dressing, protective barrier	Changed as indicated (PRN)
Garamycin Ointment	Antibiotic ointment for facial burns	Changed twice daily or PRN
Gentian Violet	Hypergranulated tissue	Changed every 24-48 hours
Hydrocolloids (duoderm replicare)	Manages minimal exudates while providing moisture for superficial wounds	Changed every 2-3 days
Hydrogel	Provides moisture to dry or low exudating wound, promotes healing	Changed every 3-5 days or PRN
Iodosorb	For partial thickness wounds with moderate to large exudates, odor reduction	Changed every 24-48 hours
Panafil	Enzymatic debrider for thick eschar or slough, odor reduction	Changed every 24 hours
Silvadene	Antimicrobial	Changed 1-2 times daily
Sulfamylon cream	Adjunctive topical antimicrobial for 2 nd /3 rd degree burns	Changed 1-2 times daily
Xeroform	Provides moisture and light bacteriostatic	Changed every 24-48 hours

Surgery

Many second and third degree burns will require surgery. The surgery involves surgical debridement and/or grafting of the skin. Surgical debridement involves the removal of dead tissue from the wound. This requires that the patient be given a general anesthetic. Grafting of the skin may be required to:

- A) Cover wounds that are extensive
- B) Help wounds that are not healing
- C) Release and/or prevent contractures of skin, ligament, tendons, or muscles.

Grafting involves one or more surgical procedures done in the operating room requiring general anesthetic. During this procedure, dead tissue is cut away (debrided) and the injury is covered with healthy skin from part of the patient's body (donor site). When skin grafting is done, the wound becomes less painful and permits better range of motion 4 to 5 days after grafting occurs. During the first 3 days after surgery, the patient will be instructed not to move the grafted area, in order to allow time for the grafted skin to attach itself to the injury it is covering. Splints may be used to prevent movement of a joint.

Patients may not eat or drink anything 6-8 hours prior to scheduled surgery.

A skin graft involves taking from an unburned part of the body to cover the burn injury. In some cases the skin is meshed (or stretched) to enable the wound to drain and to cover a larger area. A sheet skin graft is used when strength is needed and for cosmetic purposes.

After surgery, the dressing on the grafted site is usually not disturbed for 1-2 days. There can be swelling and discoloration for the first five-to-ten days after surgery. When a mesh graft is performed, the holes take another three-to-five days to heal. It is difficult to judge how long it will take for the graft to heal completely and the scarring process to end because it varies with each individual.

Donor sites usually heal in 1-2 weeks. They can be painful while healing (similar to a second degree burn) because the nerve endings are exposed. After the site is healed, it causes little or no problem.

Occasionally parts or all of the skin graft might be unsuccessful. This can happen for a number of reasons including infection and nutritional status. It is possible the procedure might have to be repeated.

It is important for both the patient and family to remember that healing from a burn is a long, slow process. The way a graft looks after surgery is not the way it will look in the future.

Nutrition and Burns

All elements of nutritional need – calories, protein, vitamins, minerals, and fluid are increased with a burn injury. You will be started on nutrition support as soon as possible. If you are able to eat, you will receive a high calorie, high protein diet. If you are unable to eat enough food, the dietician will order appropriate supplements for you. If you are unable to eat at all, a feeding tube will be inserted and complete nutrition will be provided this way.

Meeting the nutrition needs of the burn patient is always a challenge. Pain medication and treatments may decrease your appetite. It is a team effort to overcome the challenges and includes you, your family and friends, doctors, nurses, therapists, and dietician. Each day a catering associate will visit you to find out your menu selections. It is your job to pick foods, with the help of the catering associate, which will meet your nutritional needs. Your friends and family can help by bringing favorite foods from home or take out from restaurants. The hospital staff will be monitoring your progress at each meal. After you are discharged from the hospital, you will need to continue to eat a high calorie, high protein diet. Even though your skin may appear to be healing well or completely healed, your body can continue to need extra nutrition for up to a year after the burn occurred. There are several things you need to think about to help yourself achieve complete recovery.

WEIGHT

Some weight loss is expected. Too much weight loss, however, can be harmful and slow wound healing. It is important to weigh yourself every week. If you find you are losing too much weight, you will need to increase your daily food intake. Refer to the food list under the “calorie” section to help you make the best choices. If you are overweight, now is not a good time to try to lose weight. You need to wait until your burn is fully healed to begin a weight loss plan.

