

National Competency Framework for  
Registered Nurses in Adult Critical Care

# Burns

Advanced Specialist Competencies

For use in Specialist Burns Units



## Forward

### Intended Audience

- This competency document has been designed by the Operational Delivery Networks for Burns with consultation from Clinical Lead Nurses for Burn Care across the UK.
- Burns advanced competency document is aimed at nurses who look after burn injured patient on a regular basis.

### Aims and Objectives

The aim of this document is to identify knowledge gaps and highlight important issues around the care of burns patients.

The Objectives in the competency are largely knowledge based and are to be used to support the nurse care to a burn injured patient. With this knowledge the nurse and medical team can care for and understand the needs of the burn injured patient and understand the importance of involving other specialities and regional burns services for ongoing care.

### Assessment and Assessors

This competency is designed to be included into the National Critical Care Competencies and to be used with the assessment criteria in that document. Competencies can be signed by an Assessor who has had training in burns care and/or who has an educational qualification with a Burns Care element E.g. ICU course with Burns element attended, attendance at Network Study day, Local Burns Education session

## Contents

Title	Page Number
Learning Contract	4
Authorised Signature Records	6
<b>Pre Hospital Considerations</b>	
AB1: Demonstrates a knowledge of first aid and the initial emergency management of a burn injury	7
AB2: Demonstrate the ability to prepare for receiving a new burn injured patient and assess them	7
<b>Initial Assessment</b>	
AB3: Demonstrate the ability to assess a burn wound	8
AB4: Demonstrate knowledge and skill in burn wound management including stages of wound healing and how this applies to modern burn care.	9
AB5: Demonstrate knowledge and understanding of fluid management in a patient with a burn injury	10
AB6: Demonstrate an understanding of burn inhalation injury and its treatment	10
<b>Ongoing Management and Transfer to Definitive Care</b>	
AB7: Demonstrate the ability to care appropriately for a patient receiving fluid resuscitation	11
AB8: Demonstrate the ability to support the patient with a burn injury who is in pain using appropriate preparations and administering them safely	11
AB9: Demonstrate knowledge and understanding of nutritional requirements in the management of a patient with a burn injury	12
AB10: Demonstrate knowledge and understanding of Infection Control measures in a patient with a burn injury	13
AB11: Demonstrate knowledge and understanding of the Rehabilitation phase of a patient with a burn injury	14
<b>Specialist Burn Considerations</b>	
AB12: Demonstrate the ability to care for a patient with an electrical burn	15
AB13: Demonstrate the ability to care for a patient with a chemical burn	15
AB14: Demonstrate a knowledge of Toxic Shock Syndrome in children and its treatment	16
AB15: Demonstrate the ability to care for a patient with medical skin loss conditions	16
AB16: Demonstrates knowledge of rationale for use of skin substitutes in own area	16
AB17: Demonstrate the knowledge and skill required to care for a patient with skin grafts	17
AB18: Demonstrate the different wound care techniques available to deliver best practice to burn-injured patients	18
<b>Holistic and Palliative Care Needs of the Burn Injured Patient</b>	
AB19: Demonstrate an understanding of the psychological issues that can affect patients with a burn injury and possible interventions	19
AB20: Demonstrate an understanding of the safeguarding issues that can affect patients with a burn injury	19
AB21: Demonstrate an understanding of the need for discharge preparation for the burn injured patient	20
AB22: Demonstrate an understanding of the resources available to burn injured patients post discharge	20
AB23: Demonstrate an understanding of the issues around the care of the dying burn injured patient	21
Abbreviations	22
Acknowledgements	23

## Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor and Unit Manager/ Lead Manager and should be completed before embarking on this competency development programme. It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn

### LEARNER RESPONSIBILITIES

As a Learner, I intend to:

- Take responsibility for my own development
- Form a productive working relationship with assessors and supervisors
- Deliver effective communication processes with patients and relatives, during clinical practice
- Listen to colleagues, assessors' advice and utilise coaching opportunities
- Use constructive criticism positively to inform my learning
- Meet with my Lead Assessor at least 3 monthly
- Adopt several learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete these competencies in the agreed time frame
- Use this competency development programme to inform my annual appraisal, development needs and NMC validation
- Report lack of opportunity/ supervision or support directly to Lead Assessor/ Supervisor, and escalate to the Clinical Educator/ Unit Manager or equivalent if not resolved

Learner name (Print) .....

