

SURGERY VIGNETTE
Burn Interactive Simulation (3rd degree)

Checklist for Management of Burn (3 rd degree)				
RECORD TIME OF BEGINNING OF THE SIMULATION (HH:MM)	__ : __ AM/PM			
<p>THE FOLLOWING QUESTIONS CORRESPOND TO A CLINICAL CASE SCENARIO THAT THE HEALTH WORKER COULD EXPECT TO OBSERVE IN THE CLINIC. READ THE CASE SCENARIOS AND QUESTIONS EXACTLY AS THEY ARE WRITTEN. DO NOT READ THE OPTIONS OF ANSWERS. FOR CERTAIN QUESTIONS, MULTIPLE ANSWERS ARE POSSIBLE; IN THIS CASE, CIRCLE ALL ANSWERS GIVEN BY THE HEALTH WORKER. AFTER THE HEALTH WORKER HAS FINISHED ANSWERING THE QUESTION, ASK "ANYTHING ELSE?" IF ADDITIONAL ANSWERS ARE GIVEN AT THAT TIME, MAKE DUE RECORD OF THEM ON THE SURVEY FORM. BE CAREFUL TO FOLLOW THE SKIPS AS THEY ARE MARKED.</p> <p>DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>Scenario: A 20 year-old woman with 3rd degree burns from a kitchen fire. She is conscious and moaning.</p>				
Question	Yes	No	Verify Present/ Not Present	
Q101: What do you need to do immediately?				
A. Airway: Assess for inhalational injury				
a. particulate matter debris in upper airway	1	0	N/A	
b. stridor	1	0	N/A	
c. singed nostril hair	1	0	N/A	
d. mucosal edema	1	0	N/A	
B. Breathing: Verify that the patient is assessed for				
a. Tachypnea: document respiratory rate	1	0	N/A	
b. Dyspnea: ask the patient if he/ she has any difficulty breathing	1	0	N/A	
c. Administer oxygen (specific Rx for carbon monoxide poisoning) for any significant burn, or if it occurred in a closed space or with smoke or chemical fumes	1	0	1	0
d. Evaluate sputum amount and quality (i.e., carbonaceous)	1	0	N/A	
e. The patient is intubated for respiratory failure: that is, respiratory rate increasing above 30/minute or significant dyspnea	1	0	1	0
f. Chest wall escharotomy is done urgently if circumferential full thickness burns compromise chest wall expansion (anterior axillary line)	1	0	1	0
C. Circulation				
a. Establish large-bore IV access quickly – multiple IV lines as swelling increases will lose the opportunity to place more	1	0	1	0
b. Start administering crystalloid according to either Parkland formula: 2–4 cc/%BSA (body surface area)/kg over 24 hrs (½ in first 8 hrs, then second ½ over next 16 hrs, or titrated to BP, urine output parameters	1	0	1	0
c. BSA is estimated using the "rule of nines"	1	0	N/A	
i. Arms and head 9% each	1	0	N/A	
ii. Legs, anterior trunk, and posterior trunk 18% each	1	0	N/A	
iii. In children, the head is relatively more (up to 18%) and the legs less (down to 14%)	1	0	N/A	
d. The rate of fluid administration is adjusted according to the urine output and vital signs: aim for at least 30cc/hr in adults (½ cc/kg/hr for adults, and up to twice for smaller children)	1	0	1	0
e. Uses thirst as a good indicator of inadequate fluid replacement	1	0	N/A	
f. Extremity circulation is confirmed by examination, and if there is any doubt in the case of circumferential full thickness burns, escharotomy is carried out (usually not needed in first six hours)	1	0	N/A	
g. Bracelets, rings, etc. are removed	1	0	N/A	
Q102: What are some of the medicines and equipment you would need access to, or procedures you need to be prepared to perform at this stage?				
A. Bag	1	0	1	0
B. Mask	1	0	1	0
C. Oral airway	1	0	1	0
D. Be prepared for intubation	1	0	1	0
E. Endotracheal tubes	1	0	1	0
F. Laryngoscope	1	0	1	0
G. Suction	1	0	1	0
H. Ketamine	1	0	1	0

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I. Succinylcholine	1	0	1	0
J. Atropine	1	0	1	0
K. Be prepared for tracheostomy	1	0	1	0
L. IV catheters	1	0	1	0
M. IV fluids	1	0	1	0
Q103: Once the patient is stabilized, what would you recommend for wound care				
A. The wound is not allowed to dry out, as this increases the depth of tissue loss	1	0	N/A	
B. Anti-microbial ointment such as silver sulfadiazine is applied and gauze wrapped	1	0	1	0
C. Anti-biotic ointment such as Polysporin is applied to head and neck as often as necessary to prevent drying	1	0	1	0
D. Adequate narcotic analgesia is administered to keep the patient comfortable	1	0	1	0
E. Daily sterile dressing changes, irrigation and debridement of obviously non-viable tissue and crusting is carried out with ketamine or other suitable analgesia, in a gentle manner	1	0	1	0
RECORD TIME OF END OF THE SIMULATION (HH:MM)	___ : ___ AM/PM			
<i>WERE MULTIPLE HEALTH WORKERS INVOLVED?</i>	1	0	N/A	
<i>IF SO, DID THESE HEALTH WORKERS KNOW THEIR ROLES?</i>	1	0	N/A	
<i>IF YES, DID THEY CARRY OUT THESE ROLES?</i>	1	0	N/A	
GO BACK TO EACH ITEM IN THE SIMULATION THAT REQUIRES A PIECE OF EQUIPMENT OR A MEDICATION AND VERIFY THAT THE EQUIPMENT OR MEDICATION IS PRESENT.				
PLEASE PROVIDE ANY FURTHER COMMENTS ON THE QUALITY OF CARE:				