Burns Rehabilitation Major Incident Condition Card

Before following this guidance, please check that it hasn't been updated.
Visit: Southwest-Burncare-Network – Mass Casualty/Major Incident webpage

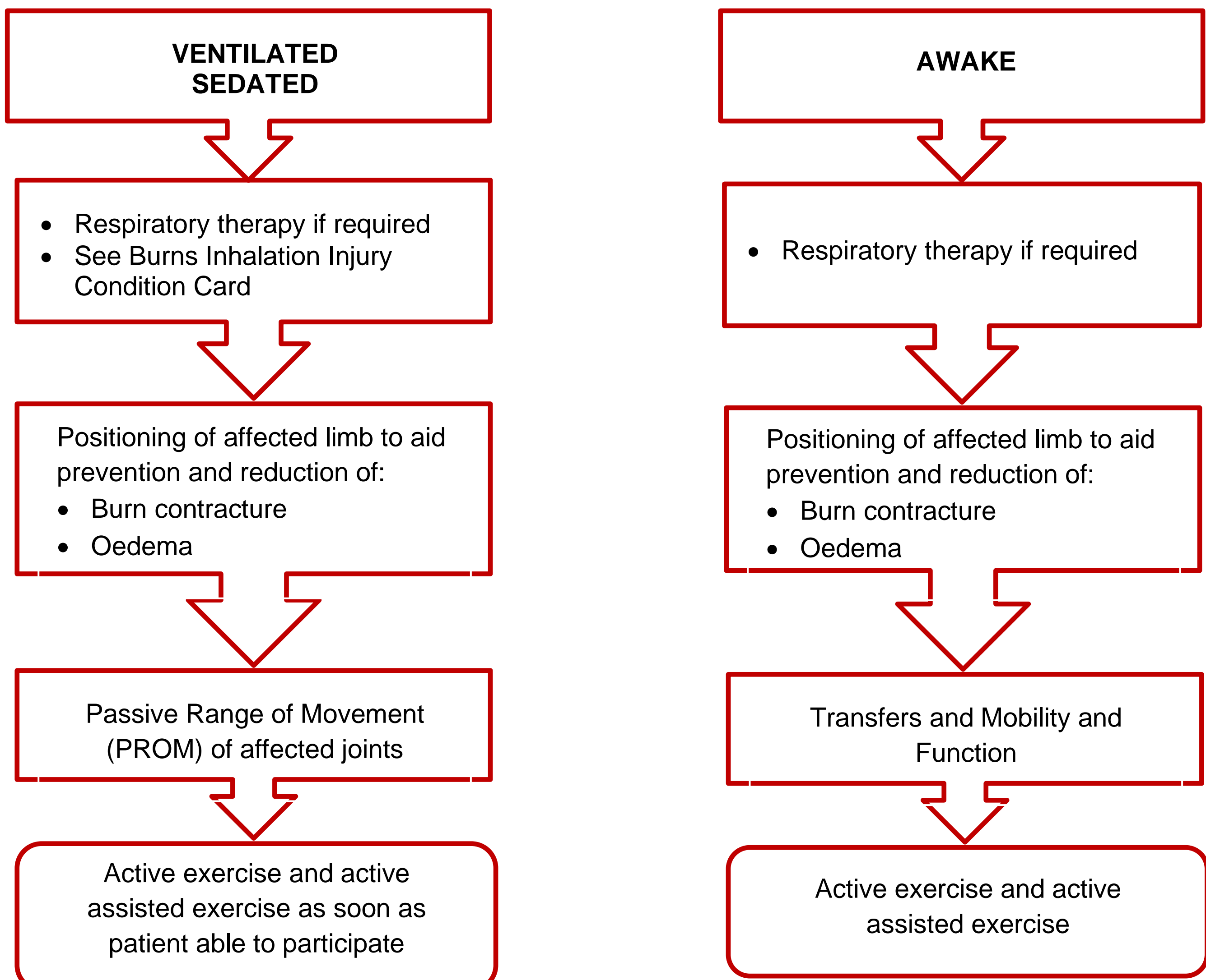
Assessment – Standard MSK assessment can be followed of affected joints but be mindful that movement can be affected in joints above and below injury.

