Medical staff

Your child will be admitted under a Plastics Consultant and their team, who will review your child daily. You may not always see the Consultant but if you want to speak to them at any stage, we will contact them for you. Also, there may be a referral made to a Medical Consultant for other issues that arise.

Occupational Therapist

These will provide information on exercises/splints/ garments, that may be needed to assist healing of the burn both during and after hospitalisation. They will advise about contracture prevention and scar management.

Dietician

The dietician will assess the nutritional needs of your child and advise accordingly.

Medical Social Worker

All children and families will be spoken to by the social worker and are used as a form of support while attending the Burns service.

Play Specialist

There are two play specialists on the ward who work weekdays. They are involved with assisting nursing staff during COD's by providing distraction for your child. They are also available to help your child, through play, to reduce anxiety.

Psychologist

Sometimes it may be needed to involve a psychologist if your child is having nightmares or appears overly affected by the injury.

If you or your child have any queries about any issue, do not hesitate to ask anyone involved in your child's care. We are here to help reduce any fears / anxieties while making your hospital stay as comfortable as possible.

For more information on Burn Injury, please contact the staff on St. Annes Ward in CHI at Crumlin, Dublin on 01 409 6521



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Information for Parents / Carers of a child

Burn Injury



Children's Health Ireland at Crumlin

Phone: 01 409 6100

WELCOME TO ST. ANNES' WARD

This leaflet is designed to give you a brief outline of what may happen to your child while being treated for a burn injury in CHI, Crumlin. Each child is individually assessed and specific care will be given and explained according to your child's needs at all times.

What is a Burn Injury?

A burn is an injury causing damage to skin by means of heat (scald, contact, flame), cold (frostbite), electricity or chemicals. It is described as being superficial, partial thickness or deep. Assessment of the burn injury takes place at presentation, for size (percentage) and depth, and will continue to be assessed at each dressing change. Here you will be informed of any changes and progress regarding the management of the burn.

Care during hospitalisation

As well as normal day to day nursing care, there is specific care related to the care of a burn which include:

Change of Dressings (COD)

Dressings are changed as often as is required on the ward which can be anytime from daily to weekly. They may also need to be repadded at times rather than have a full change depending on the type of burn your child has. Even though it may be upsetting for both you and your child, a bath is the best way to clean and assess the injury. There are many different types of dressings in use, but the best option will be chosen following assessment of the burn at each COD. Photos and wound swabs are taken at least weekly to observe and record changes. These are used to show staff involved, who are unable to attend dressing change, to see how the burn is progressing.

Surgery

In some cases, it may be necessary for your child to have a surgical procedure called a Split Skin Graft (SSG). This will be explained in more detail if required.

Pain

A burn can be quite painful especially for the first few days and during/after COD. Your child will be on regular pain relief including paracetamol, ibuprofen and other stronger analgesics depending on pain levels and requirements. They will always get analgesia prior to COD and some will get a mild sedative ('sleepy medicine') which will help reduce some anxiety during this stressful time.

ltch

As burns heal, they can become itchy. An antihistamine will be prescribed when and if needed. Also, moisturising the healed skin is effective in managing itch.



Diet

A good nutritional diet – high protein, high calorie – is important for wound healing. We will monitor your child's dietary intake closely and will advise accordingly. It may be necessary to pass a nasogastric tube (through the nose into the tummy) to assist with feeding if he/she is not eating/drinking adequately. This will be discussed further if needed.

Temperatures

It can be common for your child to spike a temperature of >38C after COD and it doesn't necessarily mean there is a problem. However, if it persists, it may be necessary to do further investigations i.e. blood tests, chest x-ray, urine sample, ear nose and throat review, to out rule other sources of infection. It may also be necessary to involve the Infectious Diseases team with regards to possibly commencing antibiotics.

Multidisciplinary team

You will come into contact with a number of hospital staff during your child's stay. The following is a list of some of those people you will meet.

Nursing Staff

A designated nurse will be assigned daily and he/she will be your child's main carer to include basic nursing care aswell as COD and other needs.