



Discharge Handbook

B.C Professional Fire Fighters'
Burn, Plastic & Trauma Unit (BPTU)
2nd in a series of 3 booklets

“Together We Achieve More”

Vancouver General Hospital
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General Information for Burn, Plastic and Trauma patients

Introduction

You have been treated in the BC Professional Fire Fighters' (BCPFF) Burn, Plastic and Trauma Unit (BPTU) at Vancouver General Hospital (VGH).

Preparing for discharge from the hospital can be an exciting and stressful time. You may find the adjustment from the hospital to home quite easy and anxiety- free.

However, you may also find yourself having emotional up and down periods especially during times when nothing seems to go right.

You may spend a significant portion of your time in rehabilitation after your injury, but the time spent on it is worthwhile. The ultimate goal of all care is your re-entry into society and it is important for you to remain hopeful.

If you have any questions or concerns, you can contact the BPTU staff.

Phone numbers

Department	Name	Phone Number
Burn Clinic		604-875-4095
Trauma Clinic		604-875-5088
BPTU Unit		604-875-4030
Physiotherapist		604-875-4111 Ext. 63313
Occupational Therapist		604-875-4111 Ext. 63488
Dietician		604-875-4030 (Ask for them)
Social Worker		604-875-4096

On the day of discharge

When your healthcare team determines that you are well enough to continue your recovery outside of the hospital, you will be discharged from this unit.

Things you and your family need to think about before you go home:

- It may be helpful to have someone stay with you at home for the first 24 hours to assist you.
- Review your emergency numbers
- Review your appointment calendar and ensure you have marked your doctor or clinic visits
- Do not hesitate to seek assistance. There may be community resources available where you live (the unit social worker can help you).
- Confirm your current contact information with the BPTU staff. We may need to contact you after discharge to see how you are doing and to help with any further care needed.

Wound Healing

Wound healing is the process of healing the skin after injury. The length of time it can take for a wound to heal varies from person to person.

Factors that will help healing to continue include good wound care, appropriate nutrition, maintenance of function, positive attitude and cooperation from you and your family members. Reduction of swelling, prevention of infection and adequate pain control will also contribute to the best outcome.

Skin Care

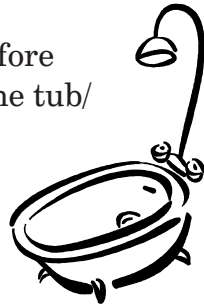
“Skin” refers to healed skin, surgical flaps, burned skin and donor sites.

Bathing/Hygiene

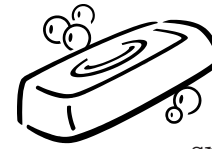
After discharge, bath or shower as you did before your injury (at least twice per week). Clean the tub/shower with a cleanser, and rinse well after.

If you have burn wounds, skin grafts, donor sites or a flap to your legs, bathing in a tub is the preferred method of washing.

Use either a mild unscented liquid soap or your own bar soap with a clean face cloth. Wash yourself gently, especially to your healed or healing areas. For men if your **face has been burned**, you can grow a beard or moustache once it has healed. If the face or scalp has been involved, please check the skin for redness, pustules or drainage around the hair root. If this occurs, contact your doctor.



Care of Open Areas



Cleanse **open areas** daily using mild soap and water. Trim hair or keep it away from open areas. Your doctor may order Acriflavin 1% for areas that are dime-size or smaller to **dry the open areas**. Use it as advised

by a BPTU or clinic nurse. Upon discharge, you may be provided with nursing care at home or in an ambulatory clinic if you have large open or unhealed areas that need complex dressings.

You will be given information about your home nurse visit prior to discharge from the hospital. If you are going to have a follow up visit in an ambulatory clinic an appointment may be made on your behalf or you may be directed to contact the clinic directly to schedule your own appointment. In some areas, you may be asked to go to a clinic for nursing care.

If your unhealed areas are painful, pain medication is best taken 30 minutes to 1 hour before your scheduled dressing change. Dressing supplies for home use can be purchased at any of the larger drug stores.

Contact your doctor if the open area(s) do not heal or become larger.

Your new skin is sensitive to heat and cold, so test the water temperature before you get into a bath or shower.

Nutrition

The aim of diet after discharge is to keep at a healthy body weight while taking in enough protein, vitamins and minerals to help with the healing process. It is important that you eat a well-balanced diet. Some foods help healing and increase energy levels and strength. Eating healthy foods also helps avoid infection and prevents constipation.



