

National Competency Framework  
for Registered Nurses in Adult Critical Care

# Advanced Specialist Competencies

For use in Specialist Burns Units



# Foreword

## Advanced Burns Competency Document For Inclusion in the National Critical Care Group Competencies

### 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.
- This competency is intended for use alongside the National Critical Care Nurses Competency package and is intended for use in areas that admit burn injured patients frequently.
- Burns advanced competency document is aimed at nurses who look after burn injured patients 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 this competency document are largely knowledge based and are to be used to support the nurse giving the initial care of the burns 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.

Learner Name <b>PRINT</b>	<b>SIGNATURE</b>
Lead Assesor/Mentor Name <b>PRINT</b>	<b>SIGNATURE</b>

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# Specialist Burns Competencies Tracker Sheet

Competency	Date Achieved	Signature
A1: Demonstrates a knowledge of first aid and the initial emergency management of a burn injury		
A2: Demonstrate the ability to prepare for receiving a new burn injured patient and assess them		
A3: Demonstrate the ability to assess a burn wound		
A4: Demonstrate knowledge and skill in burn wound management including stages of wound healing and how this applies to modern burn care		
A5: Demonstrate knowledge and understanding of fluid management in a patient with a burn injury		
A6: Demonstrate an understanding of burn inhalation injury and its treatment		
A7: Demonstrate the ability to care appropriately for a patient receiving fluid resuscitation		
A8: Demonstrate the ability to support the patient with a burn injury who is in pain using appropriate preparations and administering them safely		
A9: Demonstrate knowledge and understanding of Nutritional requirements/management of a patient with a burn injury		
A10: Demonstrate knowledge and understanding of Infection Control measures in a patient with a burn injury		
A11: Demonstrate knowledge and understanding of the Rehabilitation phase of a patient with a burn injury		
A12: Demonstrate the ability to care for a patient with an electrical burn		
A13: Demonstrate the ability to care for a patient with a chemical burn		
A14: Demonstrate a knowledge of Toxic Shock Syndrome in children that have a burn injury and its treatment		
A15: Demonstrate the ability to care for a patient with exfoliative / necrotising diseases of the skin		

# Specialist Burns Competencies Tracker Sheet

Competency	Date Achieved	Signature
A16: Demonstrates knowledge of rationale for use of skin substitutes in own area		
A17: Demonstrate the knowledge and skill required to care for a patient with a skin graft		
A18: Demonstrate the different wound care techniques available to deliver best practice to Burns patients		
A19: Demonstrate an understanding of the psychological issues that can affect patients with a burn injury and possible interventions		
A20: Demonstrate an understanding of the safeguarding issues that can affect patients with a burn injury		
A21: Demonstrate an understanding for the need for discharge preparation for the Burn injured patient		
A22: Demonstrate an understanding of the resources available to Burn injured patients post discharge		
A23: Demonstrate an understanding of the issues around the care of the dying Burn injured patient		

# National Burn Competency Framework for Nurses

The following competency statements are related to the safe management of a burn injured patient requiring a higher level of care.

## Pre Hospital Considerations:

### A1: Demonstrates a knowledge of first aid and the initial emergency management of 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>Recognises the importance of personal safety in first aid</li> <li>Explains the first aid treatment of burns and the rationale for this (stopping the burning, cooling the burn and covering)</li> <li>Rationale for cooling a burn wound with cool water for 20 minutes up to 3 hours post injury (Gold Standard).</li> <li>Understands the rationale for maintaining a warm environment</li> <li>Explains the need to remove jewellery and clothing</li> <li>Demonstrate an understanding of the burn network thresholds and referral criteria</li> <li>Discuss what a primary and secondary survey (as per ATLS guidelines) are and their importance not to focus just on the burn injury</li> </ul>	

