Background.– Since patients with severe burns are being treated in specialized burn centres, mortality rates have increased substantially. However, the long-term consequences on different life domains remain significant. Belgium has 6 burn care centres comprising 70 beds covering the acute and critical care phase. Post-acute care is less organized and at the request of the Belgian Burn Foundation the Belgian Health Care Knowledge Centre (KCE) performed a research project on this topic.

Methods.– Peer-reviewed articles and grey literature were studied. Databases were analyzed. In-depth-interviews with patients, representatives of their organizations and physicians, and focus groups with allied health professionals were conducted. Proposed solution elements were discussed with a selection of stakeholders.

Results.– Twelve recommendations have been formulated over three main problem areas (knowledge, organizational and payment related problems) such as the development of burn care networks and of multidisciplinary guidelines.

Discussion.– The study showed numerous problems in organizing post-acute care for severely burned patients. It described existing local initiatives to improve recovery and reintegration that need coordination and harmonization at the macro-level to provide accessible equitable support to all patients. However, the formulated recommendations need to be transformed into concrete actions and reforms.

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Hands “plaquettes”: Innovating orthosis to prevent sequels of burns on hands of the little children

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Keywords: Burns; Hands; Children; Orthosis

Treatment of burns on hands of the little child is difficult (small size, rapid onset of retractable adhesions). Dressings are positional: opened hands, isolated fingers. But, without rigid support, the maximum cutaneous extension is not maintained. Orthosis are difficult to manufacture, adapt and tolerate. The “Plaquettes”, used since 5 years, constitute a rigid support, manufactured in series, starting from standardized measurements of hands of children, less than 6-years-old. They are made of thermoformable plastic. They maintain the opening of palm, the extension of fingers and the spacious of commissures. A round notch at the level of commissures makes it possible to tie the bandage to avoid any slip. Children, with deep burns of hands, are treated with dermo-epidermal grafts. The initial goal was to use the “plaquettes” as an adjunct to positional dressing. Treatment is often continued, associated with compression glove. The “plaquette” is modified if necessary. In case of fixed retraction, it is necessary to plaster “tte” is modified if necessary. In case of fixed retraction, it is necessary to plaster transverse or with pressure ulcers (PU).

Conclusions.– Telemedicine is a useful tool to improve continuity of care for patients with pressure ulcers.

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CICAT-LR, telemedicine in wounds, an experience in south of France

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Keywords: Network; Wounds; Telemedicine

The CICAT-LR network’s main mission since 1999 is to improve the quality of care for difficult healing wounds in Languedoc-Roussillon at the request of any professional in trouble. Each file is gripped by a referent nurse and validated by a physician coordinator on a computer and appropriate secure software. The coordination unit then provides information to physician and proposes a strategy for management of the patient taking into account the context and situations of life of the patient. The DOMOPLAIES project aims to facilitate the monitoring of patients without additional cost, to limit the movement of patients and experts in certain areas of the remote region, but also to allow the expert wound care to give a remote consultation under tele-shaped, to accompany remote support caregivers in footwork or provide them with supports tele-expertise, by a notice in the form of multidisciplinary meeting (RCP), under the auspices of the expert medical in wound healing. Telemedicine and the use of all the new technologies should also strengthen the mission of practical training of practitioners and enable the transfer of skills.

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CO31-002-e

Guidelines for taking care of patients at risk or with pressure ulcers (PU)

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Keywords: Pressure ulcers; Guidelines

Background.– Previous guidelines were in 2001 [1]. PU is complication for old patients, and/or low mobility [2]. PERSE conduct new guidelines with Société française de médecine physique et de réadaptation (SOFMER), Société française de médecine physique et de réadaptation (SOFMER), Société française de médecine physique et de réadaptation (SOFMER), Société française de médecine physique et de réadaptation (SOFMER), Société française de médecine physique et de réadaptation (SOFMER), Société française

Oral communications

CO23-003-e

Telemedicine consultation in nursing home for patients with pressure ulcers

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Pressure ulcer perception in persons with spinal cord injury: Results of a qualitative study

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Keywords: Pressure ulcers; Perception; Therapeutic education; Self-management; Spinal cord injury

Background.— This work focused on exploring the perception of pressure ulcer and its prevention in persons with SCI.

Method.— A qualitative study was conducted using the Health Belief Model [1]. One hundred and sixty-two patients participated in the study. Answers were analyzed based on the grounded theory [2].

Results.— Six themes were defined “identify what could become a problem”, “daily prevention actions”, “detecting the onset of a problem”, “managing the onset of a problem”, “access to nursing care for pressure ulcer” and “health impact of pressure ulcers”.

Discussion and conclusions.— The Health Belief Model is a good informative framework to better understand the life experience of persons with SCI and bring forward a discussion on evaluating their care management and adjusting it to the specific needs of this population.

References

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Therapeutic efficacy of ultraviolet C for adjunctive treatment of chronic wounds in elderly

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Keywords: Burn rehabilitation; A challenging case report

Burn rehabilitation: A challenging case report

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Keywords: Burn rehabilitation; Heterotopic ossification; Critical illness polyneuropathy; Scarring

Background.— Burn rehabilitation is a complex issue. There are many comorbidities associated such as heterotopic ossification, neuropathies, pain and scarring that make them a true functional recovery challenge.

Methods.— The authors report a case of a 30-year-old female with 45% TBSA burn sustained in a car accident. She was transferred to our physical medicine and rehabilitation (PMR) department for functional recovery. At admission, she presented global mechanical pain and severe loss of range of motion, elbows and knees heterotopic ossification, critical illness polyneuropathy and left common peroneal nerve lesion due to compartment syndrome. She started a rehabilitation programme, including hydrotherapy, occupational and physical therapy. Surgical excision of lesions in the right elbow was performed. Due to pain during right elbow mobilization, several brachial plexus block were performed, as well as botulinum toxin infiltration of elbow flexors muscles, with no significant improvements. She was submitted to a second more aggressive surgical procedure and maintained the nerve blocks, presenting better functional results.

Discussion.— PMR doctors should be aware of the different complications that might appear in burn patients in order to prevent and treat them as soon as possible, for an effective transition to community.

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Technological innovation: Modelling process and digitization by the fast scan for the creation of face and neck transparent orthosis after deep burns

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Keywords: Burns; Transparent orthosis; Digitization; Face; Neck

Background.— Transparent orthosis for face and neck are widely used for the treatment of deep burns. This orthosis creation needs modelling process, usually