Adequate nutrition is also an important part of wound healing. When the body goes through the healing process it requires extra calories, particularly in the form of protein. Any nutrient shortage can make the wound condition worse and contribute to a delay in wound healing.

- Calcium helps heal bones and keeps them strong. Good sources of calcium include milk, yogurt, cheese, canned salmon, soy, calcium-fortified tofu.
- Protein is needed to heal tissue and strengthen muscles. Foods such as beef, pork, fish, poultry, eggs, milk, dairy products, soymilk, beans, nuts, peanut butter and tofu are good sources of protein.
- Iron is necessary to build the hemoglobin in your blood. Hemoglobin carries oxygen to your tissues. Blood loss from surgery can decrease your hemoglobin and make you feel weak, tired and light-headed. Good sources of iron include: red meat, fish, poultry, canned oysters and clams, tofu, fortified whole grains and some leafy green vegetables such as spinach.

Ideas for healthy eating can be found by following Canada's Food Guide recommendations (see the picture and website). Canada's food guide will help you to make good food choices and tell you how much you should increase your servings of breads, cereals, fruits and vegetables to keep a healthy weight.

In some cases, you may still need to gain weight after you are discharged. If this is the case, a high protein, high calorie diet will be recommended and explained by the dietician. If you have questions about diet after discharge, phone the BPTU at 604-875-4030 and ask to have the dietician contact you.

Recommended Number of Food Guide Servings per day

Milk Products

Servings per day:

- Adult Males & Females <50 years old: **2**
- Adult Males & Females >50 years old: **3**

Grain Products

- Males <50: **8**;
Males >50: **7**
- Females <50: **6-7**;
- Females >50: **6**

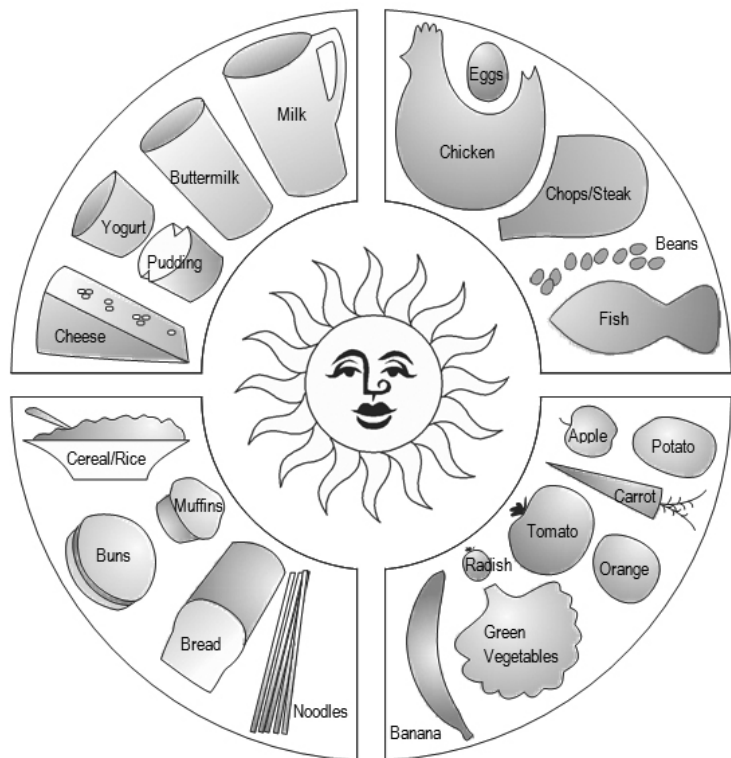
Meat & Alternatives

Serving per day:

- Males: **3**
- Females: **2**

Vegetables & Fruit

- Males <50: **8-10**;
- Males >50: **7**
- Females <50: **7-8**;
- Females >50: **7**



For Food Guide serving sizes and for more information on Canada's Food Guide please visit www.healthcanada.gc.ca/foodguide

Managing your Bowels

There is a close relationship between nutrition and your bowel habits. There is no single definition of a normal bowel movement. Every person is going to have different bowel habits and bowel movements may vary in consistency and frequency. You may find that your bowel movements change as a result of your injuries.

The pain control medication you may take after injury often causes constipation. Nurses will encourage you to take the following measures to prevent constipation and help your bowel function return to normal:

- Drink at least eight cups of water a day
- Eat a high-fiber diet
- Go for frequent short walks



You should continue these preventative measures for at least as long as you are taking pain medication.

