

BURN SURVIVOR RESOURCE BOOKLET

Saskatchewan

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GENERAL RESOURCES



Introduction

Having a burn injury can be stressful, especially when you don't know what is going to happen next. The purpose of this resource booklet is to help guide you and your loved ones through the burn recovery journey and provide education and resources on what to expect after being repatriated home to Saskatchewan.



DISCLAIMER: The content in this resource is for informational purposes only and is not a substitute for professional medical advice, diagnosis, or treatment. You should always consult with your healthcare professional before starting any new treatment or changing/stopping an existing treatment.

SKIN CARE

Purpose of Skin

- Skin is the largest organ of the human body.
- Protects the body from bacteria and the environment.
- Helps maintain the body's temperature.
- Skin secretes oils to help keep skin soft.

Skin After a Burn Injury

- The new skin is very fragile and blisters easily. It may also be sensitive to touch, fabrics, and temperatures.
- Healed burns or skin grafts may be extremely sensitive to sunlight and may sunburn more severely even after short periods of time in the sun compared to before your injury.
- The oil and sweat glands in the upper layers of skin may be injured. This causes the skin to be dry and flaky.
- It may take several months (6-36 months) for the skin's texture and colour to mature.
- When someone has a second degree or deeper burn injury, the pigment of the skin is initially lost because melanin is located in the epidermis (the outer most layer of skin). With healing, the pigment may return, but this process is unpredictable. It can take 6-36 months for skin to return to the normal pigmentation. The darker the skin pigment, the longer it can take to go back to your normal skin tone. Sun protection is very important during this time.

Preventing Injury to Skin

- Protect vulnerable areas by wearing long sleeves, long pants or knee-high socks.
- Pay close attention to areas that don't have normal feeling (i.e. don't feel hot or cold).
- Protect skin from cold extremes outdoors with appropriate winter clothing.
- Ensure you are using sunscreen (at least SPF 30) or sun protective clothing.

Skin Tips:

- Daily visual inspections.
- Clean skin daily.
- Use non-scented moisturizing cream.
- Sun protection.

DAILY CARE OF GRAFT, DONOR SITES AND BURN WOUNDS

Signs of infection:

Discoloured discharge, foul smell, increased swelling and redness, worsening pain, fever.

In case of infection, please seek medical attention.

- Wash daily with soft cloth, mild unscented soap and tap water. Remove any old cream that is present. Use clean, fresh running water. A shower is preferred over a bath. If standing is difficult, special equipment can be arranged for you. If there are any open areas, do not soak in a bathtub.
- Keep water warm, but not hot. Hot water is more drying to the skin.
- If your water source is untreated (i.e., well/cistern), discuss with your medical staff.
- Apply a thin layer Polysporin to open areas only, and cover as with Adaptic. Stop doing dressings when open areas are healed (i.e., no more discharge on dressings).
- Apply unscented moisturizing cream (Glaxol-Base) to healed areas 2-3x/day, massaging cream in and not leaving excess cream on the skin.
- Cover larger open areas with a light dressing. If required, an Occupational Therapist (OT) will provide Tubigrip or burn scar garments to wear over healed grafts or burn areas. For small open areas, apply the garment directly over dressing.
- Skin grafts on limbs require elevation of the affected limb as much as possible. Wearing compression garments will reduce swelling and help with the healing
- If you have a skin graft on your lower leg, keep your leg elevated as much as possible. Wear a tensor bandage or Tubigrip on your leg over the skin graft when you are up.
- Exposed skin should be protected from the sun for at least 1 year after healing. Use sunscreen (at least SPF 30) or sun protective clothing.
- Some healed burns and most healed skin grafts will need pressure garments. Your OT will provide you with pressure garments, if you need them. For more information, see page 12 and 13.



CONSIDERATIONS AND PRECAUTIONS

- **Dry skin:** Burns can damage or destroy the oil glands that normally keep skin from getting too dry. Partial thickness burns only have a few oil glands and full thickness burns or skin grafts have no oil glands. The lack of oil glands leads to dry and itchy skin.
- **Itchiness:** As skin heals from a burn injury, it may get itchy (as mentioned above). Almost everyone recovering from major burns has problems with itching—especially on or around the burn, graft, or donor site. Fortunately, itching decreases over time. In the meantime, there are treatments to help reduce itching. To find the best treatment for you, talk with your health care team about how bad your itching is and how it is affecting your life.
- **Tightness:** As your burn heals, scar tissue can cause tightening in the skin which can limit movement on the affected limb. This tightening can be an ongoing symptom. It is important to slowly stretch out and massage the tight areas with the moisturizing cream in order to prevent contractures. For more information, see page 14 and 15.
- **Blisters/Tears:** The top of the scar is thinner than normal skin making the skin more susceptible to developing blisters and open areas with rubbing. Do not break blisters unless very large. When a blister is ruptured, cover with Polysporin and a small dressing.
- **Bruises:** Protect from bumps and scratches, newly healed skin is fragile.
- **Swelling:** Swelling is your body's natural reaction to injury. However, swelling slows down healing, prevents you from moving your limbs, and leads to scar tissue.
- **Hair Follicles:** Hair follicles may be absent in scar tissue leading to permanent hair loss. You may also develop “white heads” which occur when the follicles become trapped under the scar, and are trying to work their way back to the skins surface.

