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Clinical Practice Guidelines Child Life Therapy Burn Patient Management NSW Statewide Burn Injury Service

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Background

The Child Life Therapist's role in the multidisciplinary burn team in the paediatric Burn Unit is integral. The Child Life therapist aims to help children cope with their hospital experience, by using medical play, procedural support and appropriate play experiences that accommodate the child's abilities and interests

TABLE OF CONTENTS

BACKGROUND

1. INTRODUCTION
2. DRESSING AND TREATMENT
3. ENVIRONMENT
4. DEVELOPMENT
5. PSYCHOSOCIAL NEEDS
6. EDUCATION
7. TEAMWORK
8. PROFESSIONAL DEVELOPMENT
9. OCCUPATIONAL HEALTH AND SAFETY
10. INFECTION CONTROL
11. REFERENCES

1. Introduction

The Child Life Therapist is a member of the paediatric burns team. Recovery for a burns patient depends on a cohesive integrated team approach.

The multiplicity of needs for a burns patient places demands on all disciplines in the hospital; from the initial wound, to its infection control and closure, diagnosis of the extent of damage, the impairment it may cause and the rehabilitation it may require, the preservation of mental and emotional health and self-esteem. All these factors are crucial to a patient facing the prospect of long-term hospitalisation and ongoing treatment.

The role of the Child Life Therapist encompasses several aspects of the paediatric burns treatment. Initially, the Child Life Therapist establishes a supportive relationship with the patient and their family in the ward setting. At this time the Child Life Therapist can discover the patient's interests and also their non-medical needs, helping the patient and family cope with their hospital experience.

Children/young people with burns, particularly large percentage burns, need to be able to have fun and feel motivated to participate in all areas of required therapy. The Child Life Therapist provides creative and expressive play activities, which are not only developmentally appropriate, but which are chosen for their successful outcome given the medical circumstances.

During painful and on-going treatments, the Child Life Therapist provides procedural support. This is conducted in a team environment with the Child Life Therapist offering support to the patient, through speech and tactile contact and/or using imaginative and to provide distraction for children/young people. Also providing information to empower them may help to relieve their anxiety and increase their autonomy and ability to remain calm whilst undergoing these therapies. Child Life Therapy, at its best can provide sufficient support so that medication is limited to pain relief rather than sedation of the patient. This aids the patient's recovery from the procedure and therefore, their continuation of the other required therapies.

The Child Life Therapist is also involved in maintaining the patient's confidence, optimism and motivation, despite long-term treatment prospects. This can be achieved by managing a positive rapport, providing them with activities, and acknowledging their interests.

2. Dressings and treatment

2.1 The Child Life Therapist provides procedural support during dressing changes and other treatment

2.1.1 Appropriate procedural support using a variety of techniques, these may include:

- distraction
- deep breathing
- relaxation
- guided imagery
- comfort positioning
- reassurance
- empowering the child with knowledge of the procedure

- positive reinforcement
- choices
- a drink
- an ice-block

2.1.2 The Child Life Therapist considers the non-medical needs of the child.

Many emotions and feelings can be exhibited during dressings and treatments i.e. anxiety, confusion, fear, frustration. These are managed with different techniques according to the patient's individual needs. This can include:

- empowering the child with knowledge of the procedure
- positive reinforcement
- providing choices at a time when there is little choice
- minimising vulnerability and embarrassment by providing a towel to be placed on the unburned parts of the body
- offering support to help the patient cope with procedures

3. Environment

3.1 The Child Life Therapist assists in providing a safe, stimulating environment

A supportive environment is achieved in many ways, including:

- comfort positioning
- decorated walls i.e. individualising the patient's bedspace/room
- use of toys
- validating a child's feelings
- music
- bubbles
- appropriate transition from waiting area to bath or from bed to bath

4. Development

4.1 The Child Life Therapist provides opportunities for the child's normal development to continue

The Child Life Therapist provides developmentally appropriate individual and group interactions in an appropriate setting. These may include:

- preschool groups
- ward based groups
- individual sessions

4.2 The Child Life Therapist maintains a child's right to play

The child's right to play is maintained by:

- providing a range of developmentally appropriate activities and toys
- educating others about the importance of play and its effect on a child's development

5. Psychosocial needs

5.1 The Child Life Therapist will consistently evaluate the impact of psychosocial events on patient and their family

- To consult with team members responsible for undertaking psychosocial assessments and to be aware of psychological/emotional issues that impact on the patient and family needs.
- To work with other team members on the child's self-concept and changes in body image following a burn injury.
- To support patient and family members adjustments to changes in appearance.
- Positive reinforcement.

