



Helpness of family member to Burn Injury Patients

家屬應如何協助燒燙傷病人(英文)

The burns always happen in the accident. After the accident, patients have to face the psychological problem they never encounter. To face the sudden emotional event, the stress can be adjusted by patients themselves. Besides, medical personnel, the social workers, and family membership could afford suitable psychosocial attendance and assistance. A long period of time is usually needed to get across the suffered situation. We explain the condition mentioned above according to three stages, the initial period of admission, the therapeutic period, and the period of rehabilitation.

The initial period of admission

1. Patient's psychologic response

- In order to avoid the bacterial infection, patients with burn injury have to stay in the intensive care unit of burn injury. It makes them feel lonely, fearful and anxiety due to the strange environment and the isolation of the ward.
- Because patients have to live in the isolation ward, their family is unable to give the emotional support any time. Patients must face the treatment by themselves. For losing a sense of security, they often claim for discharge or prolong the meeting time.
- Nightmare

The burns always happen in the accident and will cause the patients to be unable to adjust.

- Denial and anger

Patient will often ask: Why me? Why am I such bad luck? Deny the fact of injury.

2. How should the family member help ?

- (1) When family membership visits the patient, they need to spend more time to talk with the patient and to comfort. Never to blame the patient. Speaking words must be tender, and show loving care to the patient. Let them have the feeling with concern.
- The family could inform the medical care personnel whether the patient had any habit at home in order to conduct the sequential care smoothly and to push the patient to adapt the life in ICU.
- To know the patient's emotional response, and face it correctly.

The family often request discharge for the patient' s inadequate adoption to the ward. In the initial period, patient' s crying and sorrow are the normal emotional response to patients with burn injury. After being familiar with the environment and with the assistance from the family and the medical care personnel' s, these negative emotional responses will subside.

- The treatment of the nightmare

The nightmare will reduce day after day. Family can share the stress from the nightmare.

Treatment stage

1. Patients' psychological response:

- Pain associated negative thoughts:

Burned patients suffered from pain while receiving wound care, operation or therapy. Thus, the patients may dislike wound care and medical stuff, even reject cooperation.

- Fears to treatment:

Burned patients need treatments such as debridement, skin grafting and water hydrotherapy. They would be afraid of the unknown and un-experienced treatments.

- Self-blame:

Once a family member receives medical treatments, there come the heavy pressure, life-style disorder and role adjustment. Patients would be self blamed for the above reasons.

2. How to help the patients while being the family members:

- Affording continuously psychological supports and keeping the patients away from feeling lonely.
- Sharing the responsibilities mutually.
- Cooperating with medical staff and social workers in helping the patients. Because the medical staff spend more time than family contacting with patients in their hospital course, they are clearest about patients' condition. Therefore, the family could discuss with medical staff about how to help in patients' bio-mental reconstruction.

Rehabilitation Stage

1. Patients' psychological response:

- Dependence:

In the injury period, the wounds cause restrictions in patient's activities. Thus, they are dependent on medical staff's help in activities such as taking meals, taking a bath, or wearing clothes.

- Self appearance change:

Wounds are nearly recovered in the rehabilitation stage, and the patients can see their appearance change clearly. Depression will attack again in this stage, especially in the those who have highly expectations of prognosis. Their depressions are more severe in regard of higher expectations.

2. How to help the patients while being the family members:

- Don't replace him to do, but help him to do.
- Rehabilitation needs to be performed over a long period of time, the more comfortable the posture is the shrinkage posture, the need to maintain functional position posture, maintain limb function, prevent body deformation atrophy.
- Embrace and encourage them to rebuild confidence.
- Family and medical personnel work on discharge preparation and care together.