Tips for managing itchy skin:

- Frequently apply unscented moisturizing cream.
- Wear loose and soft clothing.
- Keep fingernails short to prevent scratching and re-opening the wound.
- Use an antihistamine medication.
- Custom pressure garments may also help with itching.

Tips for managing swelling:

- Keep limbs elevated to a level above the heart when possible.
- Wear compression garments (see page 12 and 13).
- Move the affected limb as much as possible, muscle contraction will help push fluid out of the limb.

CONSIDERATIONS AND PRECAUTIONS

- **Heat/Cold:** One way your body cools itself down is by increasing blood flow to the skin, which lets heat out. Grafted and scarred skin does not do this as well as uninjured skin. Another way your body cools itself is through sweating. Grafted and scarred skin may not sweat like uninjured skin due to loss of sweat glands. If your skin can't perform these methods of cooling, you will be more sensitive to warmer temperatures. Conversely, uninjured skin may sweat excessively as it tries to overcome the lack of sweat from grafted or scarred skin. Sensitivity to cold can also be increased because injured skin may not be able to maintain the body's temperature as effectively as uninjured skin.
- **Sensitivity:** Skin may be more sensitive to touch and fabrics. This is normal. Nerve endings sense pain, itch, pressure, sharpness, and temperature. They also send signals to your brain to tell you that something feels hot, cold, or painful. When nerves are injured and recovering, as they can be from a deep burn, these signals can increase and are sometimes incorrect. For example, your nerves may sense pain for usually non-painful stimuli like air or clothes moving across a wound, graft, or scar. Talk to your OT about a desensitization program if this is a concern.

Tips for managing touch sensitivity:

Continue touching the sensitive area to promote desensitization.

- Apply cream to affected area first, then apply gentle pressure in a circular motion with finger tips or a soft material (i.e., cotton ball, satin).
- Difficulty can be increased or decreased by either applying firmer or lighter pressure with finger tips.
- Once this is no longer difficult, and if sensitivity persists, try rubbing with a medium or rough material (i.e., gauze, denim). Avoid rubbing over any open areas.
- When applying firmer pressure or using rougher material, watch skin for any signs of irritation (increased redness, breakdown or blisters).

Tips for managing heat sensitivity:

- Plan your day so that you are active during the cooler times.
- Wear light, breathable fabric.
- Wear a wide brim hat out in the sun.
- Stay well hydrated.
- Move to a cool location before you begin to overheat.
- Mist yourself with cool water if you are feeling overheated.
- Call for help if you start to feel nauseous, light headed, or dizzy.

Tips for managing cold sensitivity:

- Wear a base layer made of fabric like wool or synthetic material that wicks sweat away from your skin.
- Wear layers so you can adjust to changes in temperature.
- Cover any areas that are sensitive to protect them from wind and cold air. You may need gloves, a hat or a ski mask.
- Use thicker moisturizers to act as a barrier to cold and wind. They can also help with the dryness and tightening of skin and scars.

DONOR SITE CARE

Post-Surgical Care

- Leave the Xeroform (yellow gauze) in place until the skin underneath is healed. This takes 10-14 days after surgery.
- Keep the area dry. You may bath or shower, but then dry the Xeroform by exposing to air.
- When walking, tensors should be wrapped over donor site.
- Check for healing by peeling back edges on Day 10 after surgery. If it is not raw or bleeding, continue to peel off the Xeroform. If needed you can also apply an unscented moisturizing lotion to loosen Xeroform. Trim loose Xeroform with clean scissors.
- **Once the donor site is healed and the Xeroform is removed**, wash daily with a soft cloth and a mild soap with clean water. Apply moisturizing cream up to 3 times a day.
- Donor site may remain pink/red for many months after surgery. This is normal.

Increasing Donor Site Comfort

- Donor sites can be dry, itchy and uncomfortable.
- Donor sites generally do not scar.
- Your OT will give you specific instructions to follow to increase the comfort in your donor site(s). Off the shelf compression products provide a light compression to the areas on your hips/thighs and/or buttocks. This helps increasing the overall comfort of the donor site healing skin. These compression products are available at sporting and health care stores.

