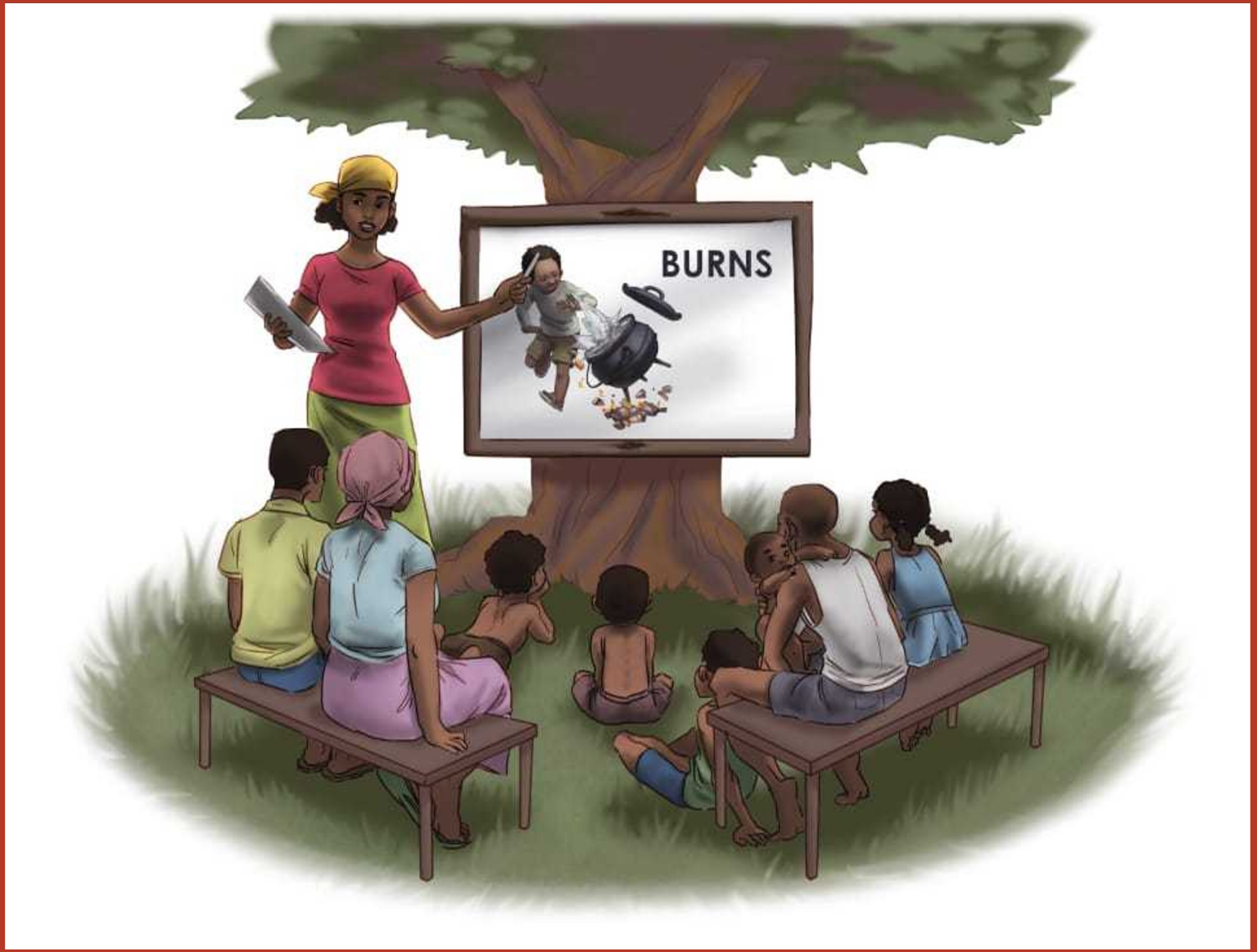
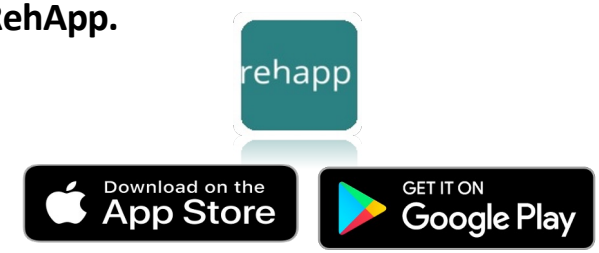
Flashcards Burns



- **These flashcards contain information about working with people with burns in low resource areas.**
- **These Flashcards are made for the use of fieldworkers.**
- **These flashcards are based on the information about burns from the RehApp.**



The goals of the flashcards are:

- To meet the needs of people with disabilities and their families.
- To improve knowledge and skills of fieldworkers in providing basic (functional) rehabilitation services for people with disabilities and their families.
- To enhance participation in daily, family and community life.
- To improve the quality of life of people with disabilities and their families.
- To support you (as fieldworker) in the process of guiding a family by providing you with a resource you can keep with you on your phone (offline) or in your bag.

What can you do with these flashcards:

- To help guide your visits to families that have a family member with burns.
- Make an inventory of the needs of the person with burns and his/her family.
- Learn about the implications of a disability for the person and their family.
- Use them to do an assessment.
- Use them to set goals for a person with **burns**.
- Use them to help you discuss interventions with the family.
- Use them to help you keep client records.
- Use them to help you monitor process.

Index:

Note: These flashcards contain information about burns. The content is organised according to the ICF domains. These cards don't replace the knowledge and skills of doctors and therapists. We advice you to seek their advice first.

Information about Burns
Introduction
Body functions & structures
Activities & participation
Personal factors
Environmental factors

Index

Burns

Index

Burns: content

Introduction:

- ❑ Introduction burns
- ❑ Risk factors for burns
- ❑ Consequences of a burn injury
- ❑ Degree of burns

Body functions & structures:

- ❑ First aid in acute phase
- ❑ Post-burn care
- ❑ Pain
- ❑ Scars
- ❑ Contractures

Activities & participation:

- ❑ Exercises
- ❑ Activities of daily living
- ❑ Social interaction
- ❑ Intimacy

Personal factors:

- ❑ Personal feelings
- ❑ Coping strategies

Environmental factors:

- ❑ Community attitudes
- ❑ Family income
- ❑ Environmental adaptations
- ❑ Assistive devices

Card 1

Introduction

Introduction
A burn is an injury to the skin caused by heat from hot liquids, hot objects or flames, or due to radiation, radioactivity, electricity, friction or contact with chemicals.

In low- and middle-income countries, the number one cause of burns at home are scald burns. These are burns from hot liquids and they often occur during cooking, which is mainly done at floor level, using an open fire or cooking stoves. Most of the victims are very young children, who are crawling or learning to walk and are unaware of dangers in the cooking area. Also, flame burns are common, due to falling candles or paraffin lamps at night, setting flame to the mosquito net, mattress or loose-fitting clothes.

Note: most burns can be prevented by making a safe (cooking) environment, by education about safety measures and by treating epilepsy with the right medication!



Card 2

Introduction

Risk factors for burns



Risk factors for burns include the following:

- Children playing with match boxes or around cooking- and fireplaces.
- Young children having the responsibility to cook and/or looking after their younger siblings.
- Occupations involving working with fire, electricity and gas.
- Use of kerosene (paraffin) for stoves and lamps.
- Inadequate safety measures during cooking, and while using gas and electricity,
- Local remedies for 'treating' fractures with hot water or 'treating' epilepsy with hot water.
- Medical conditions, including:
    - Epilepsy, due to getting a seizure during food preparation or while carrying pots with hot liquids.
    - Leprosy, due to loss of sensation in hands that can make the carrying of pottery difficult and/or to inability to feel when a body part gets burned.
    - Physical disabilities, due to decreased mobility and/or balance.
    - Intellectual disabilities, due to ignorance or unfamiliarity with possible dangers.
- Alcohol abuse in combination with smoking.

