

A7. Management of burns

Assessment of these competencies is via Mini-CEX, CbD (formative or summative) or ACAT-EM and a reflective log.

Potential presentations in which these competencies could be assessed include the following:

- Thermal burns
- Chemical (caustic) burns
- Electrical burns
- Burn injuries of any type to face, including to eyes
- Circumferential burns or those to more sensitive/vital areas (e.g. genitals/hands)

Core competencies to achieve (for all patients), are EPA level 3 (Indirect active-partial supervision by senior clinician, no prompting or help provided, direct line of vision or supervisor immediately available).

Knowledge/ Skill/ Behaviour	Detail of competency
Knowledge	Is able to understand the pathophysiology of different burns (thermal, chemical, electrical and radiation)
	Is able to outline how to carry out an initial assessment, resuscitation and management of burns and the potential long-term impact on patient
	Recognises the risks to the upper and lower airway from heat and inhalation injury
	Recognises the importance of burns in special areas (face, joints, perineum) and circumferential burns
	Is able to explain the different dressing types used in burns, how they act and indications for their use
Skills- History	Is able to carry out an appropriate history, eliciting the mechanism of injury and any potential underlying causes e.g. fit or faint or signs of non-accidental injury
Skills - Examination	Carries out a systematic primary survey, with particular initial emphasis on airway and breathing
	Is able to assess airway, initiate initial management including oxygen therapy and be ready to assist ventilation if required;
	Recognise when emergency airway management is needed, such as surgical airway or endotracheal intubation
	Is able to assess the effects of severe burns to the head/neck/torso on respiratory function, including recognising the need for emergency escharotomies
	Is able to assess burns for sensation and capillary refill time

Knowledge/ Skill/ Behaviour	Detail of competency
	Is able to identify electrical entry/exit burn wounds and the relevance of location to risk of cardiac and/or neurological injury and dysfunction
	Is able to assess the size and depth of burn and calculate the fluid requirements in adults and children using appropriate protocols/evidence-based guidance
Skills- investigation and treatment	Can provide effective multimodal pain relief for burns, appropriate initial coverage (if appropriate) and intravenous fluids
	Is able to irrigate chemical burns, including to eyes
	Recognises electrical burns and the need for ECG assessment and monitoring; appreciates the risk of cardiac or neurological complications, delayed signs of tissue injury (rhabdomyolysis)
	Is able to assess patients with thermal burns for potential carbon monoxide or cyanide poisoning
	Recognises and escalates care of severe chemical burns especially involving hydrofluoric acid and similar compounds
	Is able to manage minor burns and wounds, application of simple dressings and arranging appropriate follow-up care
Skills- Clinical decision making and judgement <i>(in addition to CC1)</i>	Recognises the burns patient who has the potential for delayed airway compromise and may require intubation later; ensure appropriate monitoring and observation in a suitable location for ongoing care
	Knows the criteria for referral to a burn's specialist and or other specialists e.g. critical care centre (dependent upon local/regional policy/resources)
Behaviour- Communication & professionalism <i>(in addition to CC7& CC8)</i>	Is able to assess and manage pain and distress from burns – particularly in children; appreciates the different options e.g. IM ketamine, IN diamorphine, sedation
	Is able to communicate the necessary information and initial self-care burn advice for patients who can be safely discharged
	Escalates and/or refers to senior or specialist care appropriately, providing clear and succinct details regarding injury mechanism and calculated burn extent, depth and associated factors such as airway/respiratory involvement, complex burns involving chemical agents, electrical burns
Paediatric	Is able to communicate sympathetically with the child/young person and their family when child presents with a burn
	Is alert to burns presenting as potential non-accidental injury or feature of neglect, including delay in seeking medical advice or

Knowledge/ Skill/ Behaviour	Detail of competency
	historical inconsistency, or inconsistent location/pattern of burn for the described mechanism

Additional optional competencies- EPA 1 to 2

Knowledge/ Skill/ Behaviour	Detail of competency
Skills	Is able to carry out escharotomy or fasciotomy if there are signs of ischaemia to limbs or difficulty breathing
	Management of complex caustic chemical burns e.g. management with calcium chelation for HF exposure