Signature..... Date.....

### LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor, I intend to:

- Meet the standards of regulatory bodies (NMC, GMC, RCM)
- Demonstrate ongoing professional development/competence within critical care
- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the recommended time frame
- Bring to the attention of the Education Lead and/or Manager concerns related to individual nurses learning and development
- Plan a series of learning experiences that will meet the individual's defined learning needs
- Prioritise work to accommodate support of learners within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice

Lead assessor name (Print) .....

Signature..... Date.....

**CRITICAL CARE LEAD NURSE/MANAGER**

As a critical care service provider, I intend to:

- Provide and/or support clinical time / placements to facilitate the learner's development and achievement of the core/essential competency requirements
- Regulate quality assure systems for assessment and standardisation to ensure validity and transferability of the nurses' competence

Lead Nurse/ Manager name (Print).....

Signature.....

Date.....

## Authorised Signature Records

[illegible]

## Pre Hospital Considerations

<b>AB1: Demonstrates a knowledge of first aid and the initial emergency management of a burn injury</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Recognise the importance of personal safety at the scene, and the safety of others, while delivering first aid</li> <li>• Describes first aid treatment of burns and recognise how it may need to adapt to individual needs</li> <li>• Recognise the rationale for cooling burn wounds with cool water for 20 minutes up to 3 hours post injury (Gold Standard).</li> <li>• Understand the need to maintain a warm environment at all times</li> <li>• Understand the need to remove jewellery and other items that may cause circumferential constriction</li> <li>• Demonstrate an understanding of burn network thresholds and burn service referral criteria</li> <li>• Describe the primary and secondary survey and recognise the importance of not being distracted by the burn injury</li> </ul>	

<b>AB2: Demonstrate the ability to prepare for receiving a new burn injured patient and assess them</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Recognise the most important details to ask when taking a new burn referral (e.g. the burn size and mechanism may require a different burn service)</li> <li>• Demonstrate a clear understanding of the referral processes and what support is required before, during and after referral</li> <li>• Demonstrate a clear understanding of the role of the National Burn Bed Bureau</li> <li>• Identify and prepare an appropriate environment and assign the correct staff for a new admission</li> <li>• Identify and prepare the appropriate equipment and resources for a new admission</li> <li>• Identify and prepare the appropriate documentation and labelling for a new admission</li> <li>• Discuss the importance of taking wound swabs on admission for microbial surveillance.</li> <li>• Discuss the importance of checking the patient's tetanus status</li> <li>• Recognise the importance of early formal examination of the eyes with fluorescein at the referring service and again on admission in any patient with facial burns or other high-risk mechanisms</li> <li>• Recognise the importance of identifying constrictive circumferential deep burns of the torso or limbs, or high-risk near circumferential burns with the potential to become constrictive</li> </ul>	

## Initial Assessment

AB3: Demonstrate the ability to assess a burn wound	
You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Discuss the anatomy of the skin</li> <li>• Discuss the functions of the skin and recognise how these are affected by the burn wound and it's treatment</li> <li>• Describe the different mechanisms of burn injury and recognise how they affect the appearance of the wound</li> <li>• Describe, recognise and assess burn wounds of different depths and discuss an appropriate classification system (UK/US/Australasia)</li> <li>• Calculate the TBSA of burn wounds using an appropriate tool (e.g. Lund and Browder, Rule of nines, palmar surface area, or Mersey burn app)</li> <li>• Discuss how the estimation of burn size varies between adults and children</li> <li>• Discuss and recognise the indications for escharotomies, how to prepare the environment, and what additional resources are required</li> <li>• Describe the pathophysiological changes of burn wound progression (Jackson's burn model)</li> <li>• Recognise the importance of maintaining the core body temperature of a burn-injured patient during the initial assessment with clear understanding of different methods used to achieve this</li> <li>• Discuss what methods are available in your service for maintaining a warm environment</li> </ul>	



**AB4: Demonstrate knowledge and skill in burn wound management including stages of wound healing and how this applies to modern burn care.**