Note: most burns can be prevented by making a safe (cooking) environment, by education about safety measures and by treating epilepsy with the right medication! See Environmental Factors for more household safety measures.











Consequences of a burn injury

A person with a burn injury can experience the following physical and/or psychological traumas:

- Fractures (breaking of the bones) due to falling.
- Breakdown of organs like the kidney and liver.
- Breathing problems due to smoke inhalation injury**.**
- Problems with the heart, like low blood pressure, increased heartbeat.
- Disorientation or even shock.
- Emotional trauma of experiencing a burn injury.
- Reduced body acceptance due to e.g. changing body appearance.

As a fieldworker, it is important to be aware of the above issues. Search for the most appropriate treatment and support in consultation with the injured person, caregiver and a medical specialist at the hospital or health centre.

Card 3

Introduction

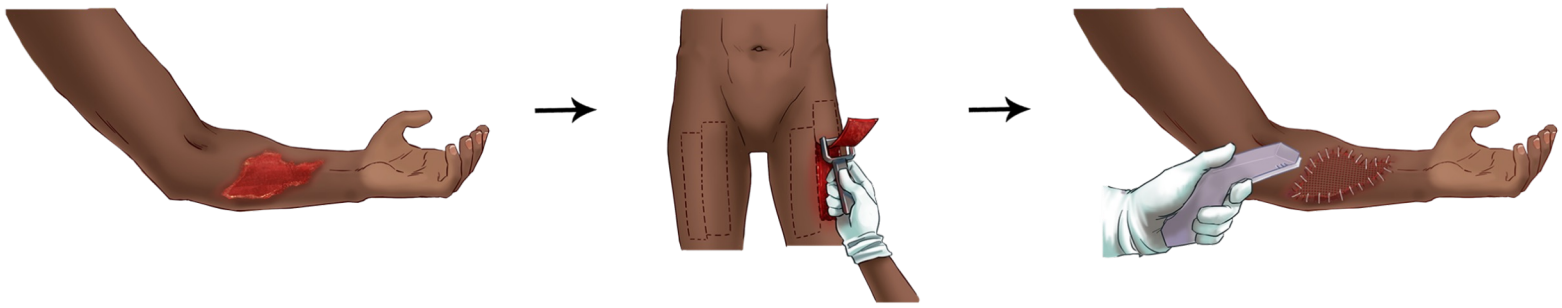
Card 4

Introduction

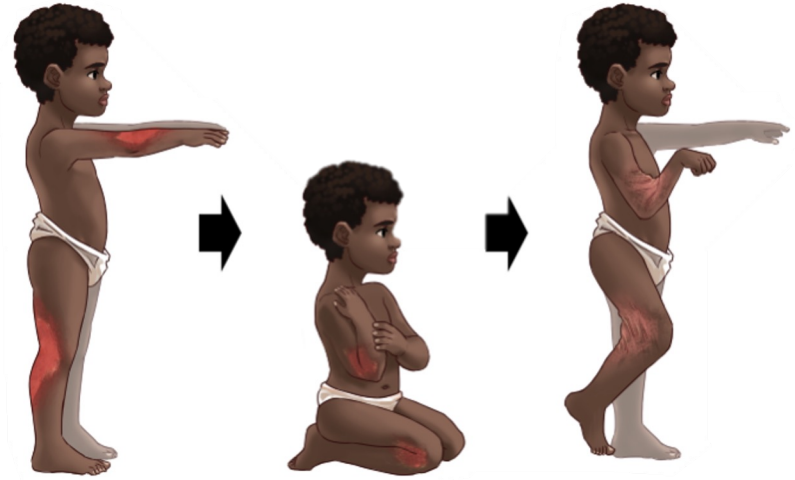
Degree of burns

Burns range in severity from first degree to fourth degree:

- First-degree burns: the injury affects only the superficial skin layer that appear moist, pink to red. The skin cells are still intact, so the wound will heal in 2 to 3 weeks.
- Second-degree burns: the injury affects some of the underlying skin layers. Skin appears whitish and dry. The skin cells are still intact, so the wound will heal in 3 to 4 weeks.
- Third-degree burns: the injury affects all layers of the skin. The burn area is stiff and appears reddish to black in colour. The person will not feel pain. The skin cells are destroyed, so the healing comes from the edges of the wound, which will take many months according to the size of the burn. Skin grafting is needed.
- Fourth-degree burns: this involves injury to deeper tissues such as muscles, tendons or bones. Skin-color appears black, like charcoal. The person will not feel pain. The skin cells are destroyed, so the healing comes from the edges of the wound, which will take many months according to the size of the burn. Skin grafting is needed and sometimes amputation(s).









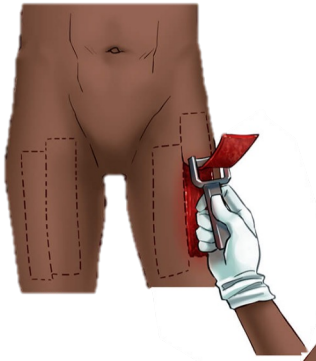


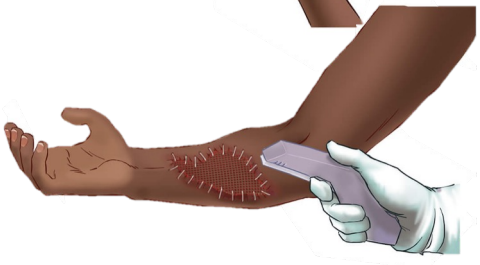


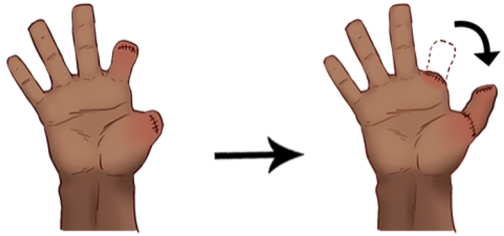


Body functions and structures:

Information and
Actions to take









Card 5

Body Functions and Structures

First aid in acute phase

When a person burns herself, first aid needs to be provided immediately. Depending on the severity of the burn, this might be followed by medical care in the hospital or health centre. Appropriate first aid involves the following steps:

STEP 1: Stop burning

Actions to take

- Assist the person to move away from the source of a burn, i.e. extinguish the fire or stop the person's contact with hot liquid or materials.
- If a person is still on fire, help the person to:
  - **A. stop** immediately (running will make the flames become bigger);
  - **B. drop** on the ground; and
  - **C. roll** over to extinguish the flames.



Card 6

Body Functions and Structures

STEP 2: Remove constrictive items

Actions to take

- Remove all hot or burned clothing. **Note:** do not remove fabric that sticks to the burned skin, because it may increase the severity of the burn wound.
- Remove any clothing that is wet from hot liquid or affected by a chemical splash. Use gloves in case of chemicals to protect possible contact with the skin!
- Take off rings, wrist jewellery, watches, belts and tight clothing because of a risk of swelling.



STEP 3: Cool burn

Actions to take

- Cool the injured area under cool running water (not cold) for 20 minutes.
- If running water is not available, stick the affected limb in a bucket or basin with cold water, or use compresses with cold water.
- Keep the rest of the body warm to prevent hypothermia (body temperature below 35°C).