It is important to know that your bowels are working before you are discharged. Although embarrassing to some people, it is important to discuss your bowel activity with your nurse while in hospital. If you are having difficulty having a bowel movement while in hospital, nurses will offer you stool softeners or laxatives as necessary. If after discharge, your bowels are not functioning as they were before your injury, please discuss any treatment measures with your pharmacist or doctor. There are many over-the-counter stool softeners and laxatives that may be helpful.

Pain management after hospital discharge

Pain is different for each person – Your *pain is what you say it is*. Pain can also mean other types of discomfort, such as aching, pulling, tightness, burning, and pricking.

You may still have pain when it is time to go home. While in hospital your doctor and nurse helped you with pain management. We encourage you to discuss your plan to manage your pain at home with your nurse or physician before discharge. If needed, your physician will write a prescription for pain medication for you to use after discharge. The prescription can be filled at most pharmacies.

Often pain at home can be managed with over-the-counter (OTC) pain medications. OTC pain medications are those that can be bought without a prescription. There are a variety of choices in OTC pain medications. Your local pharmacist can help you to choose the best OTC pain medication for you.



Be sure to ask your pharmacist about any restrictions that you need to follow when using any pain medication. There may be some restrictions to your activities (i.e. driving, operating equipment)

- Check the drug with your Pharmacist for possible side effects or interactions with other medications or herbal products.
- Do not take two medicines that contain the same active element.

As your body heals you should find that you need less pain medication. Stop taking your medication when you can manage the activities in your day without it.

These are some suggestions for managing your pain after discharge:

- Ask for medication for pain relief just prior to discharge to assist with comfort while traveling home
- Arrange to have pain medication prescriptions filled and available for your use on arrival to home. There are several pharmacies close to the hospital where this can be done.
- Place pain medications within safe, easy access during the night when a night-time dose might be needed
- Carefully follow activity restrictions as advised by your health care team.
- Take pain medication 30 minutes to 1 hour prior to a physical therapy or ambulatory clinic appointment.
- Take your pain medication on a regular basis rather than waiting until the pain is bad
- Relaxation exercises such as deep breathing, guided imagery, massage therapy or acupuncture may also help relieve pain. Check with your doctor prior to starting massage or acupuncture.
- Drawing, painting, keeping a journal or listening to your favourite music may help with pain control.

Numeric Rating Scale (NRS)

A pain rating scale can be used to help others to understand your pain and to set goals for pain relief.

Pain is rated on a scale from 0 (No pain) to 10 (As bad as you can imagine). The middle of the scale (around 5) is moderate pain. You may be asked to define a number where you are comfortable. There is no right or wrong answer. Use the number where you are comfortable and able to manage your daily care.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

It is better to describe your pain with a number when you are speaking with your doctor, pharmacist or nurse.

Signs of Surgical Site Infection

Hot Incision: An infected incision may feel hot or warmer than the surrounding skin to the touch. This happens as the body sends infection fighting blood cells to the site of infection.

Swelling/Hardening of the Incision: An infected incision may begin to harden as the tissue underneath is inflamed. The incision itself may begin to appear swollen or puffy as well.

Redness: An incision that gets red, or has red streaks coming from it to the surrounding skin may be infected. Some redness is normal at the incision site, but it should decrease over time, rather than becoming more red as the incision heals.

Drainage from the Incision: Foul-smelling drainage may begin to appear on an infected incision. It can range in color from blood-tinged to green, white or yellow. The drainage from an infected wound may also be thick.

Pain: Your pain should slowly and gradually reduce as you heal. If your pain level at the surgery site increases for no obvious reason, you may be developing an infection in the wound. If you have a significant and unexplained increase in pain, contact your surgeon or doctor.

Protecting Skin from further Trauma

Healed skin will bruise easily and possibly tear until it has matured. Maturation of the skin may take several months to a year, or even up to 2 years. In the meantime, protect your skin by avoiding injury and wearing proper fitting clothes and shoes that do not cause irritation. Wear gloves if working with tools, or harsh chemicals/detergents to protect your hands. Most sports are encouraged, however, refrain from rough and/or contact sports until your skin has matured.

