



Experiences of Significant others of ICU patients with Severe Burns: A Literature Review



BACKGROUND

Patients with severe burn injury who require ICU admission have high mortality rates associated with complications such as sepsis, shock, and multi-organ failure (MOF) (Bloemsma, Dokter, Boxma, & Oen, 2008; Metaxa & Lavrentieva, 2015). Due to the sudden and unexpected nature of the trauma, significant others of patients with severe burns are unprepared (Metaxa & Lavrentieva, 2015) and are both formally and informally called upon to advocate the patient's wishes, make decisions on the patient's behalf and provide psychological support for the patient.

AIM

The aim of this literature review was to critically examine research related to significant others' experiences of ICU patients with severe burns.

METHODS

Search Strategy:

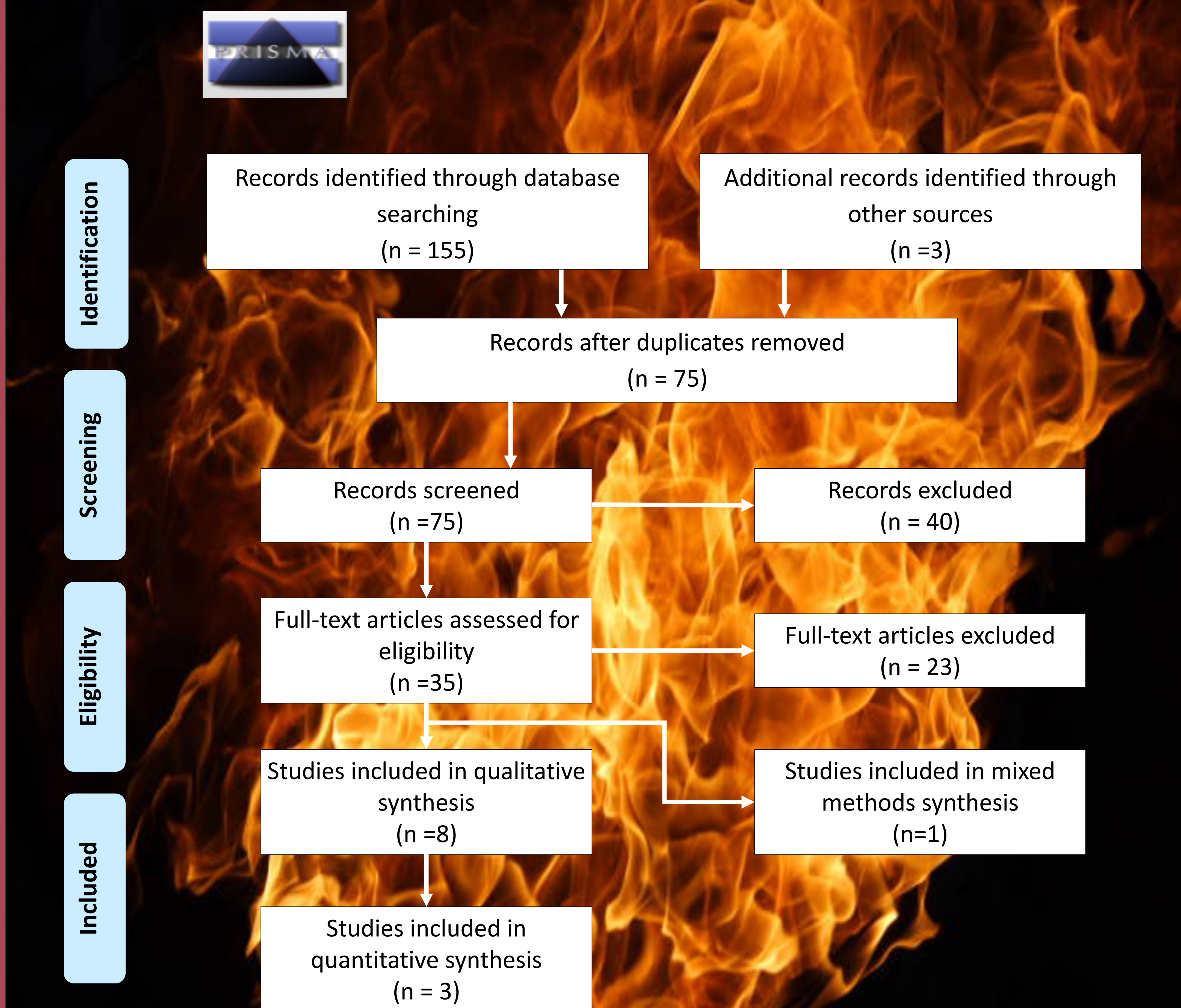
- Peer-reviewed papers in the English language published prior to November 2017.
- No date range was applied.
- Search terms used were burns AND family OR family relations, siblings OR sibling relations, spouses OR significant other, caregivers OR caregiver burden. Databases searched included CINAHL, PubMed, Medline, Scopus and Google Scholar and a manual review reference lists.

Exclusion Criteria:

- Paediatrics and medical aspects of burn injury, such as complications.
- Research that involved patients with a minor burn injury, who did not require ICU admission.

See Figure 1 – PRISMA Flow Diagram

Figure 1: PRISMA Flow Diagram



RESULTS

12 papers were included in the final review. 6 of these studies were conducted in America, 2 in Australia, 2 in Sweden, 1 in Canada and 1 in Norway. Three major themes were identified below:

Communication with family

- Family/significant other advocate to ensure patient's values are respected and presented in decision making.
- The difficulties in communication for the significant other include trauma impacting on memory which delays decisions, and increased risk of anxiety, depression, PTSD.

RESULTS

Patient and family support

- Patients are exposed to pain inducing dressings, multiple operations, and face fears related to appearance (disfigurement), body functioning, societal acceptance and survival.
- The role of the significant other in both the acute and rehabilitation phases is recognised as psychologically supporting them as the patient re-defines themselves.

Psychological well-being

- The family member provides a psychological protective role, anchoring the patient in the unfamiliar environment, and thereby reducing well known psychological risks for the burns patient, such as anxiety, depressive symptoms, and post-traumatic stress disorder.

CONCLUSION

This review highlights the need for further research. With the significant impact on patient survival rates and psychological well-being, it is a key area requiring exploration, as the family members are integral to patient outcomes.

REFERENCES

- Bloemsma, G. C., Dokter, J., Boxma, H., & Oen, I. M. (2008). Mortality and causes of death in a burn centre. *Burns*, 34(8), 1103-1107.
- Metaxa, V., & Lavrentieva, A. (2015). End-of-life decisions in Burn Intensive Care Units - An International survey. *Burns*, 41, 53-57.