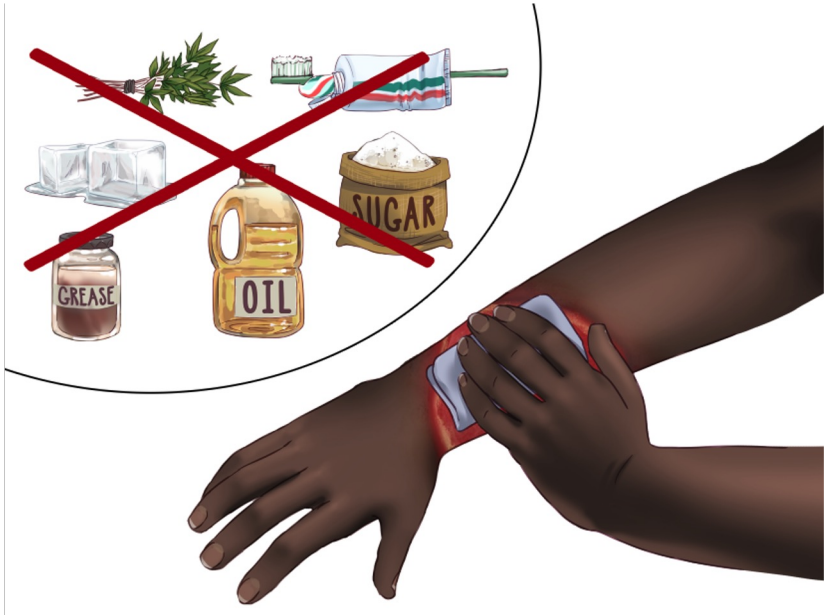


STEP 4: Protect burn

Actions to take

- Protect the burned area from infection by covering it with loose, light and non-sticky dressing or clean cloth.
- Protect the burned skin against direct sunlight.

Note: never put ice, sugar, toothpaste, local herbs, cooking oil or grease on the fresh burn in the acute phase just after the incident.



When to see a doctor?

It is advised to visit the nearest health centre if:

- the burn is on the face, airway or genitals;
- the burn is larger than two inches;
- the injury is deep, raw or blistered;
- redness and pain last more than a few hours;
- pain increases;
- the burn crosses a joint (knee, shoulder, hip, fingers);
- the burn encircles a limb or body part (circumferential burn);
- there is any sign of infection;
- the person is in shock: when the person does not respond well to questions, or not at all (unconscious).



Card 7

Body Functions and Structures

Card 8

Body Functions and Structures

Post-burn care

A person with a burn injury requires care after first aid is given. Depending on the severity of the burn , this care needs to be provided for weeks, months or even years after the injury. Determine, when possible in consultation with a medical expert, if the person should go to the hospital or can be treated at home with instructions.

Taking care of burns at home

A medical specialist can advise the person with minor burn injuries (first- to second-degree burns) to treat the injury at home. The role of the medical specialist is to support the person to do this within his or her own capacity. Involve the caregiver as much as possible in taking care of the burn, such as helping with the dressing changes, and inform them about the suggested steps to foster the healing process.

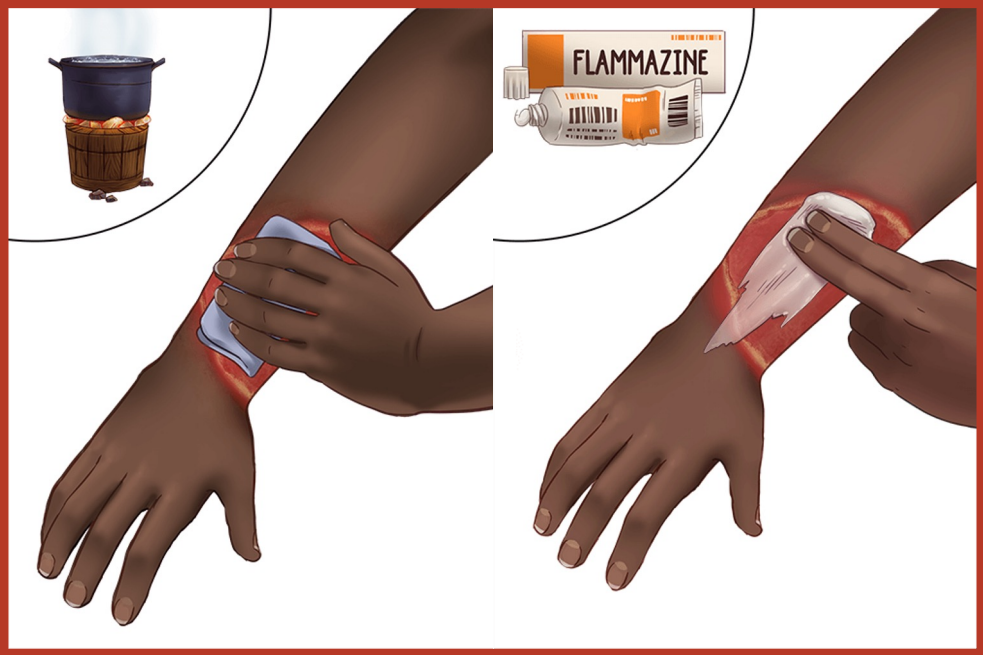
Wound treatment

The following steps are suggested to treat the burn injury:

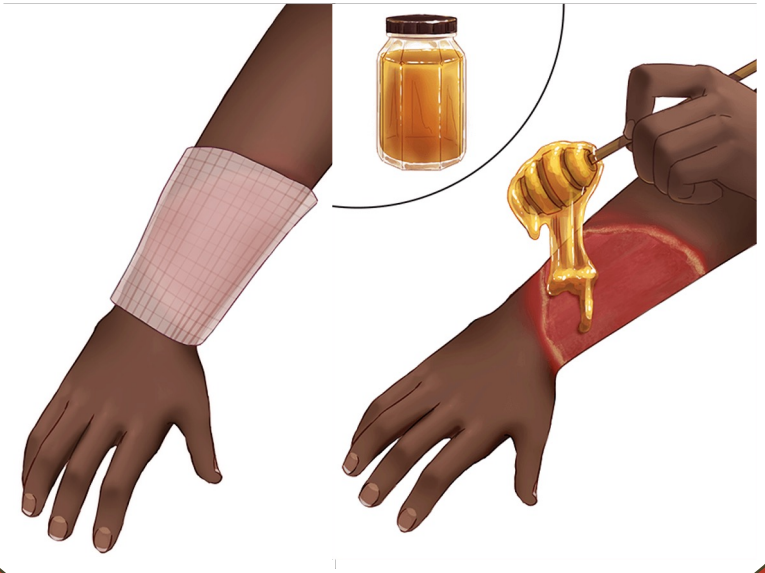
Clean the burn injury with clean water (boiled and cooled) 2 to 3 times a day.

Apply Flammazine© cream (often available at the local drugstore, pharmacy or health centre) on the burn 2 times to 3 times per day. If not available, use bees' honey.

Note: do not apply this on open wounds!



3. Cover the burned area with a loose, light and non-sticky dressing or clean cloth to prevent infections.
4. Elevate the affected body part as a burn wound can cause oedema (body part is swollen). Oedema can be dangerous, especially when it occurs around the neck and interferes with breathing. Ensure that the affected body part is elevated (higher level than the heart) when the person lies in bed, by using pillows or towels. Also, exercising the body part will help prevent oedema.



5. Change the dressing every day, after washing hands well. **Note:** if the dressing is difficult to remove, soak it off by pouring clean cooled water over the dressing. Do not pull a dressing that is stuck to the burn as this will increase the wound.
6. Take an over-the-counter pain reliever if pain is experienced. E.g. Ibuprofen©, Paracetamol© or Aspirin©. If Ibuprofen must be taken, a stomach protector like Omeprazole is necessary. Refer to a medical specialist if pain increases.

Note: keep blisters intact; if possible, do not pierce them, because they protect the body against infections.

Card 10

Body Functions and Structures







Protection measures

The following measures are suggested to protect the burn injury and stimulate the healing process:

- **Protect the burned skin.**
  - Keep the skin from being exposed to direct sunlight.
  - Use a mosquito net around the bed or cover the burn with a light gauze against infections from flies.
  - Keep the sheet/blanket off the burned body part, e.g. by covering the body part with a carton box.

Note: check the burn every day for signs of infections i.e. increased pain, swelling, and redness. If an infection is suspected, refer to the nearest hospital or health centre.

