

POST-TRAUMATIC STRESS IN BURNS VICTIMS

Nurses in a critical-care setting have a responsibility to identify the signs of post-traumatic stress and initiate supportive and preventive strategies to assist the traumatised patients.¹

The burns unit at Morrision Hospital, Swansea, undertook a questionnaire survey of 20 burns units to obtain a 'snapshot' of psychological support offered to burn-injured patients and their families. A 100% postal response was achieved.

Only three of the 20 units had a structured programme of help. This included formal support groups, a parental support group and trained nurse counsellors. A psychiatrist or psychologist visited 11 units, but those without this facility

referred patients to the local psychiatric hospital. Four units provided support groups and one had access to a palliative-care nurse specialist.

All units followed up patients with psychological problems through outreach nurses; patient adviser; support groups; GP; psychiatrist; psychologist; counsellors; out-patient nursing staff and referral to a post-traumatic stress disorder clinic.

In one unit all patients were telephoned within 36 hours of discharge to assess their ability to cope. Five units provided staff training in the recognition of post-traumatic stress. This included counselling courses, in-service training for the recognition of symptoms and liaising with psychiatrists.

Some units had staff with mental-health nursing qualifications and several units stated that 'experience' taught them to recognise the symptoms associated with psychological stress.

The information in the survey provides a valuable outline of practice in UK burns facilities and the training offered to nurses. Although many areas described good practice there appears to be a need for a more structured approach to psychological care of burn-injured patients.

Our unit's contractual agreements for psychiatric services include the attendance of a community psychiatric nurse at a weekly multidisciplinary meeting.

All burn-injured patients and their families have access to a formal support group, with a group member visiting the unit each week. A 24-hour answer-phone facility is also available. In-service education for nurses on recognition of post-traumatic stress is ongoing.

Nurses are in the unique position of providing 24-hour care and should be able to identify the signs of post-traumatic stress, thereby assisting patients and their families to cope with the psychological disruption following a burn injury.

REFERENCE

¹Campbell, A.S. Recognising post-traumatic stress in intensive care patients. *Intensive and Critical Care Nursing* 1995; 11: 60-65.

Ian Govier, BN, DipN, RN, PGCE, RNT, is charge nurse/ward manager, and Clare Lewis, RN, is a staff nurse, regional burns unit, Morrision Hospital, Swansea