Home Care
Client and family teaching is an important component of all phases of burn care. As treatment progresses, the nurse encourages family members to assume more responsibility in providing care. From admission to discharge, the nurse teaches the client and family to assess all findings, implement therapies, and evaluate progress. The following topics should be addressed in preparing the client and family for home care.

- The long-term goals of rehabilitation care: to prevent soft tissue deformity, protect skin grafts, maintain physiologic function, manage scars, and return the client to an optimal level of independence
- Avoiding exposure to people with colds or infections and following aseptic technique meticulously when caring for the wound
- Demonstrating adequate fluid volume and electrolyte balance, as evidenced by palpable pulses, warm extremities, normal capillary refill, and absence of paresthesia.

PLANNING AND IMPLEMENTATION
- Prepare for prophylactic nasotracheal intubation to maintain airway patency.
- Initiate fluid resuscitation therapy using the Parkland/Baxter formula to calculate intravenous fluid rate for the first 24 hours postburn.
- Assist the physician to perform escharotomies of both upper extremities.

EVALUATION
The nurse anesthetist inserted a nasotracheal tube and connected Mr. Howard to a T-piece delivering 40% oxygen. Vigorous respiratory toileting has significantly improved his ABGs. Bronchodilators have been parenterally administered and mucolytic agents added to his respiratory treatments. His tracheal secretions have begun to show evidence of clearing. Hourly urine outputs indicate adequate fluid resuscitation. Urine output has been maintained at 50 mL/h, and color and concentration have improved. CVP readings have been maintained at 6 cm H₂O, and blood pressure has increased to 100/64. The pulse rate has decreased to 100.

To improve tissue perfusion of both arms, the physician has performed bilateral escharotomies and the wounds are dressed, using sterile procedure. The extremities have demonstrated improved circulation.

Critical Thinking in the Nursing Process
1. Explain the rationale for the immediate insertion of a Foley catheter and nasogastric tube.
2. An escharotomy was performed on both arms. Why was this procedure necessary in Mr. Howard’s case?
3. What is the rationale supporting the intravenous administration of narcotics to control Mr. Howard’s pain?
4. Explain the sequence of events that led to a fluid and electrolyte shift during the first 24 to 48 hours after Mr. Howard sustained his injury.

See Evaluating Your Response in Appendix C.