Contact your physician if:

- You have cloudy or foul smelling fluid draining from the area.
- Xeroform becomes "mucky looking."
- Surrounding skin becomes bright red, warm, and painful.
- Any type of rash develops.

SCAR MANAGEMENT AFTER BURN INJURY

Will I Scar?

There is a greater possibility of scarring if the wounds take longer than 2 to 3 weeks to heal or after receiving skin grafts. It is impossible to predict the severity of scarring that will occur. This depends on the size, location and depth of your burn, as well as your age, skin type/race and time to heal. Those with darker complexions tend to have more noticeable scarring than those with lighter complexions, and individuals who produce more collagen (children) are more likely to scar than those who produce less (older adults). However, every burn will heal with some degree of scar tissue.

Hypertrophic scarring means overgrowth of scar tissue. It can occur in burn injured skin or newly grafted skin forming raised, thick, reddened areas of non-flexible tissue that tightens. This tightened tissue can reduce movement (range of motion) and cause contractures, changes in appearance and loss of function.

Skin contains tiny fibres called collagen fibres. Normally the collagen fibers are laid down in a very organized manner, but in burns, newly grafted skin, and hypertrophic scars these fibers are created in a very disorganized manner. This gives the new skin/scar a different texture and appearance. Early grafting can reduce the scarring. However, hypertrophic scars can appear around the borders of the skin grafts or through the meshed holes of the graft.

Scar healing can take a long time. Scarring usually develops within the first few months after the burn, peaks around 6 months and will resolve or "mature" in 12-36 months. As scars mature they fade in color, become flatter, softer and generally less sensitive.

How Do I Minimize Scarring?

Remember that the skin grafts and scar are trying to tighten 24 hours a day. To help minimize scarring, and prevent contractures and deformity:

1. **Take care of your skin:** Apply lotions 2-4 times daily to counteract dryness, itchiness and prevent friction/cracking/blistering. Wear sun protective clothing and/or apply sunscreen with a **SPF of at least 30**. Sun tanning should be avoided until your scar has matured because the new skin is more susceptible to sunburns and it can lead to discolouration of scar.
2. **Wear pressure garments** to flatten the scars and help scars mature faster.
3. **Scar massage** will also help flatten your scars.
4. Use your **splints and orthotic devices**, if applicable.
5. **Exercise and stretch** as prescribed by your occupational and physical therapist. The less you move the scarred limbs, the tighter they will become.
6. **Resume your normal daily activities!** Functional activities allow joints to go through normal movement patterns, reduce/prevent scar tightness, and fosters independence and confidence.
7. Surgical treatment including **laser treatment** may be an option after your scar has matured, and if scarring prevents you from performing certain activities. It is important to stay in contact with your treating burn physician for evaluation.

Pressure Garments

Tubular Elastic Bandage (Tubigrip)

- This elastic sleeve can be used to put pressure on scars and/or help to control swelling. It can be made into garments for arms, legs, chest, and for hands and feet.
- Short-term Tubigrip garments are available through OT and may be given if you are waiting for custom garments to arrive. It is normal to see lines on your skin when the Tubigrip is removed. This is due to the pressure that it provides.

Wearing Time:

- Tubigrip should be worn 23 out of 24 hours per day.
- Remove Tubigrip at least once daily to wash and clean the area and to wash the Tubigrip.

Care:

- Tubigrip should be hand washed daily in lukewarm water and mild soap. It may be machine washed on a cold cycle, but should be air dried (by lying it out on a flat surface).
- Usually two sets of Tubigrip garments are provided, one to wear while the other is being washed and dried.

Precautions:

- Be sure that new Tubigrip fits snugly. **Any seams in the garment need to be worn to the outside.** Contact your OT if it becomes loose.
- The Tubigrip should extend past a joint (so that bunching doesn't occur at the joint).
- Contact your OT with any questions or concerns.

Additional Supplies:

- You can buy Tubigrip through a local Medical/Surgical supplier or from your Occupational Therapy Department.

Caution:

If you develop any numbness, tingling or other problems after your garment is applied, remove it and call your therapist.



Pressure Garments

Custom burn scar pressure garments are designed to apply pressure to burn scars and are a very important element of the rehabilitation process. Pressure garments can help:

- Control and minimize scarring
- Reduce swelling
- Reduce itching
- Reduce skin sensitivity

Custom garments are funded by either SaskHealth, Non-Insured Health Benefits (NIHB) or a 3rd party insurance such as Saskatchewan Government Insurance (SGI) or Workers Compensation Board (WCB).