5.2 The Child Life Therapist will assist other team members in facilitating the child's acceptance of changes to their physical and social function

- Provide adapted developmentally appropriate activities that are achievable to encourage self-esteem.
- Initially provide extrinsic motivation until patient gains intrinsic motivation through successes i.e. sticker charts, rewards.
- Positive reinforcement.
- Facilitates the process of adjustment to impairment and disfigurement.
- To encourage attendance to burns camps.
- Decorate splints and aids to give a sense of ownership and encourage compliance.

6. Education

6.1 The Child Life Therapist should help provide procedural education to the patient

Education, in collaboration with medical staff, may occur using a variety of techniques depending on the child's age/developmental stage including:

- medical play using a doll and toy medical kit
- medical preparation/play using actual dressings
- verbal explanation

7. Teamwork

7.1 The Child Life Therapist works as part of a cohesive team offering the best practice in burns care premorbid health status and age

To work effectively and efficiently in a team environment, liaising with other professionals including:

- Anaesthetists
- Pain Management Specialists
- Child Life Therapists/ Hospital Play Specialists /Play Therapists
- Dieticians / Nutritionists
- Domestic Staff
- Indigenous Health Workers / Cultural Support Workers
- Intensivists

- Interpreters
- Medical Specialists
- Music Therapists
- Nursing Practitioners
- Occupational Therapists
- Orthotists / Prosthetists
- Pastoral Care / Clergy
- Pharmacists
- Physiotherapists
- Psychiatrists, Psychologists and other Mental Health Workers
- Rehabilitation Specialists
- Social Workers
- Speech Pathologists

8. Professional Development

8.1 To continue to update her/his knowledge regarding Child Life Therapy and the latest trends. To continue to update her/his knowledge on caseload specific information

Continuing professional development may include the following:

- regular review of relevant burns journals
- participation in appropriate in-services and workshops
- participation in on-line discussion groups available through Child Life Therapy associations
- attendance at burns conferences e.g. ANZBA
- attendance at Child Life Therapy conferences – National and International

9. Occupational Health & Safety

9.1 The Child Life Therapist must be aware of the occupational health and safety guidelines relevant to the patient setting

- infection control policies
- use of non-toxic paint, bubbles etc.
- lifting / transferring patients and objects
- appropriate toys for babies / toddlers
- adapted toys / appropriate activities for different wounds

10. Infection Control

10.1 The Child Life Therapist must have knowledge of, and must implement correct infection control procedures relevant to the patient setting

- knowledge of universal precautions
- knowledge of elements responsible for transmission of infection
- clean toys as per toy washing policy
- exclude infectious patients from group settings where appropriate

- correct hand-washing procedures
- use of protective equipment i.e. gowns, gloves, goggles

11. References

“Distraction therapy is an interventional tool that is used to refocus attention from pain to pleasant sensory stimulus. The use of distraction combines auditory and visual overload, which potentially shields the patient from full awareness of pain and increases pain tolerance” **(Miller, Hickman, Lemasters) (J Burn Care & Rehab, Vol 13 No5 Sept/Oct 1992)**

“Much of what children are asked to do in the hospital requires them to be passive. They must hold still for examinations, procedures, and injections....Frustrations generated by this condition can be alleviated through the child’s play activities, as the passive recipient turns active” **(Child Life in Hospitals –Theory and Practice. Thompson & Stanford, 1981)**

“The major portion of children’s waking lives is spent at play. It is a mechanism through which they learn, socialise, test their growing bodies, and, most importantly for hospitalised children, it is the way they cope with the unfamiliar and express their concerns” **(Child Life in Hospitals – Theory and Practice. Thompson & Standford, 1981).**

Restoration of Play in a Severely Burned Three-Year-Old Child **(Mahaney) (J Burn Care & Rehab, Vol 11 No1 Jan/Feb 1990).**