

Policy Number: CBP L-NN

Approved by: Burn QI, Burn Medical Director

Issue Date: 11/1/2020

Applies to: Downtown

Value(s): Respect, Integrity, Innovation, Community

Page(s): 1 of 5

Daily Expectations of the Residents of the Burn Service

Review Date:	Change Description:
11/1/2020	Updated to policy format
Revised Date:	Change Description:
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Standard (if applicable): N/A

Applies to: MD's,

Policy:

The purpose of this guideline is to provide the following:

1. Define the expectations of the residents assigned to the burn team.
2. Define the daily "routine" of the burn service.
3. Provide information to promote effective communications among the burn team members.

Prior to Rotation:

Meet with Burn Program Manager/Burn Medical Director to complete orientation- which includes demographics of burn guidelines, burn admission checklist, resuscitation in burn patients, nurse driven fluid resuscitation, review of daily responsibilities.

Rounds

Begins daily at 8: 00 in the Burn Unit or according to the current Attending's schedule.

Attended by – current Attending M.D., N.P., P.T. /O.T., staff nurses, any student on rotation and rotating Residents (ER, Surgical)

Exception: Wednesdays – Begins after M&M conference.

1. All patients will have been seen and examined by a physician/physician extender prior to rounds and their "Daily Action Plans" will be established. As well as Sign off list updated.
2. Complicated or unstable patients should be discussed with the SICU resident prior to rounds. The burn attending will be informed of unstable patients.
3. All notes will be written in EPIC. Do not copy and paste notes.
4. The burn resident is the facilitator for rounds.
5. All patients in the ICU who are hemodynamically unstable or are still undergoing resuscitation will be seen by the burn attending.
6. Presentations will consist of the following:
 - a. Review of injuries and significant surgical and medical interventions since admission
 - b. Review of any changes in medical conditions or therapeutic interventions over the past 24 hours

- c. Any changes in the ROS in the past 24 hours
 - d. Vital signs including measurements from invasive monitoring, ventilator settings, blood gases
 - e. Physical exam
 - f. Current medications
 - g. Laboratory and x-ray data
 - h. Assessment and plan for each relevant body system.
 - i. Family members will be provided the names of the trauma team, with a summary of the patient's condition and plans at the end of rounds.
7. Dressing changes are scheduled for patients for throughout the day on the Daily Plan of Care sheet on the Burn unit and 5B. This is completed by the NP and the Burn attending or the Resident if the NP is not available. 6E charge nurse will fax to 5b.
 8. You are required to learn the dressings and perform them with the Burn Attending, NP, and nurses.

Documentation:

1. All Notes are documented in Epic. **Cutting and pasting is not appropriate and should not be used when writing notes.**

Sign-out

1. Appropriate information should be conveyed to the on-call covering team every evening, including:
 - a. Ongoing resuscitations.
 - b. The condition and clinical plan for all ICU patients.
 - c. Any studies or patients that require review while the on-call team is covering.
2. On-call teams should convey the same information to the burn team in the morning for all burn activities that have occurred during the night.

Conferences

- a. The residents are expected to attend all required educational conferences.
- b. The resident will develop a list of M&M's based on their observations as well as the list given to them by the Burn Attending. This list will be reviewed with the burn director to make sure that all identified complications are educationally relevant.
- c. The burn residents will attend the weekly Wednesday burn rounds and the monthly Burn QI conference.

OR Scheduling

Usually done by the Attending, can be any day that works with the Attending's schedule.

If the Resident schedules the case, **the OR needs to know if there are any special needs** which is communicated through the doctor preference card DPC and the OR procedural sheet.

Weekends

Check with Attending for rounds start time. You may schedule outpatient visits (check with Attending) for either day but remember to schedule for early times (9:00 AM) and always have the patients register at patient registration.

Burn Clinic

When: Tue 9-12

Wed 10-1130 every other week(laser)

Fri 12-400

Where: UH Lower level room 0222 Tel:4-1800

How many: Maximum patient load is 20

Every other Tuesday the clinic schedules patients for the measuring and fitting of Burn Scar Management garments also known as Pressure or Jobst garments.