Wearing Pressure Garments:

- Garments should be worn 23 out of 24 hours a day (for around 6-24 months) in order to control and prevent deforming and hypertrophic scar. Garments will be discontinued by your OT once the scars are mature.
- Your OT will teach you how a garment should fit. Re-measurement may be necessary with growth, weight gain or weight loss. The typical "life" of a garment is 2-3 months.
- You will need 2 sets of garments at one time to allow for constant application of pressure to the scars and allow for laundering of garments.
- Rub moisturizing cream well into skin to avoid build-up of lotion.
- Always wear socks over the garment when garment covers your feet. Work gloves/cycling gloves can be worn over pressure gloves for certain activities to protect the garment and improve grip. Underwear can be worn under the garment.
- Your therapist may recommend custom-made inserts to be worn under gloves, compression bandages or custom garments to increase pressure on the scar and improve healing. These inserts can be made from a variety of substances, ranging from soft foam to a rubber consistency.

Care of Pressure Garments:

- Garment should be hand washed daily in cool water with a mild soap. Attach Velcro loop and hook sections together prior to washing. Very soiled garments may be first soaked in soapy water for 10 minutes. Do not use bleach or woolite type of products.
- Rinse garments well and remove excess moisture by rolling in a towel.
- Dry flat, out of direct sunlight.
- Avoid using petroleum jelly (Vaseline) as it may be harmful to garments.

If you do not have access to Tubigrip or custom burn garments, you may instead purchase off the shelf compression garments such as:

- Sport compression shirts, arm or leg sleeves, shorts (may need to size down shirt or shorts to allow for sufficient compression).
- Compression socks from a local pharmacy.

Caution:

If you develop any numbness, tingling or other problems after your garment is applied, remove it and call your therapist.

Scar Massage

Purpose:

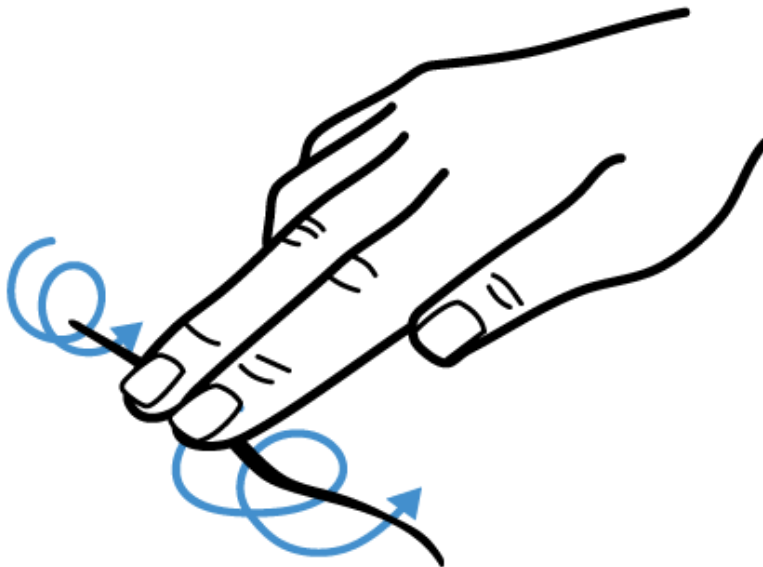
- Help prevent the scar from attaching to tissue under the skin.
- Reduce the build-up of scar tissue, making the scar softer.
- Help the skin to move more freely.
- Help to reduce the itchiness of the scar.

Proper Technique:

- Not all scars need to be massaged each time; pick the most troublesome spots and work on them more often. A good time for scar massage is while watching TV.
- Be sure to remove garments before massaging scars
- Apply any lotion to scar. Reapply as needed; do not massage scars without lotion.
- Take two fingers or your thumb and apply pressure to scar. You need to use enough pressure so that the blood is pushed out of the area. The scar should turn pale pink or white when the right pressure is used.
- Move the scar around in small circles with your fingers, while maintaining pressure to scar. Do not drag fingers across scar. The goal of scar massage is to move the scar.
- Do not apply lotion or pressure to open wounds. If you are unsure, ask your therapist.

Schedule:

- Remove garments and apply lotion
- Complete scar massage for 20 minutes on each scar 3-4 times per week **OR** 5 minutes on each scar 3-5 times per day.





Exercise and Stretching

As your burn heals, scar tissue can cause tightening in the skin which can lead to contractures. Contractures are defined as shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints. Contractures can affect your ability to move and take care of yourself. If your contractures involve your legs, you may have difficulty squatting, sitting, walking, or climbing stairs. If your contractures involve your trunk and arms, you may have difficulty with grooming, eating, dressing and bathing, as well as working with your hands.