- **Ensure sufficient food and fluid intake.**
- Encourage the person to eat sufficient protein and calorie rich food as this promotes wound healing. The larger the burn, the more the person needs to eat. Think of fish, meat, eggs, banana, melons, pineapple, avocado, beans and peanuts.
- Ensure the person gets enough fluids per day, which is needed to keep a sufficient urine production. Think of water, milk, coconut milk, juices. Adults need to drink at least 2,5 to 3 litres per day. The amount for children depends on their age and the degree of the burn.

Note: a balanced diet and sufficient fluid intake are just as important as wound care!

Card 11

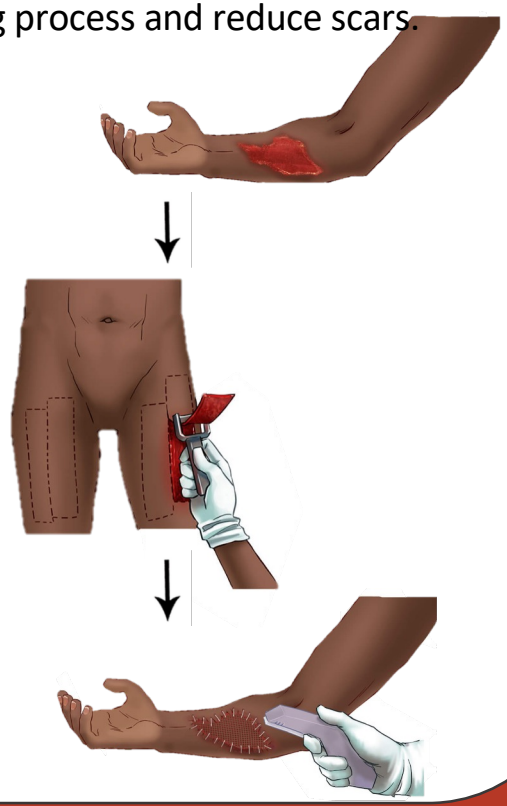
Body Functions and Structures

Treatment of burns at the hospital

Severe burns (third- to fourth-degree burns) should be diagnosed by a medical specialist preferably in a burn-care centre. They have the experience to treat people with severe burns. Most of the time intravenous fluids are necessary because of the loss of body liquids. Besides that, people with severe burns can be in shock and thus require specialised treatment.

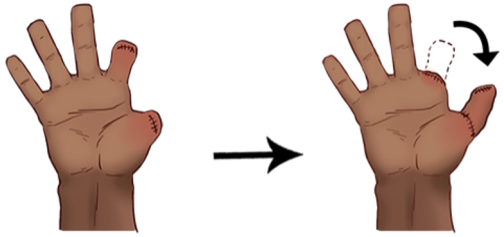
In addition to the immediate care , surgical treatment in a later stage may be needed, such as:

Skin grafting: a thin layer of skin is removed from another body part and stretched over the burn injury to form new skin. This technique can help the healing process and reduce scars.



Reconstructive surgery: to restore the appearance and function of the affected body part. This will be applied in the following cases:

- When contractures (limited joint mobility because of scarring) occur. A contracture release will be performed, which can take multiple surgeries;
- When limbs are lost. For example, when a thumb is destroyed due to a burn injury, the usability of the hand can be recovered by attaching another finger or toe to the stump. Usually, various operations are needed.



Note: surgical treatment is often very costly and usually only performed by specialised surgeons working in (city) hospitals.

Card 12

Body Functions and Structures

Pain

Burns are very painful. While resting is important for the healing process, the pain can make it very difficult to sleep. The person can also experience pain while doing exercises and/or when the dressing is being changed. If the pain is not managed properly, it can cause anxiety and in compliance with treatment.



Burn pain is complex and requires careful assessment of a medical expert to find a suitable treatment. However, it is important that a fieldworker can understand and monitor pain and support the person to manage pain.

Types of pain

A person with a burn injury will always have to deal with pain. As such, the pain will play an important role during the rehabilitation of the person involved with burns. Pain severity is not always related to the size or degree of the injury: small burns can be very painful, while large burns may not. The intensity of pain differs per person and will change during the healing process.

The various types of pain a person can experience:

- Acute pain: pain experienced immediately after the accident or after an operation;
- Breakthrough pain: pain which is getting worse although the person is already taken painkillers during the day, due to e.g. wound dressing, physiotherapy/exercises, or wound healing;
- Resting pain: pain which is almost always present in the ‘background’;
- Chronic pain: ongoing pain, lasting for 6 months or longer after a healed wound;
- Neuropathic pain: this pain is caused by damage or re-growing of the nerves within the skin.

Card 13

Body Functions and Structures

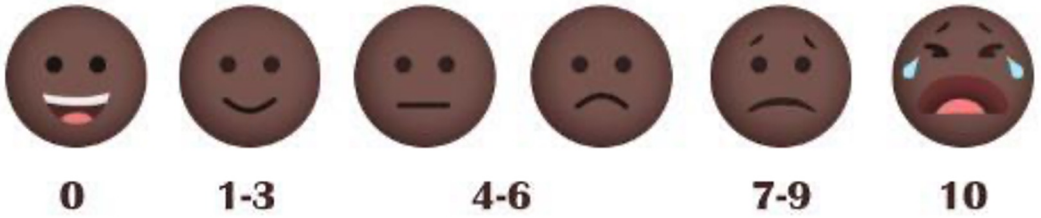


Actions to take

- Consult with a medical expert about possibilities for medicinal pain treatment.
- Explore ways how the person with a burn injury can manage pain by changing their behaviour, making use of distraction or other possibilities.
- Consult a physiotherapist or occupational therapist on what exercises the person can do and how to perform them despite the pain.

Intensity of pain

One can determine how strong the pain is by using a Visual Analogue Scale (VAS) score, ranging from 0 (no pain) to 10 (worst possible pain). This scale can be used to measure the change in intensity of pain over time.



Actions to take

- Explore how strong the pain the person is experiencing by using the above VAS score.
- If pain increases over time, consult a medical specialist.

Card 14

Body Functions and Structures

Treating pain

Most people experience pain during dressing changes, and this can cause stress and anxiety, making the pain worse. Make sure to have plenty of time to complete and do not pull dressings off the wounds. Do not rush! Soak the dressing until it comes off easily and do not tear healing tissues underneath. Let the person remove the soaked dressings by herself.

The following can help to reduce the pain:

Treatment of pain with medication

Taking pain medication half an hour before the wound care can help to reduce the pain.
Note: always consult a medical expert at the hospital or pharmacy before using one of the below medications!



- Start treatment with Acetaminophen (Paracetamol©) in combination with non-steroidal anti-inflammatory drugs (e.g. Aspirin© or Ibuprofen©). This can be used in the beginning however for long term pain relief a medical specialist should be consulted.
- A medical specialist could advise opiates when a person experiences acute pain . **Note:** opiates create side effects, such as constipation, and the chance of addiction.
- If the pain is interfering with sleep, one can take sleep medication (e.g. Melatonin©).
- A medical specialist could add antidepressants when the person is depressed, or if the person experiences nerve pain . If this is insufficient to decrease the nerve pain, Gabapentin© (Lyrica) could be prescribed.

Card 15

Body Functions and Structures

Non-medicinal treatment of pain

Since medication is often insufficient to treat the pain, a person with burn pain can learn to alter or change their behaviour to make the pain more manageable.

- **Prepare the person:** explain what is going to happen and involve the person in care and treatment. E.g. the person can uncover the wounds from the bandage herself in their own speed.
- **Do relaxation exercises:** a burn injury requires a long recovery period, putting a body under severe stress. This can cause muscle tensions that can aggravate pain. Relaxation exercises can lessen the stress placed on the body. Examples are meditation, yoga, music, singing, tv.
- **Pace activities:** to rebuild muscle strength and increase the motion range of the body, daily activities and regular exercises are crucial. Gradually increase daily activities over time and carefully monitor the degree of pain experienced. Sometimes pain may be necessary to progress to the previous level of functioning. **Note:** always consult a physiotherapist or occupational therapist to establish an activity program!