Discuss individual sporting activities with your doctor prior to resuming these activities

Itching

Itching is a common problem with healed and healing skin. To help decrease and relieve itching, you may follow these suggestions:

- **Moisturize** the healed skin to prevent dryness.
- **Wear** open weave, loose fitting, natural fibre clothing such as cotton or linen.
- **Avoid** getting hot and sweaty.
- **Take** cool showers and baths.
- **Keep** your custom made garments clean.
- **Keep** fingernails short and clean to avoid scratching the skin. You may wish to wear gloves or socks at bedtime to help protect against scratching in your sleep. (If itching is not relieved, contact your doctor).
- **Continue** with relaxation/distraction techniques used in hospital.
- **Speak** with your doctor if the itching is interfering with daily activities as there are some medications that are helpful to treat the itching.

Life after hospital

You may experience many changes and adjustments after discharge from hospital. Psychological and emotional healing continues. It is normal to experience a range of emotions and feelings such as anger, frustration, hopelessness, sadness, depression, etc. Our goal is to help and support you in the recovery process.

For some individuals, traumatic injury may continue to interfere with resuming normal activity. This may include areas of sexual health and intimacy. It is important that you talk about your concerns with your family physician or social worker at Burn Outpatient clinic for referral to counselling resources in your community if needed.

Attitude and motivation are important factors that will contribute to the success of your recovery. Whenever you feel overwhelmed, stay focused, take it one day at a time and identify your strengths. Your capacity and endurance will gradually increase over time.

Helpful Hints

- Identify your strengths and what you can do
- Do not use your past level of activity as a measure of what you are currently able to do
- Set a goal for the day. It can be modest, but it really helps to have a goal
- Allow others to participate in assisting with your daily activities
- Celebrate your successes when you achieve your goal
- Realize that healing and adjustment takes time, expect frustration and setbacks
- Practice deep breathing for relaxation and de-stressing.

Clinics

At the time of discharge, you may be required to follow up with your doctor at their office or in a clinic. You will be given information on how to make an appointment. Call to book or confirm your appointment as soon as possible after you are told of your discharge.

The purpose of the clinic is to provide complete care for patients who have experienced injuries. The staff at the clinic consists of the staff doctor, resident doctor, registered nurses, and occupational therapists. There is also a physiotherapist, social worker and dietician on-call. All staff members are available to provide support, advice and refer or access resources for you.

Depending on your injury you will be referred to the following clinics:

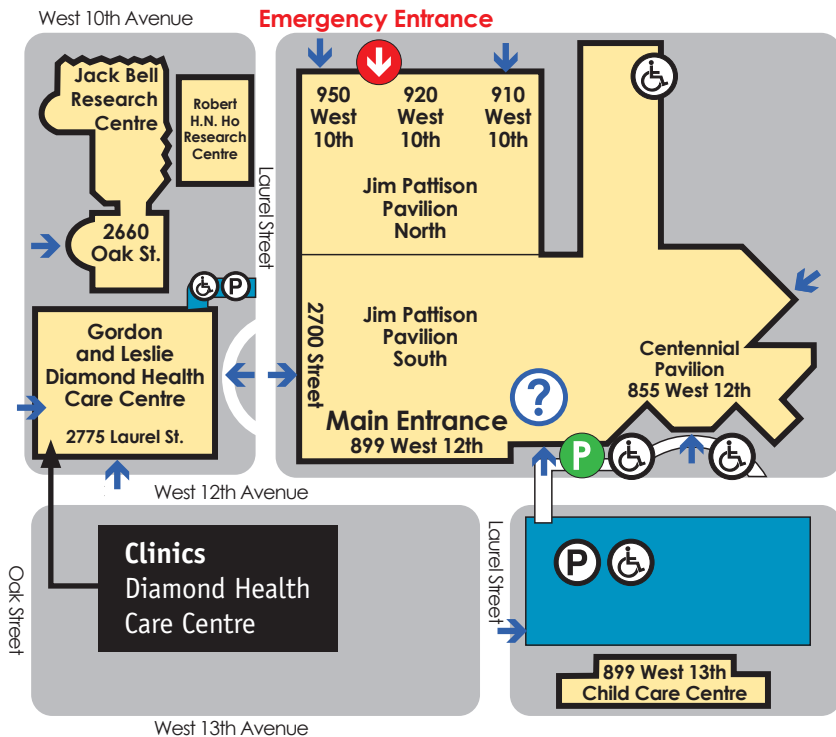
- Burn Clinic
- Hand Injuries Clinic
- Trauma Services Clinic
- Wound Healing Clinic
- Ortho-trauma Clinic
- Ortho-Reconstruction Clinic

Please note these are NOT drop-in Clinics. Appointments are needed. You will be given the information you need to make your appointment before you leave the hospital. Referral doctors or community care workers can also make appointment.

