



## Admission Guide

B.C. Professional Fire Fighters'  
Burn, Plastic & Trauma Unit (BPTU)

**1st in a series of 3 booklets**

*“Together We Achieve More”*

Vancouver General Hospital  
Gordon and Leslie Diamond Centre

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## Phone numbers

Department	Name	Phone Number
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

## For Your Information

Your Plastic Surgeon: \_\_\_\_\_

Your Trauma Surgeon: \_\_\_\_\_

Unit Manager: \_\_\_\_\_

Day to day medical care is covered by a rotating group of resident physicians.

## Introduction

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The Vancouver General Hospital BC Professional Fire Fighters' (BCPFF) Burn, Plastic and Trauma Unit (BPTU) is a 20 bed unit located on the 2nd floor of the Jim Pattison Pavilion. Adults with multi trauma related injuries, some injuries requiring plastic surgery repair and burn patients aged 18 and older from all areas of British Columbia and the Yukon Territory are referred to this unit. Younger children with burns are sent to nearby B.C. Children's Hospital.

The staff is a trained team of doctors, registered nurses, occupational therapists, physiotherapists, patient care aids, dietitians, social workers, psychiatrists, multifaith care workers and discharge planners. Other hospital services are available on a consultative basis.

This booklet will help you to understand the policies of the Burn, Plastic and Trauma Unit. For more information about admission in Vancouver General Hospital, there is a booklet "Vancouver General Hospital: Patient & Family Handbook" please ask for a copy.

## Communication

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This may be a stressful time for you and your family. Write down any concerns and important information you wish to share.

We encourage you to ask questions. Do not be afraid to ask for assistance. Please select a family spokesperson to gather and relay information to other family members and friends. This is an important role and will help to eliminate conflicting information. The spokesperson should keep us informed as to how to contact them, i.e. work phone number, cell phone number and out of town contact. You may call us at 604-875-4030 if you are unable to come in to ask your questions.

## Social Work

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It is common for patients and their families to see the Burn, Plastic & Trauma Unit Social Worker:

**Phone:** 604-875-4096

**Office:** Jim Pattison Pavilion, 2nd Floor  
(Please ask for directions when you come the first time)

**Availability:** Monday to Friday

If these times are not convenient for you, please make arrangements to speak with the Social Worker through your nurse or phone directly to the above number.

The Social Worker provides support to patients and families to assist in dealing with concerns arising from hospitalization. The social worker also provides support to the care management leader to develop a discharge plan. The Social Worker liaises with community resources which may help with financial/legal matters, accommodations, transportation and various types of insurance such as EI, Worksafe BC, and ICBC, etc.

The Social Worker is here to make things work better for you!

## Care Management Leader (CML)

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It is common for patients and their families to be seen and followed by the Burn, Plastic & Trauma Unit Care Management Leader soon after their admission to hospital.

The Care Management Leader (CML) will help you in your hospital stay by being the overall leader in the management of your care. The CML monitors your progress while you are in hospital and works on developing discharge and transfer plans from the time you are admitted until you leave the hospital. The CML speaks daily with the care team to ensure that you are receiving the right care in the right place at the right time. In addition, the CML liaises with various hospital and community resources to ensure that your discharge from the hospital is organized and safe.

Care Management Leaders ensure that the care you receive is efficient and of high quality

**Phone:** 604-875-4111 ext: 69094

**Office:** Jim Pattison Pavilion,  
2nd Floor Pod A (Please ask for directions when you come the first time)

**Availability:** Monday to Friday

## Psychiatrist

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The Unit psychiatrist sees patients on a referral basis. They are here to evaluate the patient's response to pain, hospitalization, difficult treatments, altered appearance, changed social functioning, depression, and traumatic stress disorders.

If you haven't seen the psychiatrist and would like to, ask a staff member to help you with this.

## Spiritual Care & Multifaith Services

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If you need spiritual support, Chaplains and spiritual helpers representing all religions can offer spiritual support and counseling 24 hours per day. Our staff can help to arrange for a visit from a member of the multifaith services. “A Sacred Space” is a non-denominational place for worship, prayer or meditation; this is located on the first floor of Centennial Pavilion. Ask a staff member for directions on how to get there

## Isolation Precautions

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A possible complication for all patients is infection. All visitors will be asked to wash their hands as they enter and/or leave the unit. You will also be expected to wash your hands every time you enter and/or exit the patient’s room. Please be aware of the signage posted to the door of the patient’s room as this will give you important infection control information. You may be asked to wear a gown, gloves and/or a mask to visit your loved one. If you are unsure or have questions please ask one of the nurses for assistance.

At each visit, please stop and check-in at the main desk. This enables us to give you pertinent information and explain the necessary precautions.