Card 16

Body Functions and Structures

Scars

People with burn injuries can experience scars within the first few months after the burn. Scars are formed when the lower layer skin has been damaged and the body forms a protein to heal the damaged skin. This usually happens without complications, but sometimes this healing process can create hypertrophic scars.



Signs of hypertrophic scars

- The skin heals in a disorganised manner.
- (New) raised skin with a different texture and appearance.
- This type of scar can cause a decrease in body movements, called contractures .
- Scars occur within the area of the original burn injury except for keloid scars, which occur outside the area of the original injury.
- Hypertrophic scars develop within 4 to 6 months after the injury and can continue to develop up to two years after injury/surgery.
- Scars often have a deep red to purple colour and have a high rate of contraction.
- The scars can be warm, hypersensitive and itchy.

Note: hypertrophic scars are one of the most common complications of a burn injury. Especially people with dark skin colour have an increased chance of getting hypertrophic scars.

Card 17

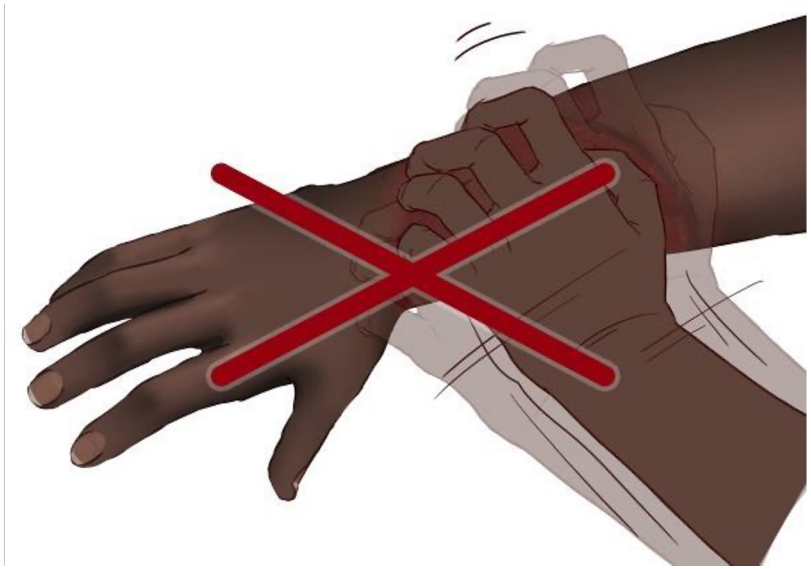
Body Functions and Structures

Scar treatment

The following measures are suggested to treat scars:

- Apply moisturisers (e.g. olive oil or Vaseline©) to reduce the itch of healing skin several times a day to scars that are closed and healed. **Note:** re-moisturise well after showers/bathing since hot water removes the natural oils from the skin.
- Massage the scar while moisturising at least twice a day to soften the skin and allow for more stretch and movement. This reduces the risk of contractures . It might be necessary to gradually increase pressure as it can initially be painful.
- Do not scratch the scar, especially not with fingernails, as it increases the risk of infections!





Card 18

Body Functions and Structures







- Apply compression bandages or custom pressure garments to increase pressure on the scar. This flattens hypertrophic scars and lightens the colour of scars as they heal by reducing blood flow to the area. The downside of compression garment is that it should be worn all day, and this can be quite uncomfortable.
- Do stretching exercises several times a day to lengthen the scar tissue as it heals. This will assist in reducing contractures, improve functional outcomes and can reduce the need for further surgery in the future. **Note:** use Vaseline© or other unscented ointments to moisturize the skin.
- Avoid exposing healing scars to sunlight as they can burn easily and permanently darken with sun exposure.

Card 20

Body Functions and Structures

Contractures

One of the most common deformities resulting from severe burns (third- to fourth-degree burns) are contractures: a permanent shortening of a muscle or joint. Contractures usually occur in case of burns crossing the joints. Contractures reduce the movement of a joint and can make the person disabled.



This story illustrates how a contracture can occur

(A) A boy slept too close to a fire and his blanket caught fire and is burned badly on the arm and behind the knee.

(B) During the healing, the boy kept his arm and leg in a bent position as it felt most comfortable. It was too painful for him to stretch them or to do exercises.

(C) The skin scarred and tightened, and the boy could not straighten his arm and leg anymore. Now he has difficulty walking, cannot wash with both hands, and has difficulty with dressing himself.



(A)



(B)



(C)

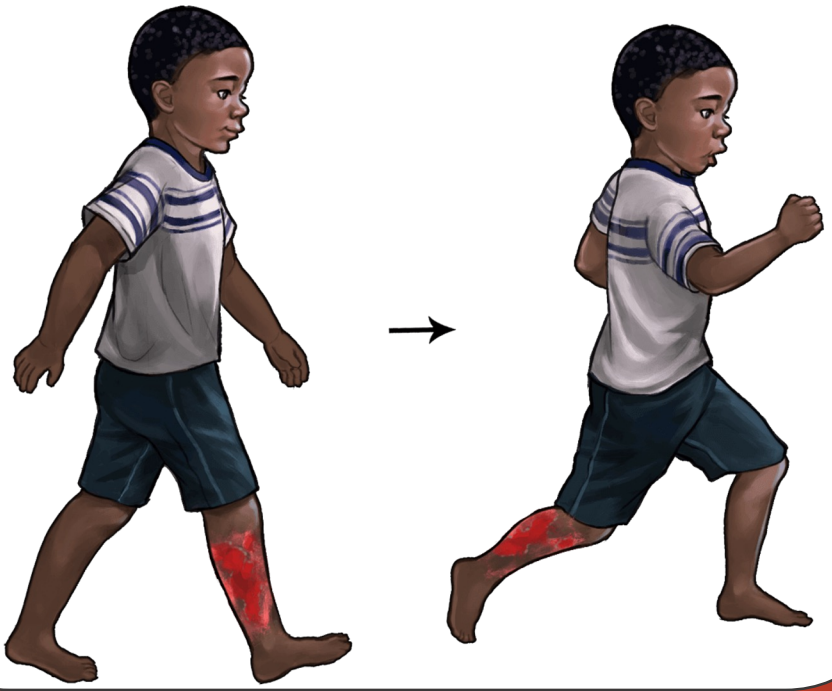
Card 21

Body Functions and Structures

Preventing contractures

The following measures are suggested to prevent contractures:

- Encourage the person to do things they can do themselves and enjoy. This will help maintain movement and improve their independence and confidence.



- Practice a range of motion exercises to keep the muscles and joints of the burned limbs flexible and stimulate the healing process. First, moisturise the scars to make moving easier. If the scar/burn tears this is not necessarily a bad thing. Complete wound care on the area and keep it moving so it does not heal tight!



Card 22

Body Functions and Structures

- Do stretching exercises and keep doing them until movement becomes easy. If there is any blanching (white areas on the skin) this means it is tight and the person needs to keep doing stretches.



- A splint can be worn to keep the scar over the joint in a stretched position to prevent contractures. Splints should be worn on top of the pressure garment. A splint may be worn at all times, except when completing exercises, or only at night, depending on the severity or location of the burn.



- Keep burned fingers and toes separated with a cloth to prevent them from sticking together.



- Position the head: for neck/chin burns it is very important to keep the head tilted up as the burn heals.









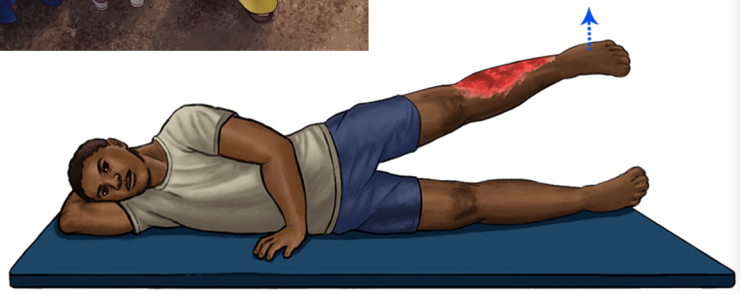




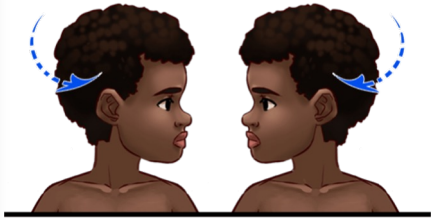
Activities and Participation:

Information and Actions to take









Card 23

Activities and Participation

Activities

As people with burns tend to not move their burnt body parts or extremities because of the pain, problems can start to occur such as contractures, less body strength and a bad physical condition. It is therefore important that from day one after the burn injury, activity is encouraged.