Important Points to Remember Prior to Your Visit to the Clinic

- Take pain medication 30 minutes to 1 hour prior to your appointment time if necessary. Bring any medication that you may need to take while you are at the clinic.
- Please limit accompanying family members to 1 or 2 per visit as the clinic space is limited.
- Bring a written list of your questions. It is easier to remember questions when they are written down.
- Bring a book or your favorite music to listen to while you wait.
- Bring your Worksafe BC (WCB), ICBC claim number or any other medical insurance information cards.
- If you had a recent X-ray taken at another facility, bring the CD or film with you.
- Bring any snacks or drinks if you will need them. There is no food at the clinic.
- Wait times can be unpredictable, so be prepared to wait 5 minutes to 1 hour.
- All dressing supplies necessary for your clinic visit will be provided.
- Young children (under 16 years) and the elderly should be accompanied by a knowledgeable support person.
- If you do not speak English, please bring a translator with you as it is not always possible to get a volunteer translator on short notice.
- If you are travelling by Handi-Dart or ambulance, book the return trip for 2 hours after the appointment. If the return trip is not booked it may mean a wait of 5 to 6 hours or the cost of a taxi. Please advise the clerk of your return time when you check-in for your appointment.

Please note that forms cannot be filled out in the clinic if it is busy. In this case they will be taken and mailed back to you as soon as possible. Be sure that the clinic has your current mailing address.



Location

Outpatient Clinics
 Diamond Health Care Centre
 3rd floor, 2115 Laurel Street
 Vancouver, BC

Clinic Hours

Monday to Friday
 8:00 am–4:00 pm
 As per your appointment
 604-875-4095

You may reach to the following clinics by:

- Burn clinic: 604-875-4095
- Hand Injuries clinic: 604-875-4095
- Trauma services clinic: 604-875-5088
- Wound healing clinic: 604-875-5255
- Ortho-trauma clinic: 604-875-5809
- Ortho-reconstruction clinic: 604-875-4688

Specific Information for Burn, Plastic Patients

Scar Management

Following an injury, some of the functions of the skin may be temporarily damaged. Moisturizing is important to prevent the skin from drying out, splitting and cracking, which may lead to secondary infection and breakdown of the skin.

The skin will usually mature within 12 to 18 months following injury. During this time you may need to wear compression garments such as Tubigrips, elastic bandages such as Tensor or custom fitted garments.

For more information about scar management **after a burn**, ask for a copy of *Scar management after a Burn* (FO.900.B933).

Care of Blisters

Blister formation on newly healed **skin** is common, however, as the skin matures (new skin gets older), blisters occur less frequently. It is best to leave the blisters intact and to avoid tight clothing that may cause friction and increase blister formation. If blisters do appear, a dressing may be applied to protect your newly healed skin. Blisters may open on their own, if this happens, treat them as an open area. If the blister opens, contact your doctor or nurse for the best treatment for that open area. If you are wearing compression garments and blisters occur under the compression garment, contact your occupational therapist.

Dry Skin

Your skin may become dry, flaky and stiff as a result of damage to the oil producing glands. Some of these glands will begin to function again. Until then, use an unscented moisturizer after your bath (such as Vaseline Intensive Care Lotion). Avoid moisturizers that contain alcohol, as they dry skin. Also, avoid moisturizers/lotions/creams recommended by friends until you discuss them with your doctor, nurse or occupational therapist.



If you are wearing custom made garments, use only the moisturizer recommended by the occupational therapist or the clinic nurse. Apply the moisturizer gently and as often as necessary, avoiding any open areas. A thorough cleansing helps avoid lotion build-up that may clog pores and create pimples or whiteheads. If pimples or whiteheads develop, have them checked at the clinic or by your doctor.

Exposure to Sun (for Burn and Skin Grafted Patients)



Your newly healed and healing skin will burn and blister if exposed to the sun. Hyper-pigmentation (abnormally increased pigmentation or colouring) may also occur and is permanent. To avoid exposure, wear light clothing (such as Cotton) that covers the **burned areas**, a wide-brimmed hat, and apply a sunscreen to filter the ultraviolet rays A and B (UVA, UVB) every day (remember your ears!). Remember to apply sunscreen 15 to 30 minutes before sun exposure and reapply frequently. Reapply after swimming, excessive perspiration, washing or towelling.