Some contractures are unavoidable, but many can be prevented with active involvement in your rehabilitation program. Your OT and/or PT will provide you with stretches appropriate to your specific burn(s). Here are a few reminders:

- Stretching should be performed a minimum of 5-6 times per day. To make stretching easier, first moisturize your scars with an unscented moisturizer.
- Do as much for yourself as possible such as getting dressed and self-grooming. It may take longer than you are used to, but movement and activity will improve your ability to move and take care of yourself.

Here are some activities to encourage stretching **in children**:

- Shoulder:
 - Throw a ball, shoot basketball hoops, swim, brush hair, play on the playground, etc.
- Elbow:
 - Hammer toys, throw a frisbee, play on the playground, drink from a water bottle, etc.
- Wrist/Forearm:
 - Yoyo, paint, badminton, table tennis, etc.
- Hands:
 - Puzzles, use scissors, write/colour, use utensils, PlayDoh, Lego, etc.
- Legs:
 - Riding a bike, kicking a ball, walking up stairs, etc.
- Neck:
 - Lie on tummy to watch TV or read a book, draw above shoulder level, play in climbing gyms, etc.

If you are too tired to do everything:

- Balance rest with activity.
- Plan ahead! Organize your day so you plan the most difficult tasks or most important tasks early).
- Pace your activity.
- Set priorities.

Resuming Daily Activities

- It is normal to feel more tired than usual when you first go home from the hospital. Fatigue is common. The more severe the burn injury, the greater the level of fatigue, because your body is focusing its energy on healing.
- Preparing for the day may take a lot longer than before the accident, as much more may need to be done (skin care, application of garments). At times this may become frustrating but it is important to remember the end result will be worth it.
- It is important to do as much as you can for yourself. Gradually increase your activities such as housework, walking, sports, etc. This will help you to build endurance and strength. However, pace yourself. Do not be discouraged if you cannot do all your normal daily activities immediately.
- If you have an inhalation injury with your burn you may have temporary shortness of breath or wheezing, even after minimal activity. Therefore, you must remember to begin your activities slowly and avoid overexertion.
- Remember to schedule time for play. Do the fun things that you did before your burn injury, whether it be going to a movie, playing golf or puttering around in the garage. Keep in touch with your friends.
- Your OT can discuss with you ways to simplify your activities and other techniques to conserve energy that will enable you to manage your day.

Your OT can assist with your capacity to resume work through:

- Gradual Activity Program.
- Work Simulation.
- Work Hardening.
- Activity Tolerance.

Returning to Work

- Being active and involved in meaningful activities is very important for overall sense of well being. Returning to a working role not only gives you some economic security, but also gives you physical and intellectual challenges. Psychologically, work can be satisfying, can give you a sense of security, and can help define who you are.
- How quickly you can return to work depends on a number of things, such as the severity of your burn, the area injured and the type of employment you are returning to.
- Because you have sustained an injury, your physical status is not the same as it was pre-injury. However, you can be productive, resuming your pre-injury roles, even with less than ideal physical function in the areas of strength, movement, endurance, and sensation. It is also very realistic to return to work while still wearing your burn scar pressure garments.

PSYCHOLOGICAL DISTRESS AFTER BURN INJURY



Burn survivors may face several challenges in the aftermath of their injury. Whereas each individual experiences psychological distress differently, people with burn injuries often report:

- Feeling sad, anxious or irritable
- Feeling helpless, hopeless or lonely
- A physical reaction (e.g. heart pounding, trouble breathing, or sweating) when something reminds you of the injury
- Difficulty falling asleep or staying asleep.
- Difficulty finding enjoyment in things that used to give pleasure
- Avoiding situations that remind you of the accident
- Avoiding thinking or talking about the injury and how it occurred

While in the hospital, survivors may find they have a lot of time to focus on their burn injury. Many people report having psychological distress several days or a few weeks after they were injured. For most, periods of distress become less frequent and less upsetting after a couple of weeks to a couple of months. However, problems that continue for more than a month or two, or thoughts about wanting to die or hurt oneself, indicates a need to seek treatment.

Treatment Options

It is critical to seek emotional support from professionals to help with your psychological distress. Always let your burn team know about challenges in your emotional recovery. Other things you can do include:

- Stay connected with friends and family.
- Take one step at a time during the recovery process. Acceptance of your injury and the changes in your life take time, and recovery (psychological and physical) can proceed at a slow pace.
- Get sufficient sleep and eat healthy foods.
- Stay focused on tasks that you can do rather than those things that are no longer possible because of your injury.
- Stay active and exercise regularly.
- Return to a normal routine as soon as possible. Get up, get dressed, groom yourself and get out of the house every day.
- Engage in one positive, pleasant activity every day.
- As soon as you are medically cleared, get back to doing the things you did before the injury like going to work or school and doing chores around the house.