Laser clinic is every other Wednesday by Dr. Dolinak

Notes: Dictated in 70

Clinic other than Tuesdays

If patients need to be seen on days other than Tuesday, check with the Attending of the week as to when they can see outpatients. Each Attending has different times and days they prefer to see outpatients.

Patient Admissions

All Burn admissions require a Burn Admission Packet. Burn H&P includes the Lund and Browder. Burn admission packet includes an HPI/PMHx sheet, Physical exam sheet, Lab values and problem list sheet, and a Lund and Browder Burn and an attending sheet. Ensure required consults are ordered on patients upon admission. (see consult guideline, or burn checklist).

Create a patient list and include:

- a. Diagnosis
 - b. Date of Admission
 - c. Post Burn Day
 - d. Post Op Day
 - e. Complications
 - f. Current Treatments: PT/OT, ABX
 - g. Discharge information
2. Consults in the ED do not need a burn admission packet, you can dictate the ER consult by using 07.
 3. Please let all Attending's know about patients being seen in the ER so that they have the option of seeing the patient while in the ER (**often there may be special products that could be put on wounds that may benefit the patients emergently**).
 4. Burn admission order sets are in EPIC for Adults and Pediatrics with required orders already preselected. (Use these for all burn admissions)
 5. All patients admitted with a burn injury require photos on admission. Accomplished through Haiku and placed in patient chart.

Quality Improvement

1. If there is a concern with care of the burn patient or a process, please bring it to the attention of the Burn Medical Director or the Burn Program Manager as quickly as possible. If there is a concern with anonymity, there is a referral form that can be completed that is available on the burn unit.
2. Please participate in all quality improvement initiatives as they are developed.

3. You will be responsible for presenting at M&M at the end of the month. Send a copy of your presentation to robertta@upstate.edu for records.

Professional Behavior

1. You represent SUNY Upstate, the Department of Surgery, the Division of Acute Care Surgery, and the Burn Program.
2. Responsibility, capacity for self-improvement, relationship with patients and relationships with other members of the trauma team define your bedside manners and professionalism.
3. The care of your patients is your first concern. Respect the patient's privacy and dignity. Introduce yourself to the patient and their family. Do not ignore the family. Patients have a right to choose the course of their medical care. It is our responsibility to provide information so that the patient or surrogate can make an informed decision.
4. The Emergency Medicine service is integral to the care of the injured patient. Be respectful. If there are conflicts, contact the Burn attending *or Burn Medical Director*.
5. Interactions with other services must be collegial. Do not get into conflict with them. Contact the burn attending when there is conflict so that s/he can contact the responsible attending from another service. Please provide the attending with the name and contact number of the other attending.
6. We care for patients from all walks of life. Bedside manners require you to treat the patient with compassion, dignity and consideration. Burns are a lifelong injury. 10% of a patients' recovery is what they do while they are in the hospital. The other 90% is after discharge.
7. Rehabilitation, Occupational and Physical Therapy are critical as the skin continues to heal it will contract. Always remember, the position of comfort is the position of contracture.

Procedure/Corresponding Procedure: Checklist for Burn Patients (attached)

Education/ Related Resources: N/A

Form Name(s) and Number(s): N/A

Originating Department: Burn Service

Contributing Department(s): Burn Service, Burn QI

References:

N/A

Checklist for Burn Patients

- Burn admissions order set used
- Admit patients under Burn Service
- Inhalation protocol ordered for inhalation injuries (peds & adults)
- Burn H&P complete
- Lund and Browder complete
- Photos of burn injuries
- Fluid resuscitation >20%TBSA
- Wound care
- Activity
- Daily Weights
- Calorie Counts
- Medications/pain control
- MRSA PCR ordered
- Ace consult for patients >65
- Ophthalmology consult for patients with facial burns
- Nutrition consult
- Occupational Therapy consult
- Physical therapy consult
- Palliative care consult for peds with baux >100 and adults with a baux >100
- Feeding ordered within 24hours of admission for intubated patients
- Feeding ordered within 4hours of admission for po intake
- Spiritual Care