Remember the strongest rays of the day are between 10:00 am - 4:00 pm.

Consult your pharmacist for the product with the highest sunscreen protection. If you are involved in water sports or if you sweat a lot, use sunscreen that is waterproof and apply as directed on the label.

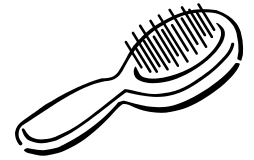
Exposure to Cold (for Burn & Flap Patients)

New skin is sensitive to the cold and you may experience numbness and tingling. It is usually noticeable in your hands and feet. Limit exposure time and wear warm gloves and socks to decrease the discomfort. This sensitivity may or may not be permanent.

Scalp and Hair Care

If your scalp **has been burned** or used as a donor site, clean your hair and scalp daily to prevent accumulation of crusts and dry skin.

Wash your hair and scalp with a mild, unscented shampoo, rinse well. Massaging your scalp keeps the skin soft and supple. Brush your hair with a soft brush several times a day. Hair often falls out for several weeks following the stress of an injury. This will stop once you are doing your normal activities again and the injury has healed.



Cosmetics (For burns or grafts to the face)

Once your skin is healed you can start using cosmetics again. Hypo-allergenic cosmetics are available in most large drug and department stores. You may find it helpful to talk to a cosmetologist about cleansing products and cosmetics that conceal scars. Be careful using perfumes and aftershaves, they may cause dryness and/or irritation. When trying a new product, apply a small amount to the skin. If dryness, irritation or pimples occur, stop use of the product immediately.

Physiotherapy

Rehabilitation

(For those with burns, grafts, flaps, or donor sites)

Now that your skin has healed, you will need to continue an exercise program at home. The first few months are a critical period. As scar tissue develops, skin tends to contract and cause tightness at the joints. You may notice stiffness when you wake up in the morning, or after periods of inactivity during the day. As you move, the joint stiffness will gradually decrease.

Regular exercise will help prevent skin tightening and joint contractures. Frequent short exercise sessions are better than one long session. When doing exercises, do each motion slowly and fully, hold, then relax and repeat the motion as often as instructed.



Occupational Therapy

Positioning

After discharge from the hospital, it is important to position the healed area in a stretched position (lengthen, widen, or extend). For example, if there are healed areas to the front of the neck that make the skin tight, avoid using a pillow for rest or sleep. If there have been **burns** or wounds to the shoulders or under the arms that prevent the arm from being raised up over the head, then the arm is positioned at a 90° angle from the body. Maintain a stretched position as much as possible, even when lying in bed, watching television or reading.

It is also important to elevate limbs should swelling occur. Your therapist will show you the best position for your injured body parts.

Pressure Treatment

(For Burns, Grafts and donor sites)

Even pressure (equal pressure) will soften and flatten scar tissue, support newly formed blood vessels, prevent swelling and decrease itching. Elastic bandages for example Tensors are worn initially when walking to support the legs until open areas are healed. Elastic bandages are applied in the morning and taken off every four to six hours for 15-20 minutes and then removed at bedtime. Never wrap only the middle of the limb, as swelling will occur above and below the tensor. You will need to sit or lie down to put the elastic bandage on. Always elevate both legs when the elastic bandages are off. You will be advised when to stop wearing the elastic bandage.

For more information about Elastic bandage (Tensor) ask for a copy of *Elastic Bandage (Tensor) Use for the Foot & Lower Leg* (FB.880.El14).

Tubigrip is a tubular elastic bandage used to give pressure to an injured area once open areas are healed. The pressure is necessary to help control and prevent the formation of hypertrophic scars (red, raised, rigid scars) that may occur after deeper **burns** have healed. Tubigrip is worn all the time except during the bath or when applying moisturizing lotion. Wash the Tubigrip by hand daily in warm water and a mild cleanser (Ivory soap or shampoo). Rinse well and air dry. Tubigrip is available in many sizes and is provided for you by the Occupational Therapist

When pressure is required for a prolonged period of time (more than three months), custom made pressure garments may be ordered by the Occupational Therapist. For further information on the custom made garments and hypertrophic scarring, please contact the Occupational Therapist.

