

## Preparing Children to Visit in the Burn Unit

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When a family member is injured parents often ask whether it is appropriate for children to visit the patient in the burn unit. Many hospital burn centers have a child life specialist or social worker who assists families in making this decision. They also will help prepare the child if the family decides to have them visit in the ICU. However, there are times when families find themselves making this decision on their own. The suggestions below are meant to offer guidance for families or other hospital staff to insure that if children visit on the burn unit the experience is a positive one for both the child and the burn patient.

### SHOULD CHILDREN VISIT?

If children are asking to visit in the hospital, it's usually a sign that they are ready. Kristen Quinn, CCLS, MED, child life crisis intervention specialist at



*Amy Clark shows Andrew Drake a picture book to help him understand.*

the Intermountain Burn Center explains, "When a family member is injured, children, just like adults, want to do something to help. Kids know if they are capable of visiting, if they want to, if they have a need to." When children start to ask about visiting, that's a sign they may be ready. If you ask a child about visiting and she says "no," let her know she can if she wants to. "Sometimes kids don't want to when you talk to them initially but then change their minds in a day or two."

Children often know more about the injury than adults think they do. "A lot of parents don't tell kids anything because they don't want them to worry," Quinn explains. "But what we find is that kids hear a lot, they hear people talking over the phone, they hear people talking (in person). And then their imaginations are really out there. We encourage parents to say, 'you know your brother or your dad is in the hospital. Tell me what you know.' It's amazing what kids know that we don't think they know." Quinn continues, "Kids feed off of the adults' energy. If the adults around them are anxious about having them visit, they pick up on that and become more anxious."

When talking to children it's important to use age-appropriate language to connect with the child at their level. Quinn often asks children, "Tell me what you think your dad looks like? Where do you think his burns are?" She reports that a number of times she's heard a child say, "I think my dad looks like a burned stay puff marshmallow man." She responds with, "I can tell you've put a lot of thought into this and you're really worried. Let's talk about how he really looks and where his injuries are." Talking to the child and allowing children who are ready to visit in the hospital helps clear up misconceptions.

Ideally the decision to visit should be made by the child, not the adults. Parents shouldn't push children to visit before they are ready. When children begin asking to visit, parents should take that request seriously. Quinn explains, "Children tend to make good decisions when you give them good information." The key is preparing the child before the visit with appropriate information.

## PREPARING THE CHILD TO VISIT

"Preparation is the key," according to Amy Clark, CCLS, child life specialist at Spectrum Health Care in Grand Rapids, Michigan. Adults can help prepare children by anticipating what will scare the child and preparing them for it. "Information helps the child feel they have more control over the situation," Clark explains.

Both child life specialists recommend using the five senses as a guide to preparing children. Help them know what they are going to see, hear, feel, smell and taste in the hospital. Before the child goes in to visit, show them photos of the equipment and the patient. Some hospitals have a photo book for this purpose or brochures showing the equipment commonly used in patients' rooms. If you don't have access to such photos, take a Polaroid or a disposable camera to take pictures of the patient and the machines in their room. Take pictures of the ventilator, monitors, IV pumps, splints, bandages; even the urine bag.

Explain why each machine is in the room. For example, "This is the machine that's helping your dad breathe right now." Explain why dad needs help breathing right now and clear up any misconceptions they may have. Don't be surprised or alarmed at the questions children ask. "Kids always notice the urine bag," Quinn explains. "I think it's because a bag of pee is really concrete. Kids understand that."

Talk about what's different about their loved one and what's still the same. "Did dad have tattoos and they are gone? That would be an important thing to point out. If mom had big beautiful hair and that's gone, they need to know." An adult might have to explain, "Your brother is so swollen right now you might not even recognize him." Talk about these things up front so when children go onto the unit it's not so overwhelming.

If the patient is heavily medicated it's important to explain to children why he may not respond the way he usually does. Say something like, "Dad has so much medicine in his body that he's not able to respond. He's not able to talk to us because he has a tube in his mouth." If the patient is in a coma you can

say, "we're not sure what dad can hear right now, we like to think he can hear what we're saying but we're not sure. So it's important to tell him things you'd like for him to hear and not talk about things you wouldn't like for him to hear." If



*Amy Clark uses a doll to demonstrate bandages.*

you address some of these things in advance the visit will be a lot more pleasant for children. If you don't do this children may panic because dad's not responding, or they go home and have nightmares.