### A2: Demonstrate the ability to prepare for receiving a new burn injured patient and assess them

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>Identify the details required when a patient with a burn injury is initially being referred e.g. TBSA does this require transfer to a burns specific area or advice</li> <li>Identify and prepare the equipment required for a burn patient admission</li> <li>Identify and prepare the appropriate environment and staff required</li> <li>Identify and prepare the documentation required</li> <li>Discuss the importance of early wound swabs on admission for wound surveillance</li> <li>Discuss the need to check patient's tetanus status</li> </ul>	

# Initial Assessment:

### A3: 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>Describe the anatomy of the skin</li> <li>Explain the functions of the skin and relate this to the care of a patient with a burn</li> <li>Describe and recognise the different types and causes of burn wounds</li> <li>Recognise and assess the different burn wound depths and classifications (erythema, epidermal, dermal and full thickness)</li> <li>Calculate TBSA of burn wound using an appropriate tool e.g. Lund and Browder, Wallace rule of nines, Mersea burn app or use of the palmer surface 1% technique to calculate TBSA</li> <li>Discuss the differences in burns estimation between adults and children</li> <li>Recognise circumferential burn and the indications for escharotomies and what action to take</li> <li>Understands the effect of Jackson's Burn Wound Model on the burn injury</li> </ul>	

### A4: 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
<ul style="list-style-type: none"> <li>Discuss the different ways that a wound can heal e.g. by primary, secondary and tertiary intention</li> <li>Describe and recognise the stages of wound healing                             <ul style="list-style-type: none"> <li>- Initial insult – viable and non-viable tissue</li> <li>- Inflammation</li> <li>- Proliferation</li> <li>- Epithelization</li> <li>- Maturation</li> <li>- Types of Scarring</li> <li>- Contractures</li> </ul> </li> <li>Discuss different factors that can affect wound healing looking at how long the wound should take to heal and when to seek expert advice</li> <li>Explain the different methods of wound cleansing and rationale for its use</li> <li>Explain the properties of different wound dressings available within your area</li> <li>Discuss requirements of a dressing for different burn wounds at different depths and stages of burn wound healing</li> <li>Demonstrate the ability to apply the dressings used in your area appropriately</li> <li>Explain the care of a burn wound that has blisters and demonstrate the correct procedure to Deroof blisters</li> <li>Demonstrate the correct use of bandaging in burns and describe the risks of incorrect bandaging</li> </ul>	



**A5: Demonstrate knowledge and understanding of fluid management 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
<ul style="list-style-type: none"> <li>• Describe the physiology of fluid loss following a burn injury</li> <li>• Explain when to administer fluids oral and IV</li> <li>• Demonstrate an understanding of different types of fluid that may be administered and rationale for the use looking at the following considerations:                             <ul style="list-style-type: none"> <li>o Neonates</li> <li>o Children</li> <li>o Adults</li> <li>o Elderly</li> </ul> </li> <li>• Calculate fluid requirements using the Parkland formula or any locally used burn fluid formula</li> <li>• Explain the importance of knowing the time that the burn injury occurred</li> <li>• Explain when 'maintenance' fluids are required, how to calculate and type of fluids required (desirable not essential criteria)</li> <li>• Discuss the term "Fluid Creep"</li> </ul>	

**A6: Demonstrate an understanding of burn inhalation injury and its treatment**

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 burn inhalation injury and the potential complications</li> <li>• Recognise the signs and symptoms of burn inhalation, and different grades of injury and when immediate action is required</li> <li>• Discuss the predisposing medical factors that may cause exacerbation and importance of full history</li> <li>• Explain the importance and relevance of checking carboxyhaemoglobin levels and treatment</li> <li>• Discuss the various treatment options for burn inhalation injury</li> <li>• Awareness of the effects of cyanide poisoning and use of antidotes (Cyanokit)</li> </ul>	