You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice

Competency Fully Achieved  
Date/Sign

- Discuss the main differences between primary and secondary healing (intention) of a burn wound
- Describe and recognise the stages of wound healing and possible outcomes
  - initial wound and haemostasis
  - inflammation
  - proliferation
  - maturation and remodelling
  - viable and non-viable tissue
  - types of scarring
  - contractures
- Discuss the factors that can affect wound healing and recognise how long typical burn wounds should take to heal
- Recognise when to escalate wound healing concerns and seek expert advice
- Discuss different methods of wound cleansing and the rationales for use
- Discuss the properties of different wound dressings available within your service
- Discuss what dressings can be used for burns wounds of different depths and stages of healing
- Demonstrate the ability to apply the dressings used in your service appropriately
- Discuss your care of a burn wound that has blistered and describe the correct derroofing procedure
- Demonstrate the correct use of bandaging in burns and describe the risks of poor technique
- Demonstrate an understanding of enzymatic debridement techniques, (ie. Nexobrid™) and, if available, how it is used in your service

<b>AB5: Demonstrate knowledge and understanding of fluid management in a patient with a burn injury</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Describe the physiology of fluid loss following a burn injury</li> <li>• Discuss when to administer fluid therapy, both oral and intravenous</li> <li>• Demonstrate an understanding that different types of fluid therapy may be used in neonates, children, adults, and elderly patients</li> <li>• Calculate the fluid requirements for a minimum of five burns of different sizes using the Parkland formula (or other formula used in your service)</li> <li>• Recognise the importance of the time that the burn injury occurred in fluid calculations and describe how you might adjust the resuscitation</li> <li>• Discuss when 'maintenance' fluids may be required during the care of a burned patient</li> </ul>	

<b>AB6: Demonstrate an understanding of burn inhalation injury and its treatment</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Describe burn inhalation injury and its potential complications</li> <li>• Describe and recognise the signs and symptoms of inhalation injury and when immediate action is required</li> <li>• Discuss factors that may exacerbate an inhalation injury (consider factors related to the burn event, patient factors, and factors related to initial treatment)</li> <li>• Discuss the importance and relevance of checking carboxyhaemoglobin levels</li> <li>• Discuss the various treatment options for burn inhalation injury</li> <li>• Demonstrate an understanding of the use of bronchoscopy and bronchoscopic lavage in the management of burn-injured patients</li> <li>• Demonstrate a clear understanding of the inhalation protocol used in your service and where to get further advice if necessary</li> <li>• Describe the possible effects of cyanide poisoning and an antidote (Cyanokit)</li> </ul>	

## Ongoing Management and Transfer to Definitive Care

<b>AB7: Demonstrate the ability to care appropriately for a patient receiving fluid resuscitation</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Explain how fluid management is monitored effectively</li> <li>• Discuss appropriate monitoring of fluid balance for a burn patient and how the following may be affected during the early phase of a burn injury:               <ul style="list-style-type: none"> <li>○ heart rate</li> <li>○ blood pressure</li> <li>○ respiratory rate</li> <li>○ urine output</li> <li>○ fluid balance</li> <li>○ capillary refill time</li> <li>○ blood gases</li> <li>○ blood results</li> </ul> </li> <li>• Discuss your actions when parameters deviate</li> <li>• Recognise why you must respond to changes in end organ perfusion by increasing or decreasing fluid therapy and/or escalating inotropic support in a timely manner</li> <li>• Describe the effects of tissue oedema on circulation volume, soft tissues, and wound healing, and any broader impact on recovery and rehabilitation</li> </ul>	

<b>AB8: Demonstrate the ability to support the patient with a burn injury who is in pain using appropriate preparations and administering them safely</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Describe the basic principles of theories of pain</li> <li>• Demonstrate an ability to assess pain in the conscious and unconscious patient and respond appropriately</li> <li>• Demonstrate knowledge of pain guidelines used in your service and the burn network</li> <li>• Discuss when additional analgesia may be required for planned or unplanned interventions or procedures</li> <li>• Discuss the various modalities that can be used for pain relief and any associated safety issues</li> <li>• Discuss non-pharmacological pain relief</li> <li>• Recognise the importance of managing itch in healing burn wounds and demonstrate awareness of the various modalities that can be used to both treat itch and reduce the risk of occurring</li> </ul>	