Patients are often moved to different beds/rooms as their needs change. Private rooms are not available on the unit.

Initially some patients may be in a single room to facilitate careful observation by the nurse, because they require isolation due to infection or they require a warmer room for a particular surgical procedure. As the patient’s condition improves they may be moved into a two-bed room. This allows us to provide the most appropriate medical management and benefits the patient and their family to meet the needs of supportive socialization.

## Visiting

Visiting hours are flexible. Visitors are limited to two at the bedside at any time. We suggest that visits be short and frequent as patients tire very easily.

Most physicians visit the patients early in the morning. If you are present on the unit when physicians and nurses are discussing other patients you may be asked to remain at the bedside or to go to our patient/visitor lounge. We ask you to do this for reasons of patient confidentiality. Staff members will have more information about the plans for care after those “rounds” are completed.

Please keep in mind that most baths and treatments are usually carried out in the morning but on many days treatments extend into the afternoon. There is a large patient/visitor lounge on the unit where visitors may wait. Check with a nurse prior to taking any patient to the lounge as there may be restrictions due to isolation precautions.

**Visitors “Do not visit if you are ill or have been in contact with others who are ill or have a contagious disease”.**

Ask your visitors to follow these visiting guidelines:

- Sitting on the beds (even empty ones) is not allowed. Please stand or use a chair.
  - Do not place any belongings at another patient's bedside. There are hooks outside patient's rooms for coats.
  - Follow isolation precautions posted on the patient's room door.
  - Do not place any items (for example, your purse or bag) directly on the floor.
  - Wash your hands with hand sanitizer or soap and water upon entering and leaving the unit.
  - Wash your hands with hand sanitizer or soap and water every time you enter and exit a patient room.
  - If directed by door signage put on a gown and gloves before you enter a patient's room. Gowns open to the back. If you are unsure please ask the nurse for assistance.
  - Remove the gloves and gown before you leave the patient's room.
  - Do not walk in the hallways wearing a gown unless you are helping a patient, as this puts everyone at risk for infection.
  - If your loved one's condition warrants, arrangements can be made with the charge nurse for 1 family member to spend the night.
  - There are no set visiting hours on BPTU, however, at any given time the nursing staff may ask visitors to leave or temporarily wait in the patient and family lounge so treatments and procedures can be completed.
  - When necessary, special arrangements can be made with the Social Worker or Charge Nurse to prepare younger children who are seeing an injured loved one for the first time. Please direct special requests or concerns to the Charge Nurse.
- The hospital is not responsible for personal valuables left at the bedside. Please do not bring valuable items such as jewellery, money, credit cards as these may be lost or misplaced. Arrangements can be made to lock valuables in a secure area.

## Flowers and Gifts

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Fresh flowers or living plants in dirt or water are not allowed on the unit as they harbor insects and bacteria. We suggest artificial arrangements, fruit baskets, balloon bouquets, posters, cards or pictures to brighten a patient's room.

Items you may wish to bring in:

- Family photographs
- Posters
- IPOD's, DVD's
- Cards, books, and magazines

Each bed has a television (with a pillow speaker and controls), and a phone. DVD's are in the patient lounge, and staff and visitors may put a DVD in for the patient. The DVD controls are at the patient's bedside. Headsets are available for patients who are unable to hold the phone. These services are free of charge and supported by British Columbia Professional Fire Fighters' Burn Fund (BCFFF).

## Nutrition

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All patients have a need for good nutrition. Burn patients and some trauma patients have a much greater need for energy (calories) and protein for healing of tissues. On admission, these patients are placed on a special high calorie, high protein diet. You may bring food from home. We recommend foods high in protein such as milk, cheese, meat, eggs, fish or poultry. Please bring in small portions with the preparation date clearly marked. Snack foods such as potato chips, pop, and candies are discouraged as they are "nutritionally poor" and do not aid in healing.

If a patient is not able to eat or drink enough to meet his/her requirements, feeding through a tube may be necessary for a short time. This will be explained in more detail if it is needed.

Some patients (i.e. those who receive a flap or re-implant surgery) may require a xanthine free diet. This is a diet free of caffeine containing products, i.e. coffee, tea, chocolate, caffeine-containing pop, etc. Please ask the nurse about any food that is brought in if the patient is on this diet.

Food products containing caffeine causes the small blood vessels to tighten. This may affect the survival of a flap or a re-implanted area.

**If you have questions about your diet, ask to speak with the Dietitian.**

## Transferring to another unit

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Trauma patients stay on the BPTU for a relatively short time. Most trauma patients will be transferred to another unit within VGH as their condition improves. Information will be provided about the transfers when they occur.