Amy Clark uses dolls and medical play to prepare children. "If the patient has a trach, give them a doll with a trach so they can explore and get used to it. Have the child bandage the doll to see where the patient's bandages are. Let them try on isolation materials they will have to wear such as the mask, gown, or bonnet before the day of the visit." This helps the child understand what they are seeing on the patient.

The burn unit can be a noisy place with all the monitors and beepers. Explain this to the child beforehand. Quinn often says, "The machines in the room may be making a lot of noise but the nurses and doctors know exactly what those noises are for." Explain that the unit is kept very warm for the patients' comfort and safety. Patients with new burns may have a distinct odor. Talk about that up front with children.

Use simple explanations appropriate to the child's age level. "A four-year-old can be overwhelmed pretty easily," Clark explains. "Answer their questions but don't give them a lot more information than they ask for." She recommends having the child repeat back what they have heard and what they expect is going to happen when they go in. This way you know if you've explained things successfully. After you have the preparatory discussions with the child, ask again if they want to go in and visit. A few children will decide they are not ready yet. Some of these children will change their minds later.

## ON THE DAY OF THE VISIT

Arrange the visit so the child doesn't have to wait long in the waiting room. Bring things for children to do in the waiting room. "It's not possible for kids to sit

all day in the waiting room the way adults can,” Kristen Quinn explains. “When kids are stressed they gain energy; when adults are stressed they lose energy. It’s important to find a place where kids can go work some of that energy out. Go to a park, find a place where they can run.”

Talk to the patient’s nurse before the visit. Try to find out if there’s a place on the patient’s body the child can touch. That’s really important to children. The nurse can help you find someplace, whether it’s a finger, a hand, or the top of the head. Figure out a way to get the child to that place.

Explain to children step-by-step the infection control procedures they will need to follow before they go in. Help children with hand washing and putting on gowns, gloves and masks. If possible, give children a moment to look in the window of the room before they go in to prepare them for what they will see.

The first moments of a visit can be awkward. Amy Clark suggests that bringing the patient a present is a good icebreaker. “If the child has something to give the patient it helps ease the tension and get the conversation started. If the patient is sedated and can’t interact with the child, it helps give the child a feeling that they are a part of the person’s recovery.”

## FOLLOW-UP AFTER VISIT

Check with children after the visit. Always do some kind of follow up with them. If children express concerns or fears, let them know this is normal. Quinn often says to the child, “you might have so many worries about how your sister is doing that you might have bad dreams. These are some things you can do about bad dreams—you can talk about them, or write about them, or color about them to get them out of your system.” When asked how children generally respond to the visit Quinn shared, “Most kids do pretty well. That’s relative because I expect some tears. I expect some fear.”

Keep children updated on the patient’s progress. Some children come in for a day, visit, and then leave. Take pictures every few days and send them to show

## THINGS CHILDREN CAN DO TO HELP A PATIENT IN THE HOSPITAL

- Make a card or present for the patient
- Make a poster to hang in their room (check with the hospital beforehand to be sure the poster can be placed in the room)
- Collect pictures from home or draw
- Choose the patient’s favorite music from home (the child can deliver it or send it with another adult who is visiting the hospital)
- Talk to the patient on the telephone

## VISITATION CHECKLIST

- Check with patient to be sure it’s a good day
- Inform patient’s nurse
- Straighten room
- Place a chair near the patient
- Help children with infection control procedures
- Keep visit short
- Bring something the child can give the patient
- Bring something for the child to do in the waiting room
- Follow-up with child

that the patient is improving. That’s important even for adult family members who are away. Facial burns, especially, can change a lot. It’s important for people to see progress.

When the patient comes home from the hospital, give children an age-appropriate job to do. “It makes them feel like they are part of the recovery,” Amy Clark said. “It might be something like helping you organize the bandages and supplies or pushing the wheelchair (for a teenager).”

With proper preparation, it’s possible for children to have a successful visit with a patient in the burn trauma ICU. Kristen Quinn has observed that children often do remarkably well in this situation, sometimes better than their parents.



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