AB9: Demonstrate knowledge and understanding of nutritional requirements in the management of a patient with a burn injury	
You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>Describe the metabolic responses that can occur following a burn injury including the signs of altered metabolism and how interventions can be used to moderate the response (ie. impact of early total burn wound excision, early feeding, and use of anabolic steroids and beta-blockers)</li> <li>Describe the nutritional assessment of a burn-injured patient and demonstrate an understanding of how a nutritional plan is constructed based on pre-burn health and/or malnutrition, nutritional risks, and estimated nutritional requirements</li> <li>Demonstrate an understanding of the important role of a dietician during all phases of inpatient burn care</li> <li>Discuss the importance of early enteral feeding and the benefits of nutritional support</li> <li>Discuss the advantages and disadvantages of the following feeding regimes available for a burn-injured individuals: <ul style="list-style-type: none"> <li>Oral</li> <li>Nasogastric,</li> <li>Nasojejunal,</li> <li>Jejunostomy or percutaneous endoscopic gastrostomy (PEG)</li> <li>Total parental nutrition (TPN)</li> </ul> </li> <li>Discuss the types of nutritional support used in your service and recognise any challenges that may exist</li> <li>Discuss the importance of micronutrients in wound healing, recognise which micronutrients levels are important, and how they can be supplemented in your service</li> <li>Discuss potential barriers to non-oral nutritional support and strategies to overcome them (for example, feed intolerances, periods of being NBM for planned interventions or surgery, catch-up feeding, planned breaks in feeds, etc.)</li> <li>Discuss potential barriers to oral nutritional support and strategies to overcome them (for example, drowsiness, NBM, constipation, anxiety, pain, cultural and personal food preferences, etc.)</li> <li>Discuss the various effects that a burn injury can have on glycaemic control and the consequences that deranged blood glucose levels have on wound healing and recovery</li> <li>Recognise the importance of a baseline HbA1c on admission for any patient with established diabetes or pre-diabetes</li> <li>Recognise the importance of a baseline and weekly recording of weight of the burn-injured patient</li> </ul>	

**AB10:** Demonstrate knowledge and understanding of Infection Control measures in a patient with a burn injury

You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice

Competency Fully Achieved  
Date/Sign

- Understand why burn-injured patients have such a high risk of acquiring infections
- Describe the signs and symptoms of infection and evolving sepsis and how an infection may be differentiated from the systemic inflammatory response
- Discuss the difference between colonisation and infection in a burn wound
- Discuss the different types of pathogenic organisms that cause infections in typical burninjured patients at various stages in their healing and recovery
- Discuss the Infection Prevention guidelines used in your service and how the risk of infections can be reduced for every burn-injured patient
- Demonstrate a clear understanding of local and national sepsis guidelines
- Demonstrate a clear understanding of the difference between sepsis and the systemic inflammatory response
- Discuss how uncontrolled use of antimicrobial therapy can lead to the onset of multi-drug resistant organisms in burn-injured patients and what measures are in place in your service to prevent antimicrobial resistance
- Discuss the importance of microbial surveillance and demonstrate an awareness of the local guidelines in your service
- Discuss ways of treating or preventing burn wound infections that do not rely on antimicrobial therapy (for example, using silver-based or sodium hypochlorite topical therapy, increased frequency of dressings changes, showering of the patient, etc.)
- Recognise the importance of Antimicrobial Stewardship in burn care

**AB11: Demonstrate knowledge and understanding of the Rehabilitation phase of a patient with a burn injury**

You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice

Competency Fully Achieved  
Date/Sign

- Discuss the role of the following teams in the care of burn-injured patients:
  - Physiotherapist
  - Occupational therapist
  - Scar therapist
  - Play therapist
  - Social worker
- Discuss the role of exercise during rehabilitation and demonstrate an understanding of the benefits and problems associated with active and passive physical therapy
- Discuss the importance of patient positioning and splinting
- Discuss the importance of accurate burn scar assessment and management
- Demonstrate an understanding of the importance of pressure garments and other scar therapies in the rehabilitation form and function of burn scars

