

The nursing activities in the rehabilitative phase of treatment focus on the child's and family's adaptation to the burn and their ability to reintegrate into the community. The psychological pain and sequelae of severe burn injury are as intense as the physical trauma. The impact of severe burns taxes the coping mechanisms at all ages. Very young children, who suffer acutely from separation anxiety, and adolescents, who are developing an identity, are probably the most affected psychologically. Toddlers cannot understand why the parents they love and who have protected them can leave them in such a frightening and unfamiliar place. Adolescents, in the process of achieving independence from the family, find themselves in a dependent role with a damaged body. Being different from others at a time when conformity with peers is so important is difficult to accept.

Anticipation of the return to school can be overwhelming and frightening. It is essential that health care professionals recognize the importance of preparing teachers and classmates for the child's return. Teachers need to be provided with information to assist the child and family and to promote the child's optimal adjustment. Hospital-sponsored school reentry programs use a variety of methods to provide education and information about the implications of the injury, the garments and appliances, and the need for support and acceptance. Telephone calls, videotapes, information packets, and visits by members of the health care team offer opportunities to help with reintegration into the school environment—a focal point of the child's life.

Psychosocial Support of the Child

Children should begin early to do as much for themselves as possible and to be active participants in their care. Loss of control and perceived helplessness may result in acting-out behaviors. During illness, children can regress to a previous developmental level that allows them to deal with stress. As children begin to participate in their care, they gain confidence and self-esteem. Fears and anxieties diminish with accomplishment and self-confidence. If the child demonstrates non-adherence in the rehabilitative phase, a behavior modification program can be initiated to promote or reward the child's accomplishment in care.

Children need to know that their injury and the treatments are