VITAMINS AND MINERALS

Once discharged from the hospital, take a daily multivitamin. Choose one that provides 100% of the recommended daily value of vitamins and minerals. Buying a store brand such as Wal-Mart or grocery store brand is fine. If a multivitamin is appropriate for you while you are in the hospital, it will be ordered for you.

CALORIES

Calories are the number assigned to foods that represent the amount of energy that food supplies. Just like a car needs gas, our bodies need calories to “run” efficiently. If you are not eating enough calories, your body will use its own muscle and fat stores to make the calories the body needs. This can lead to unacceptable weight loss, poor wound healing and a weak immune system where you may find yourself getting sick often and catching any “bug” that is going around. Use the following suggestions to help increase your daily total calorie intake:

- Eat at least 6 times a day; Three meals and three snacks or six small meals
- Drink cocoa instead of coffee or tea. Add marshmallows
- In cooking, use heavy cream, evaporated milk or whole milk instead of water when preparing soups, hot cocoa, cooked cereals, or puddings
- Add nonfat milk to soups, stews, gravies, sauces, cooked cereals, scrambled eggs, omelets, meat loafs, ground meat patties, casseroles, malts, milk shakes, and whole milk
- Add extra margarine, sour cream, salad dressing, cheeses, gravies, and sauces to foods whenever possible. Add extra whole eggs, egg substitute, or egg whites to foods such as vegetable or meat salads, cooked puddings, cooked vegetables or baked desserts. **DO NOT EAT RAW EGGS OR USE IN UNCOOKED ITEMS**
- Do not use diet salad dressings, margarines, or condiments. Use the regular versions instead
- Use fruits canned in heavy syrup, sweetened cereals, and toast with sugar, jelly, or honey
- Eat yogurt with meals or as a snack
- Wheat germ; add 1-2 Tbsp to cereals, meat dishes, cookie batters and casseroles
- Try commercial nutrition supplements
- Eggnog
- Nuts
- Beef jerky or Slim Jim
- Use the “burn shake” recipes (see attached)

PROTEIN

Protein is the nutrient most needed to repair any injured part of the body. Without enough protein, good tissue repair does not occur or is delayed. Most foods contain some protein. However, certain food groups contain protein that is of a higher quality than others. These high quality protein groups are mainly meat, poultry, fish, and dairy. At least 2/3 of your protein intake should come from these food groups. The average goal for adequate protein intake per day is 8-10 protein choices. One choice is 1 ounce of meat, fish, or poultry or 1 egg or 8 ounces of dairy. If your wound is not healing, you may not be getting enough protein. Look at the following suggestions to help you.

- Drink milk with meals or as a snack
- Use cheese as a snack or grate and add to foods
- Use commercial supplements or protein powders
- Add hard boiled eggs to salads or sandwiches
- Use peanut butter or other nut butters on bread, crackers, and fruit
- Eat cottage cheese
- Use yogurt, frozen yogurt
- Add powdered milk to drinks, soups, cereals, casseroles, gravies
- Energy bars; Brands with 20 or more grams of protein
- Use the “burn shake” recipes as follows:

DAIRY SMOOTHIE RECIPES

	Cholesterol (mg)	Protein (g)	Fat (g)	Calories
<u>Peanut Butter Paradise</u>				
1 Cup Whole Milk	11	8	8	150
1 Banana	0	0	0	120
1 Tbsp Chocolate Syrup	12	0	0	51
2 Tbsp Creamy Peanut Butter	7	8	16	190
Total	30	16	24	511
<u>Straw-Nana</u>				
1 Cup Whole Milk	11	8	8	150
1/2 Banana	0	0	0	60
1/2 Cup Frozen Strawberries	0	0	0	26
1/2 Cup Frozen Yogurt	18	3	4	115
Total	29	11	12	351
<u>Choco-Nana</u>				
1 Cup Whole Milk	11	8	8	150
1 Banana	0	0	0	120
1 Tbsp Chocolate Syrup	12	0	0	51
1 Tbsp protein powder	0	6	0	25
Total	23	14	8	346
<u>Carnation Instant Breakfast Shake</u>				
1 Pkt Carnation Instant Breakfast	26	6	1	130
1 Cup Whole Milk	11	8	8	150
1 Banana	0	0	0	120
1/2 Cup Frozen Yogurt	18	3	4	115
Total	55	17	13	515