Social Interaction After Burn Injury

Some burn injury survivors have changes in their appearance. They may worry about how people will react to them when they leave the hospital and go out in public.

Understanding Challenges with Social Interactions

Some of the social challenges that burn survivors face after they leave the hospital and return to their communities include:

- Stares, startled glances, or double-takes.
- Nosy questions or comments about their injury.
- Bullying and teasing.

If your burns show, everyday activities like going shopping or taking a bus or the subway may involve being stared at and having to deal with people's curiosity. If your burns are hidden, you may worry about how people will react when they are exposed, such as when you take off your shirt at the beach.

The way people react can make it hard to feel confident during social interactions. People may react verbally, with words. People may also react nonverbally, through body language or gestures. Some burn survivors aren't bothered by the reactions of others. But you may find it helpful to learn skills to face these challenges.

Do You Sometimes Feel Uncomfortable in Social Situations?

Some burn survivors may avoid social situations because they think that people may react to their appearance. Other burn survivors may:

- Feel nervous or on edge when they meet new people or when they're with strangers.
- Feel isolated and alone.
- Feel emotional distress, including depression.



Social Interaction After Burn Injury

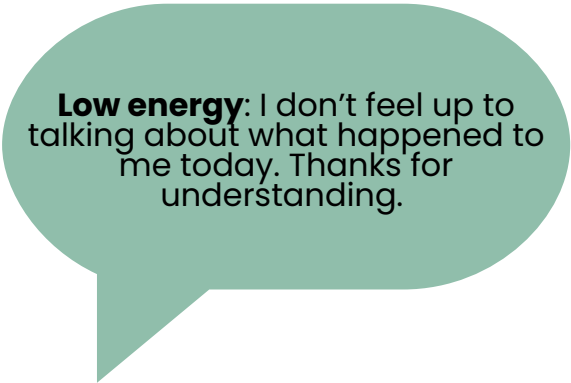
It's okay to feel nervous when interacting with people after a burn injury. Here are some strategies you can use when meeting new people or going into new social situations. In all social interactions, it's helpful to act positive and use confident body language.

The **"STEPS"** strategy may help you feel more confident when facing social situations.

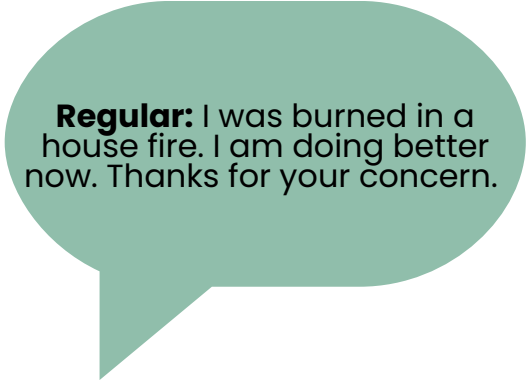
- **Self-talk:** This is what you say to yourself and believe. Examples include "I love and accept myself the way I am and the way I am not," "I meet people easily and feel comfortable with them," and "I can do it!"
- **Tone of voice:** Use a friendly, warm, and enthusiastic tone of voice.
- **Eye contact:** Look people in the eye, even if just for a few seconds.
- **Posture:** Have a confident posture. Keep your head up, your rib cage lifted, and your shoulders back.
- **Smile:** A smile makes you look confident and approachable.

Ways You Can Respond When Others React to You

- **If someone stares at you:** People who stare are often just curious because they haven't seen someone with a burn injury. They usually don't mean to be rude. If you look back and smile and say, "Hi" or "Hi, how are you doing?" the staring usually stops. Always use your STEPS to look confident and comfortable.
- **If someone asks what happened to you:** When strangers ask about your burn injury, remember that you are in control. You can offer as much or as little information as you want. You don't owe strangers the whole story of your burn injury experience.
 - **Rehearse your responses.** This requires writing and then saying three short sentences about your injury, smiling at the person asking, and walking on. Write and rehearse three sentences that feel just right for you and use this tool when people ask questions. Change the subject if you don't want to continue to talk about your burn. Have another, low energy sentence rehearsed for when you don't feel up to questions.
 - First sentence: How you were burned.
 - Second sentence: How you are doing now.
 - Third sentence: Ending the conversation.



Low energy: I don't feel up to talking about what happened to me today. Thanks for understanding.