## Specialist Burn Considerations

<b>AB12: Demonstrate the ability to care for a patient with an electrical burn</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	<b>Competency Fully Achieved Date/Sign</b>
<ul style="list-style-type: none"> <li>• Recognise the various mechanisms of injury that underlie electrical burns (ie. direct electrical injury causing tissue necrosis and indirect heating of tissues)</li> <li>• Recognise why entry and exit wounds may be clinically significant if present</li> <li>• Understand why household and industrial currents can cause different patterns of injury</li> <li>• Discuss the treatment of electrical burns, including wound assessment, fluid management and urine output</li> <li>• Discuss when cardiac monitoring is required following an electrical injury</li> <li>• Discuss compartment syndrome and appropriate management of limbs that may be 'at risk'</li> <li>• Discuss the differences between an escharotomy and a fasciotomy, and why fasciotomies are more likely following an electrical injury</li> <li>• Understand why creatine kinase (CK) levels must be monitored closely</li> <li>• Recognise the signs and symptoms of rhabdomyolysis</li> <li>• Understand when and how to seek advice or refer to your local burn service</li> </ul>	

<b>AB13: Demonstrate the ability to care for a patient with a chemical burn</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	<b>Competency Fully Achieved Date/Sign</b>
<ul style="list-style-type: none"> <li>• Recognise the various mechanisms of injury that underlie chemical burns, and why they should be referred to as 'corrosive substance injuries'</li> <li>• Discuss what extra first aid considerations may be needed for chemical burns</li> <li>• Discuss the treatment of chemical burns, including wound assessment, fluid management, and urine output</li> <li>• Discuss the importance of copious irrigation and monitoring pH</li> <li>• Recognise that some corrosive substances have specific treatments</li> <li>• Discuss the use of Diphoterine® if available</li> <li>• Understand when and how to seek advice from the local or National Poisons Information Service</li> </ul>	

<b>AB14: Demonstrate a knowledge of Toxic Shock Syndrome in children and its treatment</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base you're your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Discuss Toxic Shock Syndrome (TSS) and why there is a higher risk in burn-injured patients, especially children</li> <li>• Recognise the signs and symptoms</li> <li>• Discuss the importance of recognising signs and symptoms early</li> <li>• Discuss the treatment of Toxic Shock Syndrome</li> <li>• Understand when and how to seek advice or refer to your local burn service</li> </ul>	

<b>AB15: Demonstrate the ability to care for a patient with medical skin loss conditions</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Describe the causes, basic pathology, typical presentation, and treatment of:               <ul style="list-style-type: none"> <li>○ Toxic Epidermal Necrolysis Syndrome (TENS)</li> <li>○ Stevens-Johnson Syndrome (SJS)</li> <li>○ Staphylococcal Scalded Skin Syndrome (SSS)</li> <li>○ Necrotising fasciitis</li> </ul> </li> <li>• Discuss policies and guidelines in your service for the management of these complex cases in a General ITU and what thresholds exist, if any, for referral to a burns service</li> </ul>	

<b>AB16: Demonstrates knowledge of rationale for use of skin substitutes in own area</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Describe and identify different types of skin substitute used in your service</li> <li>• Discuss the different storage requirements of skin substitutes</li> <li>• Demonstrate an understanding of how to order different skin substitutes and recognise the potential financial implications for your service if ordered indiscriminately</li> <li>• Discuss the different compositions of skin substitutes and demonstrate an understanding of their indications for use, specific methods of application, and dressing requirements</li> <li>• Discuss the contra-indications for use of skin substitutes</li> <li>• Demonstrate a wider understanding of the use of skin substitutes in your service, including legislation and licences</li> <li>• Discuss the ethical implications around the use of skin substitutes</li> <li>• Discuss the need for proper consent whenever skin substitutes may be used and recognise any associated risks</li> </ul>	