FRUIT SMOOTHIE RECIPES

	Cholesterol (mg)	Protein (g)	Fat (g)	Calories
<u>Apple Splash</u>				
1 Cup Apple Juice	0	0	0	120
1 Banana	0	0	0	120
1/2 Cup Orange Sherbet	29	1	2	132
3 Tbsp Non-fat Milk Powder	12	9	0	81
Total	41	10	2	453
<u>Orange Blast</u>				
1 Cup Orange Juice	0	0	0	120
1 Banana	0	0	0	120
1/2 Cup Frozen Strawberries	0	0	0	26
6 Oz Yogurt (any flavor)	34	7	0	160
3 Tbsp Non-fat Milk Powder	12	9	0	81
Total	46	16	0	359
<u>Cranberry Spritz</u>				
1 Cup Cranberry Juice	0	0	0	120
1/2 Cup Frozen Strawberries	0	0	0	26
1/2 Cup Orange Sherbet	29	1	2	132
3 Tbsp Non-fat Milk Powder	12	9	0	81
Total	41	10	2	359
<u>Grape Crush</u>				
1 Cup Grape Juice	0	0	0	154
1/2 Cup Frozen Grapes	0	0	0	60
1 Cup Raspberry Sherbet	29	1	2	132
3 Tbsp Non-fat Milk Powder	12	9	0	81
Total	41	10	2	427
<u>Peach Froth</u>				
1 Cup Peach Nectar	0	0	0	282
2/3 Cup Buttermilk	12	8	2	99
1/2 Cup Frozen Peaches	0	0	0	30
1 Tbsp protein powder	0	6	0	25
Total	12	14	2	436

DIABETIC ALTERNATIVE SMOOTHIE RECIPES

	Cholesterol (mg)	Protein (g)	Fat (g)	Calories
<u>Raspberry Light</u>				
1 Cup Raspberry Crystal Light	0	0	0	5
1/2 Banana	0	0	0	60
1 Cup Light Yogurt	16	5	0	90
3 Tbsp Non-fat Milk Powder	12	9	0	81
Total	28	14	0	236
<u>Nana-Diabetic</u>				
8 Oz Glucerna Select	0	12	13	237
1/2 Banana	0	0	0	120
3 Tbsp Non-fat Milk Powder	12	9	0	81
Total	12	21	13	438
<u>Nutty-Diabetic</u>				
8 Oz Glucerna Select	0	12	13	237
2 Tbsp Creamy Peanut Butter	7	8	16	190
3 Tbsp Non-fat Milk Powder	12	9	0	81
Total	19	29	29	508
<u>Carnation Instant Breakfast-Diabetic</u>				
1 Pkt Sugar-free Carnation Instant Breakfast	12	5	1	70
1 Cup Whole Milk	11	8	8	150
1/2 Banana	0	0	0	120
2 Tbsp Creamy Peanut Butter	7	8	16	190
3 Tbsp Non-fat Milk Powder	12	9	0	81
Total	42	30	25	611

Special Notes for Families

Pediatric patients often regress in terms of physical and social behavior when they are hospitalized. This is a normal reaction to the stress they are experiencing. It can reflect itself in toilet training, walking, and communicating. Children should be praised when they behave appropriately.

Parents will be asked to step out the room and off of the unit when the child goes through dressing changes or other procedures. The burn team believes it is best for the child emotionally if the parent is kept separate from painful hospital experiences. If the parent is present when the child is experiencing discomfort and does nothing to stop it, the child might not understand. In this way the child will not associate the parent with pain, and the parent can be a source of comfort when the procedure is over.

UMC may also provide a Certified Child Life Specialist to help your child. These professionals are trained in child development and specialize in working with children in healthcare settings. They address the child's need to understand and cope emotionally with the medical experience. You may reach the Child Life Specialist at 702-383-1989.

Children often run fevers. It can mean infection, a response to the burn, or a reaction to medication.

Families may want to bring toys, books, games, and videotapes to the hospital to help occupy their child.

Often children are not able to verbally communicate their pain. If crying, grimacing, rubbing, and pulling at dressing is noticed by family, the staff should be notified.