# On – Going Management and Transfer to Definitive Care

**A7: Demonstrate the ability to care appropriately for a patient receiving fluid resuscitation**

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>• Explain how the effectiveness of fluid management may be monitored</li> <li>• Discuss appropriate monitoring and how the following may be effected within burn injured patients:                             <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>CRT</li> <li>Blood gases</li> <li>Blood results</li> </ul> </li> <li>• Discuss appropriate action when parameters deviate</li> <li>• Understand the effects of swelling on circulation volume, soft tissues and the effects this may have on the patient i.e. uncut ET tube</li> <li>• Discuss the need to look at end organ perfusion with consideration to patients that may require increased fluid requirements or decrease according to systemic effects</li> </ul>	

**A8: Demonstrate the ability to support the patient with a burn injury who is in pain using appropriate preparations and administering them safely**

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>• Show awareness of current theories of pain physiology</li> <li>• Demonstrate an ability to assess pain and manage it appropriately using appropriate pain scoring tool</li> <li>• Discuss the various procedures that may require additional analgesia</li> <li>• Demonstrate knowledge of local and network pain guideline</li> <li>• Discuss the various analgesics that can be used and safety issues surrounding these</li> <li>• Discuss the non-pharmacological methods for relieving pain</li> <li>• Discuss local sedation protocols used to enable effective dressing changes to be carried out</li> <li>• Demonstrate an understanding of itch and its treatment</li> </ul>	

**A9: Demonstrate knowledge and understanding of Nutritional requirements/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

- Describe the metabolic responses following a burn including signs of altered metabolism and the strategies used to moderate the response i.e. early burn excision, early feeding, oxandrolone and propranolol
  - Explain the nutritional assessment required by a burns patient and have an understanding of how a nutritional plan is produced looking at:
    - pre existing nutritional status
    - Nutritional risks
    - Estimated nutritional requirements
- With a clear understanding of the need for early dietetic input
- Discuss the need for early enteral feeding and the benefits of nutritional support
  - Discuss the advantages and disadvantages of the following feeding regimes available for a burn injured individual
    - Naso-Gastric,
    - Naso-Jejunal
    - Jejunostomy, PEG
    - Intravenous route (Total Parental Nutrition)
    - Oral ingestion
  - Describe types of feeds used locally
  - Discuss local practice related to supplementation of micronutrients
    - Se, Zn, Cu, Vitamin D, Glutamine
    - related monitoring of these
    - contraindications
  - Discuss potential barriers to adequate delivery or utilisation of non-oral feeding and strategies to overcome these barriers i.e.
    - Feeding intolerances
    - Missed feeds due to NBM for planned procedures / theatre trips
    - Catch up rates
    - Planned breaks in feeds
  - Discuss potential barriers to adequate oral intake and strategies to overcome these
    - Drowsyness
    - NBM
    - Constipation
    - Anxiety
    - Pain
    - Cultural
    - Personal food preferences
  - Explain the importance of a baseline and weekly recording of weight of the burn injured patient and consider what may influence the accuracies of such measurements
  - Discuss effects of burn injury on glycaemic control and its consequences with clear understanding of effects to wound healing

**A10: 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

- Discuss why a burn injured patient is at a risk of acquiring an infection
- Discuss different types of infections that burns patients may face during their time within the hospital i.e. gram positive, negative and fungus
- Describe the actions taken in your service to help reduce the risk of the spread of infections e.g. isolation room
- Have an understanding of the different levels of infection control required for different bugs i.e. different PPE or showering between patients
- Clear understanding of sepsis with clear understanding of local/national guidelines i.e. Sepsis 6
- Clear understanding of the difference between sepsis and systemic inflammatory response, be able to differentiate between the two
- Discuss the progression of infection to multi resistant organisms over the burns patient journey and how this can be reduced as much as possible
- Show an understanding of the local / national Infection Control guidelines
- Discuss local guidelines on infection surveillance with wound swabs and tissue samples
- Discuss local guidelines and procedure in relation to antibiotic use within burn injured patients

