THROUGH THE EYES OF AN OCCUPATIONAL THERAPIST:

THE PATHWAY TO RECOVERY FROM A BURN INJURY

Presented by:

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[Image of the hospital]

[Map of South Africa with text notes about African culture]

Country of Africa!

- Feel like there might be pyramids up around here?
- You can safari anywhere right?
- Drums?
- Patterns and masks must be around...
- Bet there are some big animals somewhere...
- I think Nelson Mandela hung out over here...
- Hot and big I think?
Prevalence of burns injuries

1227 Trauma unit presentation
21 ICU admissions

760 Burns unit admissions
1440 OT scar management, reintegration
Distribution of burn by cause

Type of burn:

Hot water burns:
76 % Mechanism of injury differs

Flame, electrical, and chemical burns:
Smaller but more devastating
The pathway to burn recovery

Preventative
- Psychosocial support
- Caregiver group

Acute
- Education
- Health promotion
- Theatre / Ward

REHAB
- Prevention of contractions (splitting)
- Scar management
- Itch Management
- Sun protection
- Return to school
- Psychosocial support and functional rehab

Community Reintegration

Reconstructive

Occupational Therapy Intervention

Theatre

Ward

Scar management

Reconstructive
The aim is to facilitate Occupational Performance! Some examples:

- **Establish/Restore** (e.g. ROM to enable performance in self care tasks)
- **Schooling, community, home environment**
- **Assistive devices, positioning**
- **Prevent** (e.g. Splinting to prevent contractures)
- **Create** (e.g. Pair child with a partner to complete a task)

**Intervention Strategies**

(Dunn, McClain, Brown & Youngstrom, 2003)
How do we approach the patients?

Knowing yourself .. Limitation

• **BE MINDFUL** of differences – own bias, be sensitive

• **Environment** they all ready at disposition: acute medical dx we need to focus on..

   But we try and equip with skills to prevent similar occurrence – eg: inside outside water, bath/shower vs bucket, electricity or paraffin

   - Addressing environmental needs: position, making more safe preventing,

• **Cultural beliefs** – respecting beliefs, stigma

• **Social Hierarchy** that exist

• **Wellbeing of carer**: altered role, loss income, fear she has, 

• **Accessibility, Resource allocation**: Red Cross vs community, Social systems they can tap into

• **Empowering**: Parents, Staff, Patients, Colleagues - experts in own right – variety diagnosis – request specific intervention. The power in empowering was makes this most rewarding of all.
Thank you
References


- www.childsafe.org.za