



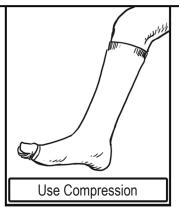
Eating well is a key part of recovery. To help a burn injury heal, eat a healthy, balanced diet. Your burn team may recommend supplements or additional feeding to help you heal and prevent infection.

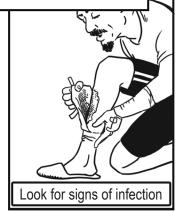


Burns can get infected. To help prevent infection, people with burns, their family members, friends, and caregivers should wash their hands with soap and water frequently. People with burns should also practice careful wound care, use compression to prevent swelling, and look out for signs of infection (e.g., worsening pain, spreading redness, new discharge, more open wounds, feeling unwell).









Dr. Mendez explains that deep and/or large burns may require a skin graft. The burn tissue is removed under anesthesia. A thin layer of skin is removed from a donor site and placed on the wound where the burn once was as a graft. The graft is sometimes put into a meshing machine to allow it to spread wider and cover a larger area.

It's common to feel anxious or upset after a burn. Burn teams include mental health experts (e.g., counselors, psychologists, psychiatrists). Talk to them about your feelings and concerns and learn ways to cope with and adapt to your injury.







THOUGH MOST PATIENTS
DO MUCH OF THEIR
REHAB AT HOME, SOME
MAY NEED TO GO TO
A TREATMENT CENTER
FOR REHAB. REHAB
USES DIFFERENT KINDS
OF THERAPY SUCH AS
ROUTINE STRETCHING,
EXERCISE, POSITIONING
AIDS AND SPLINTS.



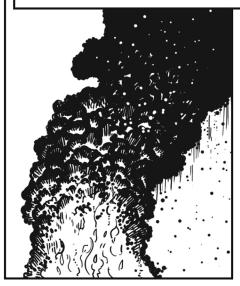
Patients may go to one of the following types of treatment centers for rehabilitation:

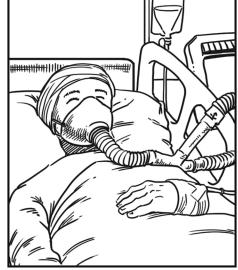
- 1. A burn unit or clinic
- 2. An inpatient rehab hospital
- 3. An outpatient therapy clinic
- 4. A skilled nursing facility





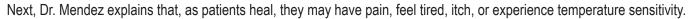
Lung damage from inhalation injuries depends on the type of gas and smoke particles breathed in and on length of exposure. However, most people who have inhalation injury get better over time and regain their pre-injury lung function.







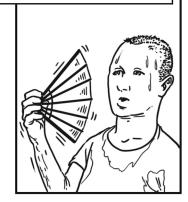














**Source:** The content of this infocomic has been adapted from the factsheet entitled Understanding a Burn Injury, which was developed by Laura C. Simko, BS, Boston-Harvard Burn Model System; Emily A. Ohrtman, BA, Boston-Harvard Burn Model System; Gretchen J. Carrougher, MN, RN, Northwest Regional Burn Model System; and Nicole S. Gibran, MD, FACS, Northwest Regional Burn Model System, in collaboration with the Model Systems Knowledge Translation Center. It was illustrated by Marty Two Bulls Sr.

Our health information content is based on research evidence whenever available and represents the consensus of expert opinion of the Burn Injury Model System directors.

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**Disclaimer:** This information is not meant to replace the advice of a medical professional. You should consult your health care provider about specific medical concerns or treatment. The contents of this infocomic were developed under grants from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant numbers 90DP0082 and 90DPKT0009). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this infocomic do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

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