



Addressing health inequalities in a Specialist Burns Unit

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Description

The purpose of this case study is to demonstrate collaborative working within a multi-discipline role in a specialist acute area. This case study will highlight the role of a Senior Therapy Assistant, who works with a diverse patient population in the multi-cultural city of Birmingham at the Regional Burns Centre.

Aims and Objectives

- To raise awareness of a multi-disciplinary role within a specialist area and how this impacts on the patient's in-patient journey during the acute stage of their rehab.

Context

The purpose of this case study was to focus on the experience of a patient who sustained a significant burn injury. This individual faced a number of challenges related to his ethnic background such as communication and lack of comprehension, limited support network and socioeconomic status. This patient required an MDT approach to treatment in resuscitation and rehabilitation following the burn injury, to ultimately save and enhance their quality of life. *Approximately 250,000 people experience burn injuries in the UK each year, varying from small burns requiring minimal treatment to major burns which require intensive and prolonged hospital care*.

A 31-year-old man was admitted into hospital following a gas explosion. The individual sustained 90% TBSA mixed thickness burn (deep dermal to full thickness) with some areas of superficial skin damage. The patient was transferred to ITU following the injury and was intubated and required vasopressor support. The patient was not for surgical intervention and required conservative management.

As part of a multidisciplinary team, four Allied Health Professionals (AHP) were involved with the rehabilitation process: Physiotherapists, Occupational Therapists, Dietitian and Speech and Language Therapists. A Senior Therapy Assistant (STA) who works across all four disciplines worked closely with this individual for continuity. *The Burn Therapist plays a vital role throughout the recovery from burn injury and the emphasis will change throughout the rehabilitation process*.

The initial assessment was led by a Registered AHP, prior to delegation to the STA who continued to deliver the detailed treatment plan. The STA's involvement began in ITU and continued when the patient was transferred to the high dependency unit (HDU). Initial treatment included obtaining a detailed social history and lifestyle questionnaire from the patients NOK; which was vital for goal setting and treatment planning.

Treatments completed by the STA included reviewing splints, daily orientation for delirium management post ITU, and progression of mobility and strengthening, support with swallow rehabilitation and communication post tracheostomy decannulation. Regular range of movement and positioning charts for oedema management. Passive and active range of movement, skin hydration and scar management which included massage and education.

Proper and early positioning is integral to the successful rehabilitation of a patient with a burn. The position of comfort after burn injury is typically the position that promotes deformity and therefore should be avoided. Therapeutic positioning is designed to reduce oedema by elevation of extremities and to preserve function by proper body alignment and the use of anti-contracture positions.

Outcome measures such as Kapandji, Goniometry and Manchester Mobility Scale were used.



Specific Considerations for Range of Movement, Cardiovascular Fitness and Strength

ADULTS	CHILDREN
Considerations / Risk Factors Joint Involvement Facial Involvement Age Long Term Disabilities / Limitations Past medical history History of burn mechanism Grafting Surgical Management Exposed Structures Critical Illness Polyneuropathy Pain and Anxiety	Considerations / Risk Factors Joint Involvement Facial Involvement Age – Developmental Level Long Term Disabilities / Limitations Past medical history History of burn mechanism Grafting Surgical Management Exposed Structures Critical Illness Polyneuropathy <u>Pain and anxiety</u>
Pre-Injury considerations Mobility (aids)	Pre-Injury considerations Developmental Level Mobility (not yet mobile, crawling, walking)
Management Positioning Splinting Mobility Active Exercise Passive Exercise Strengthening Optimisation of Cardiovascular Fitness Education to patients and their family. Exercise program Resistive exercise Functional exercise Proprioceptive neuromuscular facilitation	Management Positioning Splinting Mobility Play Active Exercise Passive Exercise Education to patients and their family. Exercise program Resistive exercise Functional Exercise
Outcome Measures ROM (goniometry) Dynamometry Oxford muscle scale Borg Dyspnoea scale Endurance tests	Outcome Measures ROM (goniometry) Dynamometry

Method

Due to the language barrier experienced by the service user, it was important for the STA and Therapy team to develop a strong rapport with the patient to gain an understanding of their needs. The patient felt comfortable with the therapist and was able to express concerns, such as experiencing flash backs, which is very common for individuals who have experienced a traumatic event. *Burn survivors who have a history of traumatic events and past PTSD are also at risk for developing PTSD from the current burn injury. In fact, a current burn injury can trigger nightmares and flashbacks from a past traumatic event*.

Psychosocial support was offered to the patient, the STA completed well-being sessions with the service user which included leaving the ward as part of social reintegration and addressing body image (instead of due to their length of stay). The patient enjoyed some time away from the Burns unit which included visiting Costa coffee and going outside in the snow, which he had not seen in a long time. During this time, the patient had shared his in-patient experience with the STA and stated “I would like to work in health care one day to help other Burns Survivors”.

Outcomes

This individual was an inpatient for three months following a major burn injury. The case study demonstrates the impact that Burn Therapists have with patients in the acute setting. Working as a Senior Therapy Assistant within a multi-disciplinary role, it is evident that the patient was able to gain access to regular rehabilitation to address their needs holistically by considering physical and psychosocial needs. Following their hospital discharge, the patient was transferred to an enhanced assessment bed whilst waiting to be rehoused and will be reviewed by the therapy team as an outpatient for ongoing scar management.

Key learning points

Reviewing the patient frequently to measure and record their outcomes played a significant part to this service user's rehabilitation. It is essential that documentation detailing techniques and outcomes are recorded within 24 hours to ensure accuracy to appropriate continuation of the treatment plan.

Having a STA based on the Burns Unit enables non-registered therapists to work collaboratively across all four disciplines in order to deliver a person – centred approach to patient care. The STA was able to develop their skills and knowledge, particularly on hand therapy following a burns injury.

References

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