AB17: Demonstrate the knowledge and skill required to care for a patient with skin grafts	
You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Define a skin graft and discuss the different types and when they may be needed</li> <li>• Define a donor site, discuss the different sites that may be harvested, and recognise the risks and benefits of different sites</li> <li>• Demonstrate an understanding of how a skin graft is harvested, secured and dressed appropriately</li> <li>• Demonstrate an understanding of how a skin graft takes and subsequently heals</li> <li>• Discuss how to assess donor sites</li> <li>• Discuss how to manage skin grafts from the first dressing change to the point of healing</li> <li>• Discuss how to manage donor sites from the first dressing change to the point of healing</li> <li>• Discuss how you would prepare to manage a planned dressing change for a patient with a skin graft</li> <li>• Demonstrate an understanding of the problems associated with skin grafts that can occur at any time postoperatively and during a dressing change</li> <li>• Discuss the follow up care for a patient with a healed skin graft</li> <li>• Discuss the reasons for 'graft failure' and what can be done to reduce the risk</li> <li>• Demonstrate a clear understanding of the use of allograft in the management of burn-injured patients throughout their inpatient journey</li> <li>• Demonstrate an understanding of the Human Tissue Act (2004) and discuss the implications for burn-injured patients in your service</li> </ul>	

**AB18: Demonstrate the different wound care techniques available to deliver best practice to burn-injured patients**

You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice

Competency Fully Achieved  
Date/Sign

- Discuss the various ways that you can assess the state of a burn wound from the point of admission to healing
- Demonstrate an understanding of the importance of early burn wound decontamination, including surgical excision, and discuss what methods are used in your service
- Demonstrate an understanding of the three common classification systems for burn depth and discuss the one used in your service
- Discuss the depth of injury for the following burns and demonstrate an understanding of how this relates to the time and quality of wound healing:
  - Superficial (epidermal) wounds
  - Superficial partial thickness (dermal) burns
  - Deep partial thickness (dermal) burns
  - Full thickness (subdermal) burns
- Demonstrate an understanding of how dressings can be classified based on their mechanism of action for promoting wound healing
- Discuss the different dressings available in your service and how you would change what dressings are used according to the appearance and state of healing of the burn wound
- Demonstrate an understanding of the importance of documenting the appearance of the burn wound and discuss how this is achieved in your service
- Demonstrate an understanding of 'hypertrophic granulation tissue' or 'over-granulation' and discuss how this can impact the quality of burn wound healing and how this is managed in your service
- Demonstrate an understanding of 'bio-burden' (microbial colonisation) and discuss how this is managed in your service
- Demonstrate an understanding of 'biofilms' and discuss how this is managed in your service
- Demonstrate an understanding of the range of different techniques that are available to reduce both the bio-burden and biofilms to encourage burn wound healing
- Demonstrate an understanding of how the nutritional status of the patient affects burn wound healing and discuss how this is managed in your service
- Discuss the effect of slow to heal wounds on the quality of scarring and rehabilitation, how this may differ between acute and later stage burn wounds, and what strategies are available in your service to encourage burn wound healing in a timely manner

## Holistic and Palliative Care Needs of the Burn Injured Patient

AB19: Demonstrate an understanding of the psychological issues that can affect patients with a burn injury and possible interventions	
You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>Describe what body image is and how this may be altered following a burn injury</li> <li>Discuss the psychological impact of disfigurement on the patient and their family both the short and long term effects</li> <li>Recognise the role of the clinical psychology team and other holistic services, organisations, and charities that support the ongoing care and rehabilitation of burn-injured patients</li> <li>Discuss some of the psychological reactions a patient may show following a burn injury</li> <li>Discuss what support is available for these patients</li> <li>Demonstrate knowledge of local and national policies relating to Mental Health issues</li> </ul>	

AB20: Demonstrate an understanding of the safeguarding issues that can affect patients with a burn injury	
You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>Discuss the need for possible safeguarding interventions and referrals for both adults and children</li> <li>Recognise the roles of other professionals involved in safeguarding practice</li> <li>Discuss the safeguarding guidelines and protocols for your service and recognise how they integrate with national safeguarding legislation</li> <li>Discuss the support required for patients / family during safeguarding investigations</li> <li>Demonstrate an understanding of the processes and safeguarding documentation used in your service</li> </ul>	