Exercises

Exercises are important to stretch the burn wound and prevent contractures . Ideally, the person starts doing exercises immediately after a burn injury or when a surgeon directs the person to start after surgery. The person with a skin graft will get directions from the surgeon when to start exercising.

Arms, legs and head should be encouraged to move to the fullest capacity. This can be done by:

- **Active movement:** a person uses his or her own muscles strength to do the exercise.
- **Passive movement:** when active movement is not possible (because of pain, bad general condition or other reasons) a person does the exercise with the help of another person.

Stimulate the person to do exercises a few times per day and involve the caregiver if needed.
Note: if possible, consult a physiotherapist or occupational therapist to help guide these exercises.

When exercising, keep the following issues in mind:

- Pain: use pressure garments, distraction, breathing exercises and/or medication advised by a medical professional to decrease pain and increase the ability to exercise.
- Dry skin: rub body oil or olive oil into the scar to make stretching easier. Never do this on a fresh burn.
- Water: drink sufficient water.

Card 24

Activities and Participation

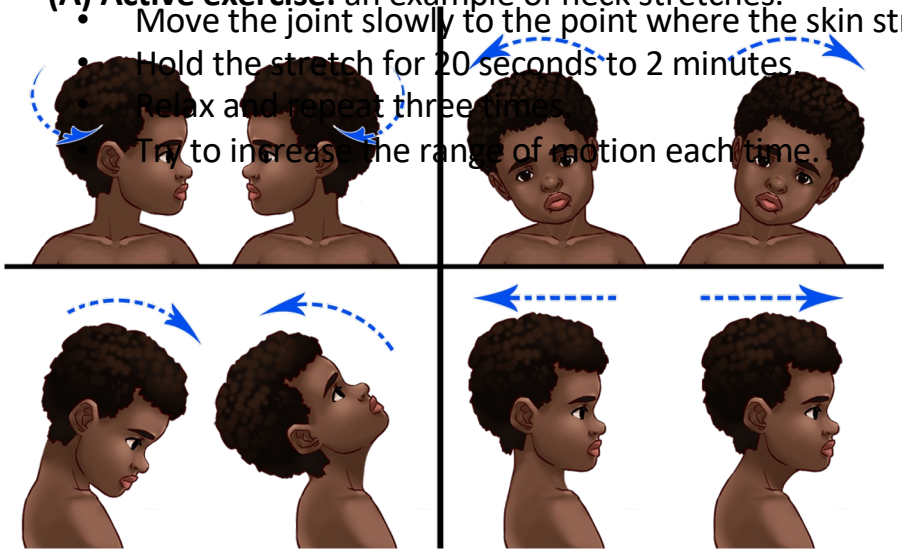
Stretching exercises

Stretching the affected joint increases flexibility, which is important to prevent and/or treat contractures. These exercises can be done by the person themselves (active exercise), or with the help of another person (passive exercise). Involve the person as much as possible to do the exercise herself.

Suggested exercise

(A) Active exercise: an example of neck stretches.

- Move the joint slowly to the point where the skin stretches
- Hold the stretch for 20 seconds to 2 minutes
- Relax and repeat three times
- Try to increase the range of motion each time.



(B) Passive exercise: an example of arm stretches.



Note:

- Always stretch the body part towards the opposite side of the wound. E.g. if the wound is at the inside of the elbow, the exercises are more focused on stretching the arm. If the wound is on the outside of the elbow the aim is to bend the arm. The same applies to all joints in the body which are affected by burn wounds.
- Do not force the joint or continue the exercise when the person experiences severe pain! However, a little pain is inevitable. Explain to the person that this will prevent more pain in the future.
- Pay special attention to joints that have several directions of movement (for example the shoulder, thumb, hips, ankles, neck) as several directions may need to be addressed and stretched.

Card 25

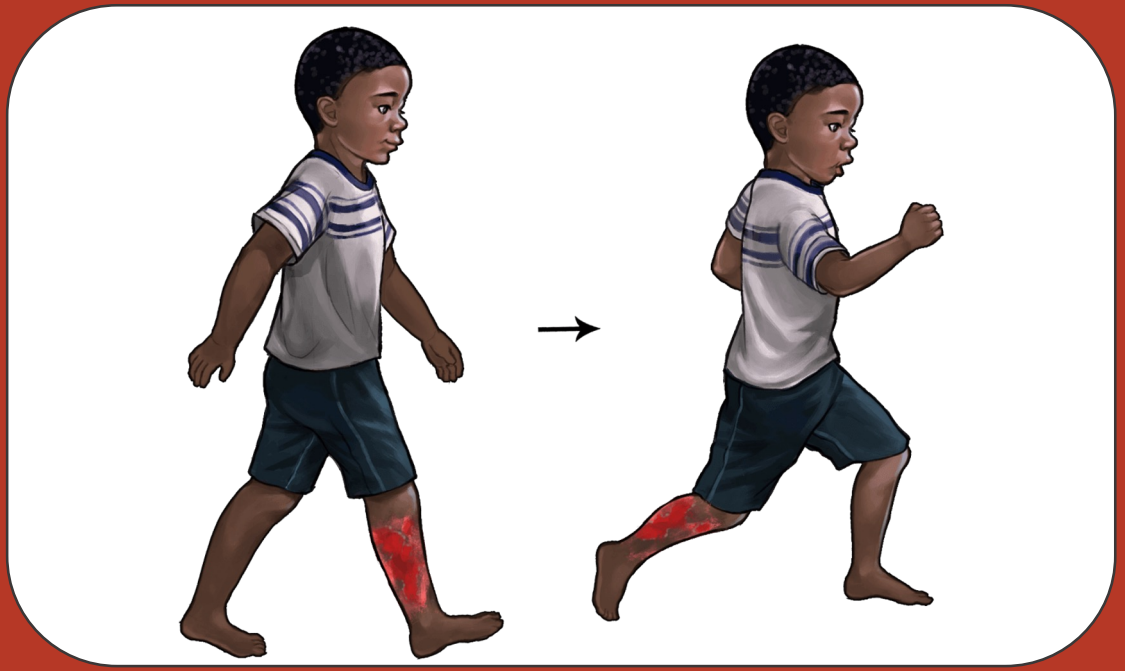
Activities and Participation

Exercises to increase endurance

These exercises increase the endurance of the person; it can make the heart, lungs, and blood vessels stronger and more fit. After a severe burn injury, people may have wasted muscles and reduced endurance due to the healing process and a decrease in activity. Walking is an option to increase aerobic exercise, also biking or swimming (only when wounds are closed) can be effective.

Suggested exercise

- Walk outside and start slow.
- Increase the walking time by about 5 minutes each time.
- Build up to walking 30 minutes to 1 hour three times a week.
- Ensure the person can still talk (that they are not out of breath).
- Stimulate caregivers to come along with the person doing aerobics activities until they can do it independently.



