

Introduction

- Previous research has shown burns injuries in the elderly population are associated with higher mortality, longer hospital stay and more complex pre-morbid conditions.

Method

- A retrospective notes audit was conducted in 2015 over a period of 18 months at Concord Repatriation General Hospital in elderly patients over the age of 65.
- Data was collected on age, location of burn, length of stay (LoS), Total Burn Surface Area (TBSA), Charlson Comorbidity Index (CCI), and whether or not they achieved baseline mobility within admission.

Results

- A total of 49 patients notes were examined, of which 2 passed away, 38 achieved their baseline mobility as an inpatient and 9 were below baseline on discharge from the unit.
- Patients were generally seen 1-2 times daily by a physiotherapist for mobility practice on weekdays.
- Of the surviving patients, 27 (57.4%) patients had lower limb burns and 20 (42.6%) had upper limb burns
- Only 3 of the 47 (6.4%) patients required inpatient rehabilitation.
- There was little difference between the mean age, TBSA and LoS of patients with or without lower limb burns.
- Increased age generally correlated with increased CCI.

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Burns Rehabilitation for the Elderly

Are We Doing Enough?

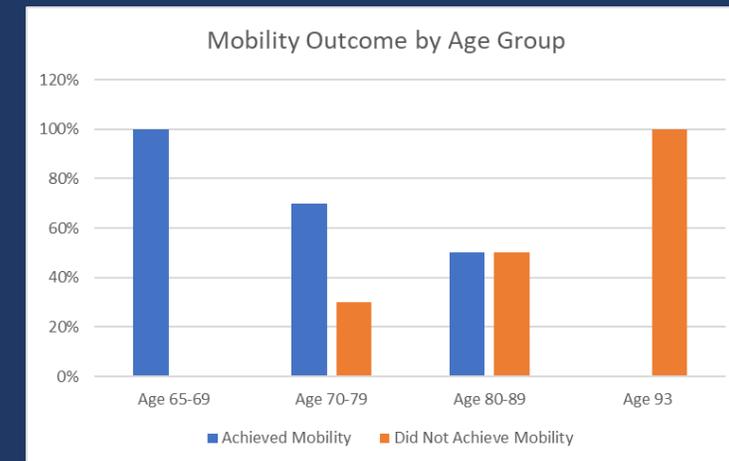
- Elderly patients with lower limb burns were associated with higher age, longer LOS and higher CCI. Interestingly, the mean TBSA of the burn was smaller in this group.
- The mean LoS of patients who did not achieve baseline mobility was almost double compared to the patients that did. Indicating that poor mobility may be a factor in delaying discharge.

	Non Lower Limb n=20	Lower limb n=27	LL baseline mobility n=20	LL below baseline mobility n=7
Mean Age	76	74	72	81
Mean TBSA	7%	6.6%	7.4%	4.3%
Mean LOS (days)	16.8	26.37	21.81	39.71
Mean CCI	4.2	5	4	6.29

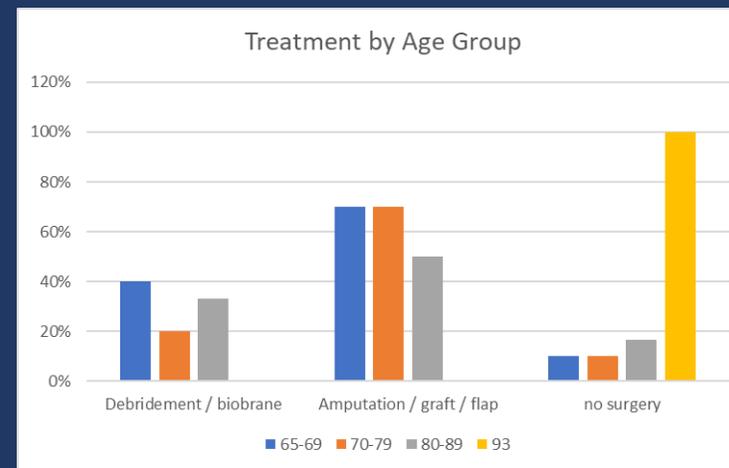
Conclusion

- The vast majority of elderly patients were able to reach baseline mobility without inpatient rehabilitation.
- Due to the small sample size, it is unlikely for these results to be significant, however the data suggests factors that may predispose a patient in delayed return to baseline mobility include increased age, increased comorbidities and having lower limb burn involvement.

Closer look at lower limb burns in elderly



General trend of increased age correlating with not returning to baseline mobility



No real significant difference in medical management between the ages existed