**A11: 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

- Explain the role of the following teams in the care of patients
  - Physiotherapist
  - Occupational Therapist
- Discuss the of role of exercise during rehabilitation
- Understanding of the importance of exercise and movement within the burns patient journey
- Describe the importance of positioning a burns patient correctly to reduce contractures i.e. arms out
- Discuss the importance of splints and splinting burn patients
- Discuss the importance of accurate burn scar assessment and management
- Understanding the importance of pressure garments

# Specialist Burn Considerations:

**A12: Demonstrate the ability to care for a patient with an electrical burn**

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>• Explain the mechanism of electrical burn injuries</li> <li>• Explain signs of Entry and Exit wounds</li> <li>• Understand differences between house hold and industrial currents</li> <li>• Discuss the treatment of electrical burns, including wound assessment, fluid management and urine output,</li> <li>• Understand the need for cardiac monitoring</li> <li>• Discuss compartment syndrome and limb management</li> <li>• Understand the differences between escharotomys and fasciotomys</li> <li>• Understand reasons for monitoring Creatine Kinase (CK) levels</li> <li>• Discuss signs and symptoms of rhabdomyolysis</li> <li>• Understanding of when and how to gain advice</li> </ul>	

**A13: Demonstrate the ability to care for a patient with a chemical burn**

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>• Explain mechanism of a chemical injury</li> <li>• Explain the extra first aid considerations for chemical burns</li> <li>• Know how to contact the poisons centre for advice on chemical burns</li> <li>• Discuss the treatment of different types of chemical burns including                             <ul style="list-style-type: none"> <li>Alkali / Acid</li> <li>Hydrofluoric acid</li> <li>Bitumen</li> </ul> </li> <li>• Explain the importance of irrigation and measuring the pH of chemical burn wound</li> <li>• If available, describe what Diphoterine® is and how it is use</li> </ul>	

**A14: Demonstrate a knowledge of Toxic Shock Syndrome in children that have a burn injury and its treatment**

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 Toxic Shock Syndrome and its relevance to burn patients</li> <li>• Explain the signs and symptoms of Toxic Shock Syndrome and the importance of early recognition</li> <li>• Discuss the treatment of Toxic Shock Syndrome</li> <li>• Understanding of when and where to refer these patients within your network</li> </ul>	

**A15: Demonstrate the ability to care for a patient with exfoliative/necrotising diseases of the skin**

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 causes, presentation and treatment of:                             <ul style="list-style-type: none"> <li>• Toxic Epidermal Necrolysis (TENS)</li> <li>• Stevens – Johnson Syndrome (SSJ)</li> <li>• Staphylococcal Scalding Skin Syndrome (SSS)</li> <li>• Necrotising Fasciitis</li> </ul> </li> <li>• Be aware of local policies regarding management within general ITU under dermatologists care or referral to your local burn service</li> </ul>	

**A16: Demonstrates knowledge of rationale for use of skin substitutes in own area**

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>• Is able to identify skin substitutes used in own area</li> <li>• Is able to recognise how different skin substitutes are stored</li> <li>• Understands how to order and the potential financial implications of skin substitute use</li> <li>• Is able to identify different compositions of skin substitutes, indications for use and application</li> <li>• Is able to identify contra-indications for use of skin substitutes</li> <li>• Understands the potential implications of the use of skin substitutes and the actions required</li> <li>• Is able to state the ethical implications for use of skin substitutes</li> <li>• Is able to discuss the need for consent to utilise skin substitutes</li> <li>• Is able to discuss the Human Tissue Act (2004) and implications for practice</li> </ul>	