INDICATION

Burns patients are at risk of losing a range of movement and function where:

- The burn crosses a joint
- It is likely to take longer than three weeks to heal
- They require a Split Skin Graft (SSG)
- They require prolonged sedation and ventilation
- Pain affects the patient's movement and function

BURNS THERAPY INTERVENTIONS FLOW CHART



TOP TIPS	
GENERAL	• Ensure patient has adequate pain relief to tolerate therapy intervention • Check whether the patient has had a Split Skin Graft (SSG) and be guided by post-op instructions about when movement, mobility and function can be commenced. It is normal to wait between 2 and 5 days before commencing movement/activity to the affected area.
RESPIRATORY	• Continue intensive chest physiotherapy until soot is cleared, following routine respiratory assessment and treatment. See Inhalation Condition Card for further guidance.
POSITIONING	• Each joint should be positioned to prevent contracture and to reduce/control oedema: **Head and Neck:** One or no pillow, held in midline. The bed profiled into sitting if head and neck swollen **Shoulder:** Position in 90° abduction and/or flexion **Elbows:** Supported in neutral and elevated on pillows or in a Bradford sling **Hips and knees:** Hips abducted, knees in extension **Ankles:** Maintain length of Achilles Tendon – pillows / splints
PROM	• Move limb/ joint through full passive range of motion.

MOBILITY / TRANSFERS	• Undertake a standard therapy assessment of mobility and transfers as soon as medically stable
	• Consider limitations from surgery:
	  ○ If hands have been grafted, consider use of pulpit frame if requiring walking aid
	  ○ Use of appropriate footwear for lower limbs e.g., plaster shoes
	  ○ Avoid sheering of early grafts e.g. consider if hoist sling placement would sheer grafts to upper legs/thighs.
	• Encourage the patient to sit out for meals and to walk to toilet if able
	• Dependency pain can occur from day 4 post-burn. This is described as a severe pain when placing the legs to the floor. It is improved by encouraging circulatory exercises prior to standing and by encouraging weight-bearing or marching to walk through the pain

FUNCTION	• Encourage early independence in all Activities of Daily Living (ADL) e.g. padding for cutlery if hands effected and/or plastic gloves over dressings to aid personal care. • Consider toileting issues if affected by wound/dressings – e.g. sitting on dressing or use of pads and pants. This should be considered when planning the patients discharge home • Consider the ability to open the mouth for feeding – may require mouth exercises and stretches • Within first 72 hours patients with facial burns may have difficulties with opening eyes due to swelling – effecting vision

AROM	• Burns patients will initially feel pain and stiffness with movement. This is improved with frequency of performing an exercise programme and repetition of each exercise. This is worse first thing in the morning. The more the patients exercise, the better they will feel • Move joints through full active range of movement (AROM) • If struggling with range of movement passively stretch first. • Consider resisted exercises once achieving good AROM
SPLINTING	• If ventilated and sedated, consider position of safe immobilisation (POSI) splints for hands • If concerned about TA length, consider off the shelf splints • Consider use of POP if unable to use thermoplastic splints • In the conscious patients the first line is to encourage AROM but may need to consider night splinting if struggling to maintain ROM.

Further Information

Further Information on burns assessment, intervention and contacts for burns services are available on your local Burn Care Network's website:

Northern Burn Care Network: https://www.northern-burncare-network.nhs.uk

London and South East Burn Care Network: https://www.lsebn.nhs.uk/

Midlands Burn Care Network: https://www.mcctn.org.uk/burns.html

South West Burn Care Network: https://www.southwest-burncare-network.nhs.uk