Regular: I was burned in a house fire. I am doing better now. Thanks for your concern.

- **If someone teases you:**
 - Stand up straight and hold your head high.
 - Count to 10 slowly and stay calm.
 - Shrug your shoulders, act bored, smile, and walk away.
 - Say to the teaser, "I'm wondering why you would say something like that?" or "you must be pretty insecure to pick on other people."

Poor Sleep After Burn Injury

It is important to get treatment for poor sleep because it can be harmful in a number of ways. It can be extremely distressing and debilitating, and actually interfere with your recovery from the burn injury. Poor sleep can:

- Make pain worse.
- Slow down wound healing.
- Cause restlessness, irritability, and changes in behaviour.
- Cause problems during the day such as:
 - Low mood or depression.
 - Trouble handling stress.
 - Lack of energy.
 - Difficulty concentrating.
 - Increased risk of accidents.

Tips for Good Sleep

Having difficulty getting to and staying asleep is a common concern for people who have sustained a burn injury. Some of the following suggestions may be helpful.

- **Avoid daytime napping:** If necessary, take “power” naps at approximately the same time each day and try to nap for no more than 30 minutes.
- **Exercise:** Exercise can promote sleep. Avoid vigorous exercise at least 6 hours before bedtime and mild exercise at least 4 hours prior to bedtime.
- **Watch what you eat before bedtime:** Late evening and bedtime snacks should be free of caffeine. Caffeine is present in many soft drinks, candy, coffee, and bakery products and should be avoided at least 6 hours prior to bedtime. Also avoid nicotine, large meals and too much to drink close to bedtime. Alcohol can also cause you to sleep poorly.
- **Avoid stimulating activities before bedtime:** Stimulating activities include working on the computer, watching exciting or frightening visual media, or playing with video or hand held games. Instead, get your body ready for sleep by doing quiet activities, turning down bright lights and turning off loud music.
- **Go to bed only when sleepy.**
- **Avoid “staring at the clock” when lying in bed:** If you are unable to sleep after half an hour, try engaging in an alternate activity (e.g. relaxation exercises) or go into another room and try a relaxing activity (reading, word puzzles, a warm bath or shower, listening to music) until sleepy.
- **Limit activities done in bed:** Train your body and mind to recognize that the bed is only for sleeping. Avoid reading, watching TV, and eating in bed/the bedroom.
- **Establish a standard wake-up time.**
- **Turn the temperature down at night.** Your body temperature naturally drops as you sleep, therefore a cooler room makes it easier to fall and stay asleep.

PATIENT AND FAMILY RESOURCES

Online Burn Survivor, Family and Caregiver Support

- The Phoenix Society for Burn Survivors
 - www.phoenix-society.org
 - The Phoenix Society also offers a weekly peer support chat. This live chat is held on Wednesday nights from 9:00 p.m. to 10:30 p.m. (EST). It covers common concerns and questions facing burn survivors and their loved ones. See <https://www.phoenix-society.org/?modal=what-we-do> for more information.
- Canadian Burn Survivor Community
 - www.canadianburnsurvivors.ca

Online Fact Sheets, Videos, and More on Burn Recovery

- Model Systems Knowledge Translation Center
 - www.msktc.org

Informative and Supportive Podcasts

- Girls with Grafts created by The Phoenix Society
- The MSKTC factsheets are available as an audio recording
 - <https://msktc.org/burn/podcasts>

Social Media Groups

- Facebook:
 - Burn Victim Survivor Thriver
 - Canadian Burn Survivors Community
- Instagram:
 - Canadian Burn Survivors Community

Alberta Firefighter Burn Camp

- The Alberta Fire Fighters Burn Camp in partnership with Easter Seals Camp Horizon hosts a week long camp for young burn survivors. Camp is held in August of each year and 70 campers between the ages of 7 and 17 attend camp. Doctors, Nurses and Fire Fighters donate their time as organizers, medical staff and mentors. Burn camp can be a life changing event for many of the kids who attend.
- See the following link to register for camp and/or get more information.
 - <https://www.efbts.ca/CAMP>



SASKATOON CONTACTS

Saskatoon resources and therapists cover northern Saskatchewan. More specifically, patients living north of the town of Davidson.