Pediatric burn patients have higher nutritional needs than adults. Since children tend to eat less when they under stress, tube feedings in addition to the foods served at mealtime and snacks are often used to meet the child's special dietary needs.

Parents are expected to involve themselves in daily living activities. They should help feed the child, if the child is unable to feed him/herself, change diapers, and do other activities patients would normally perform. This gives the parent the opportunity to comfort and reassure the child through routine physical contact. Pediatric patients are encouraged to use the day room for playing which assists in range of motion exercises vital to healing. Parents staying in the hospital must accompany their child during play.

As burn wounds heal, they usually itch. Scratching at wounds, either on top or beneath bandages, is an indication of itching. To protect the wound area the staff creates elaborate dressings. It is important for parents to watch for scratching and notify the staff when it occurs. Allowing children to scratch can cause further damage to the wound area.

LOCAL RESOURCES

PLACES TO STAY CLOSE TO UMC

A To Z Reservations - 24 hrs

(800) 634-6727

information on hotels and motels

Palace Station (This is the closest hotel to UMC)

2411 W. Sahara Avenue, Las Vegas
89102

(702) 367-2411

From UMC go west on Charleston Blvd. to Rancho Drive. Turn left on S. Rancho. Turn right on W. Sahara Avenue. Hotel located on Left side.

Arizona Charlie's

S. Decatur Blvd., Las Vegas, NV
89107

(702) 285-5111

From UMC go west on Charleston Blvd. to Decatur Blvd. Turn Right on N. Decatur, go about 0.4 miles. Hotel located on left side.

Ronald McDonald House

2323 Potosi Street, Las Vegas NV
89146

(702) 252-4663

The Ronald McDonald House provides temporary housing for families who travel to Las Vegas to receive medical treatment for their children. A donation of \$10 a night is requested, but no one is turned away if unable to pay. Families are eligible to stay at the Ronald McDonald House if:

- They have a child 21 years of age or under receiving medical care in Las Vegas
- They live outside of Clark County

*Social Workers must pre-arrange services.

NEARBY DINING OPTIONS

UMC Bistro

Located on the First Floor

12:30am- 3:00 am

6:30 am – 10:00 am

11:00 am- 7:00 pm

Carl's Jr.

1522 W. Charleston Blvd

Hours: 6am –10pm

Drive through 24hours

Del Taco

1801 W. Charleston Blvd

Hours: 7-12midnight

Wendy's

1725 W. Charleston Blvd.

Hours: 10am-10pm with extended

Weekend hours

McDonald's

1601 W. Charleston Blvd.

Hours: 24hours

Galleria Strip Mall

2202 W. Charleston Blvd.

• Omelet House Garden Eatery

(B|L|D) (702) 384-6868

• Great Wall of China (Chinese)

702-385-2750

• Kifune Restaurant (Japanese)

702-366-9119

• Philly Pub (American)

702-384-8836

Vending Machines for snacks and beverages these machines are located on the first floor at the end of the Emergency Room Atrium and the Trauma Center Waiting Room and Surgery Waiting Room areas. They are available 24hours a day.

LOCAL RESOURCES

NEARBY PHARMACIES

UMC Pharmacy

Located on first floor on the main hospital

CVS Pharmacy

2100 W. Charleston Blvd.
(702) 474-0259

Located directly on the NW corner of W. Charleston Blvd and Tonopah

TRANSPORTATION

Yellow Checker Cab

(702) 369-7216

UMC Security located in the Adult Emergency Room will assist with cab requests.

Greyhound Bus Lines

200 S. Main Street (702) 383-9561
Fare and Schedule info (800)231-2222
Spanish – (800)531-5332

McCarran International Airport

575 Wayne Newton Blvd.
(702)261-5211

Enterprise Rental

(800)736-8222 (free pick up at UMC)

Hertz Rental

(800)704-4473

Citizens Area Transit (CAT Bus)

(702)228-7433 – This is the Las Vegas Bus System – Maps and routes can be obtained from UMC security office located on the 1st floor of main hospital at UMC information desk.