You may have received a transparent face mask or neck splint. If it becomes moist, it should be removed, dried off and reapplied. The splint or mask is removed for eating and for face and neck exercises, after which it is reapplied. To clean, wash in warm water and a mild cleanser. Dry it well before putting it on again.

Specific Information for Trauma Patients

Care of Sutures (Stitches) and Staples

You may be discharged with sutures (stitches) or staples still in place. You will be given instructions on the care of these sutures or staples before you leave hospital.

Do not soak any suture or staple area in the bathtub unless directed by your doctor or nurse.

If you notice any signs or symptoms of infection in your sutures or staples, contact your doctor.

Care of your drain system

You may have surgery that requires you to go home with a drain. While in hospital, your nurse will show you how to care for your drain site and wound drainage system.

General care of the drain site may include changing the dressing and cleaning the skin around the drain. The wound drainage system will require you, or someone caring for you, to empty and record the amount.

For more information about your drain system you may ask for a copy of our Handbooks “*Jackson-Pratt Wound Drainage System: Patient Information Guide*” (FO.160.J132) and “*Caring for your Hemovac Drain at home*” (FO.160.C191).

Care of your Cast or Neck Collar

You may be discharged from this unit with a Cast or Collar. You will need to know how to take care of the Cast or neck Collar. While in hospital, your nurse, physiotherapist or occupational therapist will explain what you, or a family member, will need to do to care for your cast or neck collar. This is a good opportunity for you to ask any questions and to try doing the care yourself.

For more information about caring for your cast ask for a copy of the handbook *Taking care of your Cast*.

For more information about caring for your neck collar ask for a copy of *Philadelphia Cervical Orthosis* (FB.707.P53), *Aspen Cervical Orthosis* (FB.707.As63), or *Minerva Cervical Orthosis* (FB.707.M666).

Care of your Chest tube

Injuries to the chest or abdomen may require a chest tube. A chest tube (or multiple chest tubes) will be needed when there is abnormal air or fluid between the linings around the lung. You will remain in hospital while you have a chest tube in place. The chest tube will be removed by the doctor when your lung is working as it should. Your nurse may clamp the tube for a short period of time before it is removed by the doctor. Never clamp the tube yourself. Your nurse may give you pain medication before the tube is removed.

Once the chest tube is removed, keep the skin in the area where the chest tube was dry and clean. You may take a shower or bath and get this area wet 72 hours (three days) after your chest tube is removed. You will be shown how to place a bandage over the area where the chest tube was placed before you are discharged.

If you had a chest tube while in hospital you will not be able to fly on an airplane or helicopter until two weeks after it is removed.

Physiotherapy for Trauma Patients

If you have chest trauma or injuries to your lung and/or ribs, it is important to continue short periods of activity throughout the day (e.g. walking).

If you have orthopaedic injuries you may have restrictions to follow regarding your weight bearing status. The physiotherapists will provide you with a home exercise program, which will include range of motion goals and restrictions, brace prescriptions and recommended walking aids.

If you have internal injuries it is recommended that you follow-up with your doctor before starting any high intensity, rigorous or contact activity.

Before discharge, the physiotherapist will review your home exercise program with you. If active physiotherapy treatment is required after discharge, your therapist will help to organize this.

Occupational Therapy - Splinting

It may be necessary to continue to wear splints to avoid skin contractures (an abnormal, often long-term shortening of muscle or scar tissue) following discharge. The Occupational Therapist will give you instructions about wearing the Splint(s) and how to care for them. The splints should be washed once a day with soap and cold water. Dry the Splints before putting it back on. Do not use hot water to wash the splint, as this will soften the splint and change its shape. If any part of the splint rubs against the skin causing an area to become red and sore, remove the splint and contact the Occupational Therapist. Do not continue to wear the splint unless you are told to do so. If the splint needs to be adjusted or changed make an appointment with the Occupational Therapist to have this done.

Some final thoughts

Be sure that BPTU staff have the contact information for where you will be staying after discharge. This will be needed to arrange home nursing if necessary.

And remember: Call your doctor if you experience any of the following symptoms:

- Severe chills or fever (a fever of 101°F (above 38°C) or more should be reported to the surgeon)
- Excessive pain
- Redness, swelling, or drainage
- Odour at the site of dressing

Return to Work

Discuss your return to work with your Doctor at the time of discharge and during your clinic visits.

