

Western Cape Government

Health

BETTER TOGETHER.

THROUGH THE EYES OF AN OCCUPATIONAL THERAPIST:

THE PATHWAY TO RECOVERY FROM A BURN INJURY

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Date: 24/05/2018



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Prevalence of burns injuries

1227 Trauma unit presentation 21 ICU 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





(Dunn, McClain, Brown & Youngstrom, 2003)

The aim is to facilitate Occupational Performance! Some examples:

Fine motor, Cognition (orientation), ROM, development	Schooling, community, home environment	Assistive devices, positioning	Scar management, massage, splinting, pressure	Parent group, play opportunities, multi-sensory room
Establish/Restore (e.g. ROM to enable performance in self care tasks)	Alter (e.g. moving to a school with smaller classes & more support)	Adapt / Modify (Assistive devices, built-up grip for spoon)	garments Prevent (e.g. Splinting to prevent contractures)	Create (e.g. Pair child with a partner to complete a task)





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,

•Accessibity, 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







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