Card 26

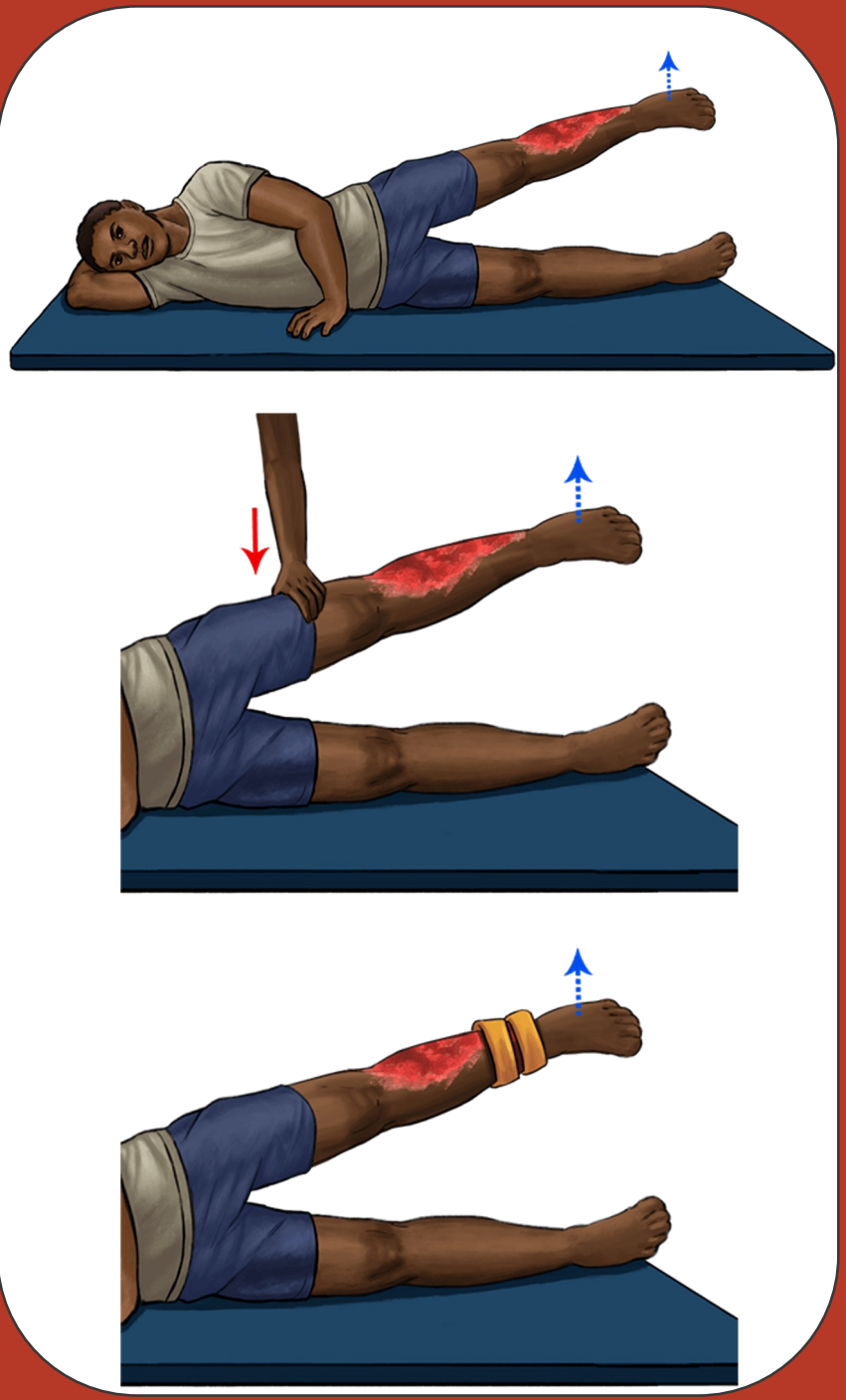
Activities and Participation

Strengthening exercises

Strengthening exercises can increase the strength of the affected muscles. For these exercises, people can use their own body weight, elastic bands or weights (e.g. a bag of sand). Also, another person can add weight to their hands.

Suggested exercise

- Sit on a chair or lay down on the floor/bed.
- Raise the affected limb upwards.
  - Hold the position as long as possible.
  - Relax and repeat three times.
  - Try to increase the weight bearing each time by using an elastic band or weights.



Card 27

Activities and Participation

Activities of Daily Living

Depending on the severity, the consequences of a burn injury on a person's wellbeing can be enormous. They can feel a sense of loss of a role in life and ability to participate in normal daily activities. E.g. their role as a father or mother can be affected when not being able to do the activities one was able to do before the injury. They can even lose the identity being the leading figure in the family.

Activities of daily living such as dressing, eating/drinking, cooking, toileting and washing are very important in successful recovery of persons with a burn injury. The ability to do activities themselves increases their wellbeing and sense of independence. It also stimulates recovery as it increases the strength and endurance of the person.

Therefore, it is crucial to encourage persons with a burn injury to return to do normal daily activities as soon as possible and to take-up roles in life they had prior to the burn injury. Also, children with a burn injury should be stimulated to play and participate in daily activities (such as attending school) as part of their rehabilitation.



Actions to take

- Involve the person in their own wound care as much as possible. E.g. let them change their own wound dressing.
- Stimulate children to play and participate in daily life activities such as school.
- Stimulate a person with a burn injury to do daily activities themselves as soon as possible.
    - Look at what the person needs in order to do these activities independently. E.g. they may need to use assistive devices such as something to hold cutlery.

Note: be aware that people need longer to do daily activities. It helps to plan more time for each activity and rest between tasks.

Card 28

Activities and Participation

Participation

People affected by burns are often out of social, cultural and religious life for long periods. For instance, children affected may not go to school during the admission in the hospital and adults may not be able to go to work. When going back into the community, they often experience:

- stares and pointing;
- bullying and teasing;
- questions and comments about their injury.

Especially when the burn injury is visible, simple everyday activities such as going to the market or taking public transportation can become a burden. This may lead to social anxiety: nervous feelings when meeting new people or strangers. During intimate relationships, there can be some discomfort.



Card 29

Activities and Participation

Social interaction

People with a burn injury may experience nervous feelings when meeting new people or strangers. This may develop into social anxiety. A person might suffer from social anxiety when she is:

- avoiding social situations;
- feeling isolated and alone;
- feeling emotional distress, including depression.



Actions to take

Try to figure out what prevents people from participating in community life and help them find ways to overcome these burdens. It may be possible to undertake the following measures:

- Provide psychological support to the person affected to help them accept their injury, improve their self-esteem and to support them to return to school/work.
- Help the person to improve their social interaction. Practice ways to respond when others negatively respond to the burn injury, e.g.:
  - When people are staring, say: “Hi, how are you doing? Can I help you with something?”
  - When someone is teasing, say: “I want you to stop doing that.”
  - When someone asks what happened, say: “I was burned during cooking, but I am okay now.”
- Give information within the community, at school and/or at the workplace about the burn injury. This can increase their understanding and the acceptance of people with a burn injury.
- Counsel the family to stimulate the adjustment process within the household setting.

Card 30

Activities and Participation

Intimacy

Major burn injuries can change how the body looks, leading to body image concerns. Body image refers to how happy, comfortable, and confident people are with how they look. People can be worried about showing their injured body parts during intimate experiences. Help the person to feel more comfortable and confident in intimate relationships.

Actions to take

- Encourage the person to talk with their partner. Give information on different emotional stages one can go through, including withdrawal, avoidance or being irritated towards their partner.
- Encourage the partner to have contact with the injured body part/skin. Moisturising or massaging the scars can overcome fear or rejection. In this way, the partner can become familiar with the different texture of the skin.
- Stimulate the person to continue with grooming activities such as shaving, brushing, putting makeup on. This fosters readjustment of body image.
- Stimulate the person(s) to become a member of a peer-support group, to exchange experiences on intimate relationships.















Personal factors:

Information and

Actions to take





Card 31

Personal Factors

Personal feelings

Severe burns can change the life of a person completely. Often it negatively affects one's physical functioning and body image, which causes poor self-esteem and (self-) stigma.