Burn patients tend to stay on the BPTU for longer periods of time. This is because the BPTU is the only unit able to provide the specialized care that is needed by these patients. Most burn patients will be discharged home from the BPTU. Burn patients that are not from Vancouver may be transferred back to hospital closer to home once they no longer require the specialized burn care on BPTU. This allows them to be closer to family and friends as they recover.

Follow up appointments may be arranged for the patient on discharge.

## Information for Visitors

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### Mailing Address

B.C. Professional Fire Fighter's  
Burn, Plastic & Trauma Unit  
Vancouver General Hospital  
Jim Pattison Pavilion, 2nd Floor  
899 West 12th Avenue  
Vancouver, B.C. V5Z 1M9

### Visitor's Bathroom While Visiting

There are two visitor bathrooms. One is located just outside the Patient/Visitor Lounge and the other is in the hallway between Pod A & B

## Terminology

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### Burns

#### **Epidermal (Superficial) Burn Injury**

This burn is similar to sunburn. It involves only the outermost layer of the skin and it will usually heal in 5 to 7 days.

#### **Dermal (Partial Thickness) Burn Injury**

This is a deeper burn involving more layers of the skin. The burn is red, painful and may be blistered. Depending on the depth of injury, healing usually occurs in 14 to 21 days. Sometimes this type of burn may require a skin graft.

#### **Full Thickness Burn Injury**

This burn completely destroys all layers of the skin and will require a skin graft or closure using stitches or staples.

For some patients it is difficult to determine the depth of the burn and the expected healing time upon admission. The physician or nurse will keep you informed of wound progression and the plan for care.

### Smoke Inhalation

Burning materials from fires will irritate the throat when breathed in. The patient may be hoarse, coughing grey or black sputum and may require oxygen. If breathing becomes difficult for the patient, he/she may be transferred to the Intensive Care Unit. The patient will be temporarily placed on a ventilator to assist with their breathing. Once breathing support by the ventilator is no longer needed, the patient will be transferred back to the Burn, Plastic & Trauma Unit.

### Swelling

Newly burned areas are often swollen for 3 to 4 days. This is especially noticeable with burns to the face and hands. This condition is expected and is temporary. Elevation of the head and affected body part helps to decrease the swelling.



## **Temperature**

A burn patient's temperature is closely monitored, and for most burn patients, it is normal for it to be elevated. Please do not adjust the thermostats in the patient's rooms, remove bed clothing, or give the patient extra blankets without first consulting a nurse. During the course of the patient's treatment, bed clothing may be limited. When this is necessary, we will do our best to maintain the patient's modesty and dignity.

## **Pain**

Each patient will experience pain differently. There are numerous pain relieving techniques that we can use to assist you with controlling your pain, i.e. oral pills, intravenous medications, special pumps to administer medication, use of special gases, relaxation techniques, massage therapy, music therapy etc. Your cooperation in providing an accurate pain intensity level will help the nurses in evaluating your pain and in suggesting appropriate pain relief measures.

## **Itching**

Itching is a normal sign of wound healing. Please notify the nurse if itching occurs and appropriate relief measures will be started.

## **Skin Grafting**

Wounds that are slow to heal or are deeper in depth will require surgery. The dead tissue is removed and a thin layer of skin from a healthy area (the donor site) is taken (harvested) and applied to the non healing area. The physician and nurse will explain the procedure to you and answer any questions and concerns that you may have.

## **Splints**

Splints are personally molded supports for a specific body part. Splints may be worn during and after hospitalization to prevent joint and soft tissue contractures. You will receive information about their application and use. Do not remove splints without consulting with the nurse or Occupational Therapist.

## **Surgical Flap**

This involves a piece of tissue which can be transferred from one area of the body to another, often retaining an attachment and direct blood supply from the donating tissues. The flap usually consists of skin and underlying fat, and may include muscle, bone or other tissues. The flap may be done to cover a defect caused by trauma or a disease process such as a cancer. The donor site (from where the flap is taken) is either closed by stitches or staples or grafted with skin.

Depending on the type of flap procedure, the patient may be required to stay in a single room for the initial week post surgery. This allows for us to maintain a warm room (recommended for capillary dilation and improved circulation to the operative site). Also close monitoring of the patient may be necessary for the first 48 to 72 hours post surgery.

The patient is usually required to stay on bed rest or limited mobilization during this time period. More details about this will be provided by the physician and the nurse.

## Resources

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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)
- *Discharge Handbook for Burn, Plastic and Trauma Unit* (FO.900.B931)
- *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...

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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*

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For more copies, go online at <http://vch.eduhealth.ca> or email [phe@vch.ca](mailto:phe@vch.ca) and quote Catalogue No. **FO.900.B93**  
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