

**PATIENT CARE POLICY
INTENSIVE CARE BURN CENTER
HYDROTHERAPY/TUBBING**

POLICY: A Hubbard tank, Ultrasound tub and equipment are located in the Burn Center. In order to carry out an effective, safe procedure, an adequate number of personnel is required. A minimum of two persons are required to assist with getting a patient in and out of the Hubbard tub. Tubbing/hydrotherapy is a Burn Center routine procedure. A registered nurse trained in Burn Care must be available to supervise the procedure. Hydrotherapy is an adjunct and not a cure so decision to tub a patient must be made on the basis of benefit versus risk.

PURPOSE: To cleanse and debride the burn wound, to allow for exercise and ROM, and to cleanse the entire body.

INDICATIONS FOR TUBBING;

Acute burn wounds below the neck that are over 15% TBSA

(Burns that are less than 15% may be appropriate to shower)

Infected wounds in patients that are not appropriate to shower.

Patients who are 5 days post Xenografts or Autografts.

Patients who are less than 5 days post Xenografts or Autografts but have clinical signs of infection.

PROCESS:

I. Equipment:

A Hubbard tank, Ultrasound Tub, bath tub or whirlpool
Overhead hydraulic hoist
A plinth (or water stretcher)
Ultrasound lift
Isolation Gown, Head cover, shoe cover, gloves

II. Method:

- A. Prepare the patient for hydrotherapy (tubbing).
 - a. Check with physician if he needs to see the patient in the tub prior to moving the patient into the hydrotherapy room.
 - b. ALLOW TIME for patient to express thoughts regarding procedure.
 - b. Reassure and support patient.
 - c. If patient is intubated inform Respiratory Therapy about the time respiratory assistance will be need for the tubbing procedure
 - d. Coordinate with physical therapy and occupational therapy.
- B. Medicate the patient according to doctor's order prior to moving the patient.
- C. Transport patient to hydrotherapy room (tub room) via the plinth (water stretcher), Ultrasound lift, or if patient is able to may walk to tub room. Often physical therapy will use this opportunity to walk the patient.
- D. Don plastic apron with sleeves, head cover, shoe cover, gloves
- E. Remove all dressings. May use exam gloves to remove dressing but use sterile gloves to apply sterile dressings. Take care to cover patient to avoid unnecessary exposure.
- F. The plinth is attached to an overhead carrier on a hydraulic lift. This allows the patient to be transferred into and out of the tub. The Ultrasound lift can lower the patient into the ultrasound tub. Both devices also serve as a scale to weigh the patient.
- G. The patient is weighed before being lowered into tub. Note weight and record in medical record.
- H. Fill the tub with warm tap water. Water should be warm (97° to 101° F). Check bath thermometer.



- I. A dilute Sodium Hypochlorite is mixed in the tub while water is running. Add amount that is indicated depending on depth of water (see posting in Tub Room). Caution HCL (Hydrochloric acid) must be added first before bleach as it can cause gas vapors; avoid HCL contact with skin. The appropriate dilution for hypochlorite is related to amount of water. Refer to the formula posted in the tub rooms.
- J. Patient is lowered into the tub by using the overhead hoist over the Hubbard Tank. THE PATIENT IS NEVER TO BE LEFT UNATTENDED IN THE TUB. If using the ultrasound tub, lower the patient into the ultrasound tub via the chair-lift.
- K. Range of motion exercises for extremities may be conducted at this time.

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- L. Debridement of wound debris and loose skin may also be done.
 - M. The patient's unburned areas are also washed. Shave and shampoo may be done at this time.
 - N. Actual time in the Hubbard tank goes according to the patient's tolerance, however, tubing critical patients should not exceed 20 minutes.
 - O. Patient is lifted from the tub and rinsed thoroughly. This is actually showering the patient. Once the patient is rinsed well, the patient is covered with a sterile bath blanket and warm blankets as needed to prevent the patient from becoming chilled or hypothermic.
 - Q. Dressings (if indicated) are applied as soon as possible using sterile technique.
 - R. The tub team must wear mask, cover gowns, shoe covers and gloves, and practice aseptic technique throughout the procedure.
- III. Documentation
- A. Document wound assessment, appropriate wound care and evaluation under skin/wound in IView review of systems and also mention wound evaluation in SBAR note in electronic medical record. Document patient's weight in electronic medical record.
 - B. Electronic Medication Administration Record:
 - 1. Medication
 - 2. Dose
 - 3. Route
 - P. Time
 - Q. Document effects of medication.

SPONSORING DEPARTMENT OR COMMITTEE	APPROVAL DATE
Burn Center Medical Director	4/2013
OTHER APPROVALS	APPROVAL DATE
Nurse Leadership	06/2014
APPROVAL DATES 1/77 Reviewed: 10/89, 11/92, 1/94, 1/96, 8/97, 9/98, 4/99, 12/00, 1/05 Revised: 2/87, 11/01, 07/05, 12/07, 03/08, 4/2013	