Actions to take

- Provide information about the rehabilitation process . It helps to ease distress and improve the way people think about their body. This usually also reduces people's (social) anxiety .
- Explore how the person can manage pain after the burn accident as it can create serious physical and psychological stress. Look for aspects that may be under the control of the person themselves. For example, a person cannot change the fact that he or she suffers from burn pain but can spend time doing daily motion exercises , take their medication on time etc.
- Create a supportive environment, as people will need social support systems provided by family, friends and community members:
    - Facilitate peer support with other persons with disabilities/ burns.
    - Assess and facilitate community inclusion and social support.



Coping strategies

A burn injury is a very abrupt change which asks a lot from the person in terms of coping with a new situation. It may be that the person is suddenly (more) dependent on others in e.g. activities of daily living, taking care of the family and/or earning an income. Each person has their unique coping strategies: some people may be able to cope well, others may find this much more challenging. In the long run, most people with a burn injury adjust well to life.

Card 32

Personal Factors

Actions to take

- Stimulate the person to get involved with their wound care as much as possible, such as helping with the dressing changes. The more involved the person is, the more likely it is that they take good care of the burn.
- Give information on how to treat scars , to stimulate a good healing process.
- Explore how to improve the person's self-image e.g. by giving attention to their appearance. But more importantly: focus less on the physical appearance and more on internal strengths and interests that make up their self-image.
- Encourage the person to return to school/work and continue taking on previous roles in life. Support their wish to be independent and try to remain positive!











Environmental factors:

Information and

Actions to take









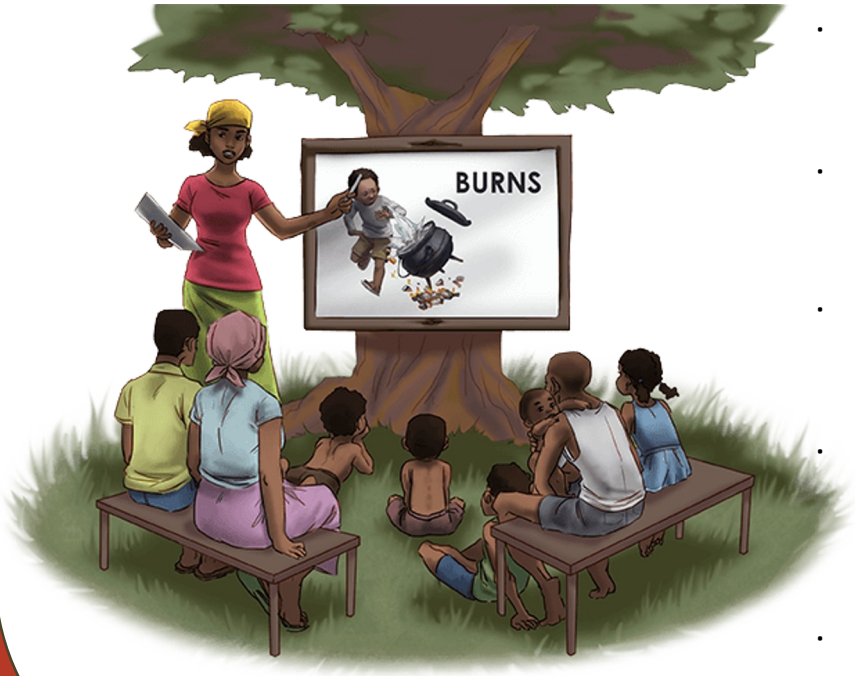
Card 33

Environmental Factors

Community attitudes

People, especially children, often tease each other about different appearances. They may be laughing and excluding others from participation in e.g. sports and leisure activities. Teasing is often a result of not understanding the situation or why a person looks different. People who are teased may become depressed or anxious with other (new) people.

It is important that caregivers and community members are aware of the condition of the person with a burn injury. And look for ways to improve to strengthen their support network. In the case of children with burns, it is advised to accompany the child the first time it goes back to school after the burn injury. This will help them with the transition and reduces teasing and bullying.



Actions to take

- Help the person understand the difference between curiosity and teasing. Often other people are just curious about the person's appearance.
- Give information about burns to community members. This might satisfy their curiosity and increases their understanding.
- Stimulate the workplace/school to have policies to minimise teasing and bullying and create a supportive working/learning environment.
- Create a supportive environment where the person can discuss their feelings with others, such as family and friends. Talk with the caregivers about how they can provide appropriate support.
- Facilitate peer support from other persons with disabilities/burns. In case of severe trauma, referral to a psychological specialist can be indicated.

Card 34

Environmental Factors

Family income

Family life can be greatly affected by a family member with burns. People with a severe burn injury often stay in a hospital for a long period of time. People with limited income may be more seriously affected when getting burns because of various reasons:

- High (medical) costs for burns treatment over a long time.
- High transportation costs to get from/to the hospital or health centre.
- Lack of income as burn victims cannot work and/or people who need to take care of their burned family member cannot do that either.
- Loss of work due to a long absence during the recovery period.



Actions to take

- Keep the admission in a hospital or medical health centre as short as possible.
- Keep the (medical) costs as low as possible by looking for cheaper but good alternatives.
- Keep travel costs as low as possible by staying in a hospital or medical health centre around the neighbourhood.
- Assist them to become part of a cash transfer programme to generate income.
- Sensitise the employer about the situation of the affected person/family.

Card 35

Environmental Factors

Environmental adaptations

Most types of burn injuries can be prevented! As most burns happen at home, it is important to look at how to create a safe environment in and around the house, especially for young children. Adaptations can usually be made with affordable local materials. Look for what is possible and what meets the people's needs.

Safe cooking- and fireplaces

Ensure a safe cooking- and fireplace by considering the following advice:

- Use stable cooking stoves, e.g. a clay cooking place.
- Protect or fence cooking- and fireplaces e.g. with stones, wood or iron sheets. Do this during and after use, as they stay hot even after a day.
- Keep pot handles at the back of the stoves so that the pot cannot be pulled off by a child.
- Use safe equipment/kettles to prepare alcoholic beverages.
- Keep children away from cooking places and open flames.
- Never carry a child when drinking hot beverages or eating hot food.
- Testing heated beverages or food before feeding a child.





Household safety

Consider the following household safety measures:

- Blow out candles before sleeping or leaving the room or house.
- Use flashlights, solar lights or safe electric lights instead of candles when possible.
- Keep cords of electric devices out of reach for children and use safe electricity wires.
- Never leave any kind of fire unattended at any time.
- Keep matches, chemicals and explosives out of reach for children.
- Use impregnated mosquito nets as it takes longer to catch fire (they also give better protection against malaria!).
- Be aware of the additional risk for people who have convulsions/fits such as epilepsy when they are around in areas with open fires. They should receive regular medication to control their disease.
- Always be careful and avoid dangerous situations.





Card 36

Environmental Factors

Card 37

Environmental Factors

Assistive devices

Assistive devices can be used to assist a person with a burn injury who face challenges doing activities of daily living . These include activities associated with work (such as holding a tool or to be able to use a piece of equipment) and household (such as dressing, eating/drinking, cooking, toileting and washing). The goal of using assistive devices is to help the person to become independent. They can be used for those who experience swelling or dressing during the early stages of recovery.

People participating in daily activities will increase their strength and endurance. This often makes long-term use of these devices unnecessary. However, some people with severe limitations may need assistive devices on an ongoing basis. Together with the person with a burn injury, explore what is required to do household activities and return to work.

Examples of assistive devices

- Raised toilet seat: the toilet is elevated to help a person who cannot bend the knees or hips enough to sit.
- Built up handle: a fork, spoon or knife handle is built up with padded soft material to facilitate grip when a person does not have enough finger bending. The same modifications can be done for toothbrush, pen, shaving razors and comb.



For the development of the burns chapter of the RehApp, we particularly want to express our gratitude for the valuable contributions of Marjo White-Aerts, Nadine Blankvoort, Kelly Kiddell, Anne Kuijs and Marloes van de Hulsbeek. Photo credits go to Matthijs Botman (courtesy taken at Global Surgery Amsterdam, The Netherlands).

This was made possible with the support of:



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Card 38

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