**A17: Demonstrate the knowledge and skill required to care for a patient with a skin graft**

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>• Explain what a skin graft is, the different types and when they may be used</li> <li>• Discuss the various areas that a skin graft may be taken from</li> <li>• Explain how a skin graft is harvested and applied</li> <li>• Demonstrate an understanding of how a skin graft “takes”</li> <li>• Demonstrate the ability to assess and identify a donor site</li> <li>• Discuss the various dressings that can be used on the graft and donor site</li> <li>• Demonstrate the ability to prepare a patient for a skin graft</li> <li>• Demonstrate the ability to care for a patient who has undergone a skin graft</li> <li>• Discuss the follow up care for a patient following a skin graft</li> <li>• Identify the reasons for graft failure and what may be done to reduce the risks</li> </ul>	

**A18: demonstrate the different wound care techniques available to deliver best practice to burns 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
<ul style="list-style-type: none"> <li>• Discuss the appropriate way to assess a burn wound</li> <li>• Discuss local burn wound decontamination methods and relate to practice</li> <li>• Discuss the wound healing requirements for the following:                             <ul style="list-style-type: none"> <li>- Superficial burn wounds</li> <li>- Partial thickness burn wounds</li> <li>- Deep dermal burn wounds</li> <li>- Full thickness burn wounds</li> </ul> </li> <li>• Discuss the different dressings available within your hospital and relate them to the healing process</li> <li>• Discuss local policies on documentation of burn wound progression</li> <li>• Understanding of bioburden</li> <li>• Able to discuss different dressings that will reduce colonisation of the burn wound</li> </ul>	



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

**A17: 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>Explain the role of the psychology team and other services/organisations in the care of patients with a burn injury</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>Demonstrates knowledge of local and national policies relating to Mental Health issues</li> </ul>	

**A20: 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 of possible safeguarding interventions / referrals for:                             <ul style="list-style-type: none"> <li>Adults</li> <li>Children</li> </ul> </li> <li>Explain the roles of other professionals e.g. Safeguarding Team, Social services</li> <li>Demonstrate an understanding of the local and national guidelines that are used to assist in safeguarding patients</li> <li>Discuss the support required for patients / family during safeguarding investigations</li> <li>Explain the local safeguarding documentation that is used</li> </ul>	

**A21: Demonstrate an understanding of the need for discharge preparation for the 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>Explain the importance of effective discharge planning</li> <li>Discuss the role of the Multi-Disciplinary Team (MDT) in a patient's discharge</li> <li>Describe the role and benefits of the local outpatient / dressing clinic service</li> <li>Identify the external support services that may be required for the discharge of a patient and how to refer to these agencies</li> <li>Understands the importance of information given on discharge i.e. washing, creaming, pressure garments, splints, sun protection, contact numbers</li> <li>Understands the need for appropriate social and school/work reintegration</li> <li>Understands the potential problems of patients transitioning from service to service</li> </ul>	

**A22: Demonstrate an understanding of the resources available to burn injured patients post discharge**

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>Have a understanding of your local and national resources that are available to burn survivors following discharge from hospital                             <ul style="list-style-type: none"> <li>- Adult</li> <li>- Paediatric</li> </ul> </li> <li>Have an understanding of NHS resources and external charities and agencies that can support our burn injured patients</li> <li>Have a clear understanding of the local and national resource available to relatives of burn patients</li> </ul>	

**A23: 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>Discuss the issues around "comfort care only" decisions</li> <li>Ensure all cases are discussed with local burn services</li> <li>Discuss the need for patient and family support within this process</li> <li>Discuss the need for psychotherapy support for family's following a loved one's death from a burn injury</li> <li>Understand the effects this may have on staff within the local unit</li> <li>Understands the role of the coroner following a death from burn injury</li> </ul>	

Initial Assessment & Development Plan

Date | | |

This meeting between Learner and Lead Assessor should take place on commencement of these competencies. It is to identify the needs of the nurse and those competencies that should be attained within the first 3 months of commencing the competency development programme.

CURRENT CRITICAL CARE KNOWLEDGE, UNDERSTANDING AND SKILLS

Handwritten notes area for current critical care knowledge, understanding and skills.