LEGAL FORMS / SUPPLIES

Clark County Legal Forms and Books

3585 S. Maryland Pkwy. Ste J (702)386-1070 or (800)522-1070

Nevada Legal Forms

3901 W. Charleston Blvd (corner of Valley View)

(702)870-8977 or

www.nevadalegalforms.com

Mobile Notaries - 24hours/ 7days

- **Doc Lane:** 702-219-1113 (Spanish)

- **Las Vegas Doc Signers:** 702-302-2621 (Tagalog, Spanish)

- **24/7 Las Vegas Notary:** 702-967-1770 (Spanish, French, Chinese, Sign Language, American Sign Language)

BANKING

There are ATMs located on the first floor by security desk near Adult ER.

Clark County Credit Union

(closest to UMC)

803 Shadow Ln, Las Vegas, NV
702-228-2228 (0.19 miles)

Bank of America

4610 W Sahara Ave.

- Las Vegas, NV 89102 (2.11 miles)

901 S Rancho Dr.

- Las Vegas, NV 89106 (0.53 miles)

- 4801 W Charleston Blvd

Las Vegas, NV 89146 (2.28 miles)

Nevada State Bank

3480 W Sahara Ave, Las Vegas, NV
702-383-0009 (0.18 miles away)

Wells Fargo Bank

3300 W Sahara Ave # 100, Las Vegas, NV

702-765-3847 (2.11 miles)

Going Home

It is important to remember that long term results in healing are dependent upon proper nutrition, continuing exercises, use of pressure garments and therapeutic splints, and regular follow up with therapists and doctors.

Long term nutritional needs dictate that burn survivors eat a balanced diet with a variety of foods. This will help the patient regain strength faster. It is essential that the patient have enough calories to aid the healing process.

It is helpful if the family observes an exercise session before the patient is discharged so they are able to assist with the program at home. Exercises assigned by physical and occupational therapy need to be continued to develop strength, and stretch scar tissue to ensure the best range of motion possible. Practical concerns such as locating equipment, making transportation arrangements, or arranging for other services will be arranged by the social worker prior to discharge.

Upon discharge you may still need to have your burn dressing changed daily. Keep all follow up appointments with your caregiver until your burn is healed. If you are going to return to UMC for outpatient dressing changes, Make an appointment by calling 702-383-2575 or stopping by the 3rd floor of the 1000 building to do so in person.

At least one hour prior to your first visit, we ask that you stop by the admitting department to register. Please bring your physician orders, identification, insurance verification, and any other paperwork that may pertain to your continued care, such as your discharge instructions.

Take any pain medication 30 minutes prior to dressing changes since we DO NOT administer pain medicine in the outpatient area.

Seek care immediately if:

- You have swelling, numbness, or tingling below a burn on your arm or leg
- You have a temperature of 102 degrees Fahrenheit
- You have trouble breathing

Call the Burn Center if you:

- Have increased pain and redness around the burn, or a bad smelling drainage from the burn. These are signs of infection.
- Get blisters on your face, neck, groin (crotch), hands and feet
- Have red streaks coming from the burn area.

Other Tips:

- Keep all follow up appointments with your caregiver until your burn/wound is healed
- Keep dressing clean and dry
- DO NOT use over the counter ointments or medications without consulting your doctor
- DO NOT clean affected areas with alcohol, hydrogen peroxide, or betadine. Use a mild soap without deodorant, alcohol, or perfumes
- DO NOT use heating pads or ice on healing burn/wound tissue
- Sensation may be altered in the affected areas, be very aware of bath water temperature. Use clean, soft white cloths when washing
- Apply lotion to dry healed areas as needed (alcohol free/perfume free)
- Apply sun block when exposed to the sun, or if possible, cover affected areas with clothing
- Unless otherwise advised by your physician, regular exercise helps to prevent scar tissue from becoming stiff and permanently contracting
- Choose foods rich in protein during your recovery to complete healing and good tissue structure. Vitamins and minerals are essential for your healing. Take a multivitamin daily if you do not ingest enough fruits and vegetables in your daily diet

PHONE NUMBERS:

Social Services- 702-383-2671

PT/OT Outpatient Services- 702-383-2362

Outpatient Burn Care Treatment – 702-383-2575

Jose Enriguez, RN
Burn Care Clinical Manager
702-383-2278

Mary Martinat, RN
Burn Program Manager
702-383-3814

Melody Talbott, RN, BSN
Asst. Dir – Trauma Services
702-671-6558

Cathy Downey, RN, CWOCN
Wound and Ostomy Program Coordinator
702-383-1853

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