Your return to work will depend on:

- Areas of the body that were injured and the extent of the injuries
- Your ability to work
- Type of work
- Length of shift/work week
- Amount of standing/sitting/walking or heavy labour required

Resources

Here is a list of other hospital resources that you may be interested in. These resources may be obtained from BPTU staff or from CIBC Center for Patient & Families on the first floor of the Jim Pattison pavilion or online at: <http://vch.eduhealth.ca>.

- *Admission Guide for Burn, Plastic & Trauma Unit* (FO.900.B93)
- *Ambulatory Care Burn Clinic* (JB.510.A06)
- *Aspen Cervical Orthosis* (FB.707.As63)
- *Blenderized Diet* (BB.200.B6171)
- *Breast Cancer-inpatient Mastectomy Surgery* (FE.323.B741)
- *Breast Reconstruction Surgery: Tissue Expanders or Implants: Information for Patients & Family* (FE.327.B7412)
- *Breast Reconstruction Surgery: Tissue Transfer - Information for Patients & Family about the following flaps: TRAM, DIEP, SGAP, Latissimus Dorsi, TUG, SIEA Flaps* (FE.327.B741)
- *Caring for Your Hemovac Drain at Home* (FO.160.C191)
- *Care of your Skin Graft after Surgery* (FO.935.Sk88)
- *Do's & Don'ts of Donor Site Care* (FO.160.C18)
- *Elastic Bandage (Tensor) Use for the Foot & Lower Leg* (FB.880.El14)
- *Breast Reconstruction Exercises after Pedicle or Tram Free, DIEP, SGAP, SIEA & Tissue Expander/Implant* (FE.327.Ex371)
- *Exercises after Lumpectomy/ Partial Mastectomy and Axillary Node Dissection (Day Surgery)* (FE.323.Ex371)
- *Exercises after Mastectomy and Axillary Node Dissection* (FE.323.EX37)
- *Flap Surgery - What to expect...* (ED.810.F53)

- *Instructions for Dressing Change* (FO.160.In7)
- *Jackson-Pratt Wound Drainage System: Patient Information Guide* (FO.160.J132)
- *Jaw Fixation* (FJ.400.J329)
- *Jewett Thoraco-Lumbar Orthosis* (FB.727.J551)
- *Methicillin Resistant Staphylococcus Aureus (MRSA)* (FG.520.M566)
- *Minerva Cervical Orthosis* (FB.707.M666)
- *Philadelphia Cervical Orthosis* (FB.707.P53)
- *Pin Site Care* (FB.130.C19)
- *All about Your Peripherally Inserted Central Catheter (PICC)* (FA.200.P418)
- *Preventing Pressure Ulcers* (FO.650.P928)
- *Scar Management after a Burn* (FO.900.B933)
- *Supporting & Communicating with your Family Member/ Friend Following a Brain Injury* (FM.335.Su76v)
- *Taking Care of your Cast* (FB.224.T139)
- *Total Parenteral Nutrition (TPN) - A Guide for Patients and their Families* (BB.210.T64)
- *Vancouver General Hospital Patient & Family Handbook* (JB.300.V279)
- *Vancomycin Resistant Enterococcus (VRE)* (FG.500.V279)
- *Wound Care Program for People with Spinal Cord Injuries* (GN.890.P212)

BPTU Resources available only through BPTU:

- *Program Support for Adult Burn Survivors*
- *The Future is Mine (Supporting the Adult Burn Community)*

In Honour of Firefighters...

Our team is made up of dedicated professionals from a wide spectrum of disciplines. However, not all of our team members work inside the hospital. An event quite often begins with a call to 911. Firefighters comprise the front line of our care team. The firefighter's role is significant in the treatment process and their contributions are so often in the shadows.

The B.C. Professional Fire Fighter's Burn and Plastic Surgery Unit at VGH serves patients aged sixteen and older from all areas of British Columbia and the Yukon. B.C. Professional Firefighters are also front line in providing support for the Burn camp for young burn survivors, custom made compression garments for burn survivors, the Burn & wound healing research laboratory and so much more.

For further information about BC Professional Fire Fighters and its many projects please contact them at 604-436-5617 or check the website at <http://www.burnfund.org/>

Thank you!



*The British Columbia Professional
Fire Fighters Association*

For more copies, go online at <http://vch.eduhealth.ca> or email phe@vch.ca and quote Catalogue No. **FO.900.B931**

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The information in this document is intended solely for the person to whom it was given by the health care team.

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