COMPETENCIES TO BE ACHIEVED

Handwritten notes area for competencies to be achieved.

SPECIFIC SUPPORTIVE STRATEGIES REQUIRED

Handwritten notes area for specific supportive strategies required.

Learners Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |

Ongoing Assessment & Development Plan

Date | | |

This meeting between Learner and Lead Assessor is to identify the progress made by the nurse in achieving competence in practice against those competencies identified in the initial/previous meetings. It is here further objectives will be set. Ongoing assessments should take place at least every 3 months. If the learner requires additional support a further action plan can be completed.

REVIEW OF COMPETENCIES ACHIEVED

ON TARGET: YES  NO

IF NOT WHICH COMPETENCIES HAVE YET TO BE MET

Handwritten notes area for competencies yet to be met.

REASONS FOR NOT ACHIEVING

Handwritten notes area for reasons for not achieving.

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

Handwritten notes area for specific objectives to achieve competence.

KEY AREAS & ADDITIONAL COMPETENCIES TO BE ACHIEVED BEFORE NEXT MEETING

Handwritten notes area for key areas and additional competencies to be achieved before next meeting.

Learners Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |

Additional Action Planning

Date | | |

This document is to be completed as required to set SMART objectives for the learner who requires additional support to achieve certain competencies (these will have been identified during the 3 monthly On-going Assessment & Development Plan).

AREAS FOR FURTHER ACTION PLANNING

Lined area for writing action planning notes.

Learners Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |

Final Competency Assessment

Date | | |

This meeting is to identify that all the competencies have been achieved and that the nurse is considered a safe competent practitioner.

COMPETENCY STATEMENT

The nurse has been assessed against the competencies within this document and measured against the definition of competence below by critical care colleagues, mentors and assessors and is considered a competent safe practitioner within the critical care environment:

**“The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing care and interventions”.**

As part of quality assurance, the nurse is expected to maintain a portfolio of practice as part of NMC regulations to support on-going competence and declare any training development needs to their line manager or appropriated other.

Competency will be reviewed annually as part of staff personal development plans. Where necessary, objectives will be set to further develop any emerging competency required to work safely within the critical care environment.

LEAD ASSESSORS COMMENTS

Lined area for lead assessors' comments.

LEARNERS COMMENTS

Lined area for learners' comments.

Learners Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |

Annual Competency Review

Date | | |

This record is a statement between the nurse who has completed their Burns competencies successfully and their Assessor /Practice Educator and/or Appraiser. It should be used and reviewed alongside local appraisal systems annually to ensure that the nurse continues to demonstrate themselves as a safe competent critical care practitioner

OVERALL COMPETENCY MAINTAINED YES  NO

IF NOT WHICH COMPETENCIES REQUIRE FURTHER DEVELOPMENT

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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FURTHER COMMENTS

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Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |

Abbreviations

ATLS	Advanced Trauma Life Support
BP	Blood Pressure
CK	Creatine / Creatinine Kinase
CRT	Capillary Refill Time
Cu	Copper
HR	Heart Rate
ITU	Intensive Therapy Unit
IV	Intra Venous
LDi	Laser Doppler imaging
MDT	Multi-Disciplinary Team
NBM	Nil By Mouth
NG	Nasal Gastric
NJ	Nasal Jejunum
PEG	Percutaneous Endoscopic Gastrostomy
PPE	Personal Protection Equipment
Se	Selenium
SSJ	Stevens-Johnson Syndrome
SSS	Staphylococcal Scalding Skin Syndrome
TBSA	Total Body Surface Area
TENS	Toxic Epidermal Necrolysis
TPN	Total Parenteral Nutrition
Zn	Zinc

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 Northern Burns Care Operational Delivery Network who wrote the original competencies for use.

Grateful Thanks are extended to all contributors.

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## **Critical Care Networks-National Nurse Leads (CC3N) 2015**

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