

the staff and parents.

Management and Rehabilitative Phases

After the patient's condition is stabilized, the management phase begins. The multidisciplinary team concentrates on preventing burn wound infections, closing the burn as quickly as possible, and managing the numerous complications. Although the rehabilitative phase begins when permanent burn wound closure has been achieved, rehabilitation issues are identified on admission and are included in the care plan throughout the hospital course.

Nursing Alert

In a pediatric burn patient, a decreased level of consciousness, increased restlessness, and lethargy are some of the first signs of overwhelming sepsis and may indicate inadequate hydration. Assessment of capillary refill and pulses are another important indicator of the adequacy of hydration. With inadequate hydration, a spiking fever and diminished bowel sounds accompanied by paralytic ileus are noted and progressively increase over 48 to 72 hours, after which the temperature falls to subnormal limits. At this time, the wound deteriorates, the white blood cell count is depressed, and septic shock becomes manifest.

Comfort Management

The severe pain of the burn and resultant therapies, the anxiety generated by these experiences, sleep deprivation, itching related to burn wound healing, and the conscious and unconscious interpretations of traumatic events contribute to the psychological behaviors commonly observed in children with burns. It is always difficult to deal with a child in pain, and inflicting pain on a helpless child is contrary to the empathic nature of nursing. Interventions to promote comfort may include medications (as previously mentioned), relaxation techniques, distraction therapy, behavioral techniques, operant conditioning (e.g., tokens, star chart), and family participation.

Children need age-appropriate explanations before all procedures. When children appear to accept pain with little or no response, psychological consultation may be needed. Consistency