<b>AB21: Demonstrate an understanding of the need for discharge preparation for the burn injured patient</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Demonstrate an understanding of the importance of effective discharge planning</li> <li>• Discuss the role of the Multidisciplinary Team (MDT) in a discharge planning</li> <li>• Discuss the possible role and benefits of the local outpatient or dressing clinic service supporting the ongoing care of uncomplicated burns</li> <li>• Discuss the external support services that may be required to ensure the safe discharge of a burn patient and describe how to refer or access these agencies in your service</li> <li>• Recognise the importance of providing accurate information to patients being discharged, such as washing, creaming, correct use and care of pressure garments and splints, sun protection, and contact numbers for support</li> <li>• Recognise the need for appropriate social and school/work reintegration</li> <li>• Understands the potential problems of patients transitioning from service to service</li> </ul>	

<b>AB22: Demonstrate an understanding of the resources available to burn injured patients post discharge</b>	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</b>	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> <li>• Demonstrate a clear understanding of the local and national NHS resources that are available to both adult and paediatric burn survivors, during and after their discharge from hospital</li> <li>• Demonstrate an understanding of the NHS resources available to family and friends who may have been involved in, or affected by, the burn injury</li> <li>• Demonstrate an understanding of additional resources, such as charities and other agencies, that can provide ongoing care and support to burn-injured patients</li> </ul>	

AB23: Demonstrate an understanding of the issues around the care of the dying burn injured patient	
You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"><li>• Demonstrate an understanding of comfort care only decisions and discuss how this would be conducted in your service</li><li>• Demonstrate an understanding of why it is still important to discuss these cases with your local burn service</li><li>• Discuss how the needs of the dying patient and those important to them are managed once a palliative care plan is commenced</li><li>• Discuss the importance of ensuring access to psychotherapy services for family and friends of the dying patient</li><li>• Demonstrate an understanding of how palliative care decisions can affect multiprofessional healthcare care teams differently and discuss how you would manage your team and the welfare of others in your service</li><li>• Demonstrate an understanding of the likely role of the Coroner following any burn-related death and discuss what this means for handling of the body after death</li></ul>	

## Abbreviations

BP	Blood Pressure
HR	Heart Rate
IV	Intra Venous
LDI	Laser Doplar Imaging
MDT	Multi-Disciplinary Team
NG	Nasal Gastric
NJ	Nasal Jejunum
PEG	Percutaneous Endoscopic Gastrostomy
SSJ	Stevens-Johnson Syndrome
SSS	Staphylococcal Scalding Skin Syndrome
TBSA	Total Body Surface Area
TENS	Toxic Epidermal Necrolysis
TPN	Total Parenteral Nutrition

## Websites

<http://www.britishburnassociation.org/>

<http://www.ibidb.org/>

<http://www.midlandsburnnetwork.nhs.uk/>

<http://www.LSEBN.nhs.uk>

## Acknowledgements

These specialist competencies have been compiled by the Critical Care Nurse Education Review Forum (CCNERF) with the kind permission of the London and South East Burns Network (LSEBN).

2025 Version updated by:

Nicole Lee Burns Network Manager, London and South East Burns Network

Mr Niall Martin MBBS MD MSc DMCC AKC RCPATHME FRCS(Plast) Consultant Burn Surgeon and Trauma Unit Director

Reviewed by Senior nursing forum LSEBN and the Burns Nurses specialist interest group British Burns Association (BBA) Grateful Thanks are extended to all contributors.

These Competencies have been endorsed by the British Burns Association



Critical Care Networks-National Nurse Leads (CC3N) 2015

All rights reserved. No reproduction, copy or transmission of this publication may be made without written permission. No paragraph of this publication may be reproduced, copied or transmitted save with written permission or in accordance with the provisions of the Copyright, Designs and patents Act 1988.

Neither the Critical Care Networks-National Nurse Leads (CC3N) nor the authors accept any responsibility for any loss or damage arising from actions or decisions based on the information contained in this publication. Ultimate responsibility for the treatment of patients and interpretation of the published materials lies with the Registered Nurse.

This document has been produced with support from these organisations and is available through the CC3N website: [www.cc3n.org.uk](http://www.cc3n.org.uk). It has received interest internationally and may be available in the future in alternative languages, it has also be used to inform registered nurse competency development in specialities outside of critical care.