St. Paul's Hospital (SPH)

Adult Inpatient Occupational Therapy

- Phone: (306) 655-5898
- Fax: (306) 655-5082
- How to refer: Fax
- Therapists: Ben Petracek, MScOT
- Supports provided:
 - Discharge planning
 - Range of motion/stretching
 - Engagement in ADL's
 - Splinting
 - Fabricating temporary garments
 - Measuring for custom garments

Social Work

- Phone: (306) 655- 7733
- Fax: (306) 655- 5874
- How to refer: Fax
- Chandel Thiemann

Royal University Hospital (RUH)

Adult and Pediatric Inpatient/Outpatient Occupational Therapy

- Specialization: Hand Therapy Clinic for adult and pediatric burns
- Phone: (306) 655-2438
- Fax: (306) 655-2463
- Therapists: Alanna Coode, Andrea Beaudry, Judy Fisher, Megan Constantinoff, Melanie Coutts, Fanny Yu
- Supports provided:
 - Custom burn garments for patients covered under Saskatchewan Health and NIHB
 - Splinting
 - Upper extremity therapy
 - Provide assistance to the acute care sites for burns

Saskatoon City Hospital

Outpatient Hand Therapy (Kinetik Rehabilitation Services)

- Specialization: Patients covered under a 3rd party insurance (i.e., WCB, SGI)
- Phone: (306) 655-8974
- Fax: (306) 655-7878
- How to refer: Fax

Jim Pattison Children's Hospital (JPCH)

Pediatric Inpatient/Outpatient Occupational and Physical Therapy

- Phone: (306) 655-2481
- Fax: (306) 655-0998
- How to refer: Call, fax or email
jpchoccupationaltherapy@saskhealthauthority.ca
- Inpatient therapists: Mandy Madsen and Molly Cox
- Supports provided:
 - Stretches
 - Activity suggestions
 - Arrange outpatient support post-discharge

Social Worker

- Phone: (306) 655-0434
- Fax: (306) 655-6857
- How to refer: Fax or email
emma.haughian@saskhealthauthority.ca
- Therapists: Emma Haughian

REGINA CONTACTS

Regina resources and therapists cover southern Saskatchewan. More specifically, patients living in the town of Davidson and south.

Wascana Rehabilitation Centre (WRC)

WRC has comprehensive services, including OT, PT, Exercise Therapy, Vocational Counselling, Psychology, Social Work, and Speech Language Pathology. A referral to one discipline is considered a referral to all.

Adult Rehabilitation Program (18+ yrs)

- Phone: (306) 766-5677
- Fax: (306) 766-5901
- How to refer: From family physicians or specialists
- Rehab Coordinator: Sarah Marshall or Lisa Morrison
- Services:
 - Receives referrals
 - Gather patient information
 - Direct patient to appropriate resources/services

Adult Outpatient Occupational Therapy

- Phone: (306) 766-5610
- Fax: (306) 766-5901
- Therapist: Terry Johnson-Fong, Senior OT
- Supports:
 - Follow up
 - Able to provide remote or in-person assessment/treatment

Functional Rehabilitation Program

- Phone: (306) 766-5790
- Fax: (306) 766-5265
- Referrals: From family physicians or specialists
- Email: shafunctionalrehabprogram@saskhealthauthority.ca
- Supports:
 - Hand therapy and tertiary rehabilitation services for patients covered by either WCB or SGI

Children's Program (0-18 yrs)

- Phone: (306) 766-5539
- Fax: (306) 766-5189
- Referrals: From family physicians or specialists
- Rehab Coordinator: Yvonne Aker
- Services:
 - Receives referrals
 - Gather patient information
 - Direct patient to appropriate resources/services

Pediatric Outpatient Occupational Therapy

- Phone: (306) 766-5916
- Fax: (306) 766-5189
- Therapist: Bethany Jefferson

Regina Regional Hospital

Adult and Pediatric Inpatient Occupational and Physical Therapy (Firefighters Burn Unit)

- Phone: (306) 766-4648
- Fax: (360) 766-4128
- Supports provided:
 - Discharge planning
 - Range of motion/stretching
 - Engagement in ADL's
 - Splinting
 - Fabricating temporary garments

ALBERTA HEALTH SERVICES CONTACTS

After you return to Saskatchewan, your Alberta therapists can't provide you with any more treatment (even over the phone). However, your therapists in Saskatchewan can reach out if they have any questions or concerns. Please provide your therapists with the following contacts, if needed.

Acute Burn Clinic - University of Alberta Hospital

- Phone: (780) 407-6980

Edmonton Firefighters Burn Unit - University of Alberta Hospital

- Phone: (780) 407-6149

Rehabilitation Services Burn Unit - University of Alberta Hospital

- Phone: (780) 407-3250

Child Life Specialist - University of Alberta Hospital

- Phone: (780) 407-6818

Social Worker Burn Unit - University of Alberta Hospital

- Phone: (780) 407-1138

Burn Clinic - 2A Kaye Edmonton Clinic

- Phone: (780) 407-6040

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