National Competency Framework for Registered Nurses in Adult Critical Care

Specialist Burns Competencies
For use in Non-Specialist Units

Version 1 : Jan 2019
Foreword

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 infrequently
- This document is designed for nurses who look after burn patients infrequently
- Nurses that look after burns patients on a regularly basis will need to move on to the Advanced burn competency document

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.

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Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor and Unit 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

LEARNERS RESPONSIBILITIES

As a learner I intend to:

- Take responsibility for my own development
- Successfully complete a period of induction/preceptorship as locally agreed
- Form a productive working relationship with mentors and assessors
- Listen to colleagues, mentors and assessor's advice and utilise coaching opportunities
- Meet with my Lead Assessor at least 3 monthly
- Adopt a number of learning strategies to assist in my development
- Use constructive criticism positively to inform my learning
- Put myself forward for learning opportunities as they arise
- Complete these competencies in the recommended 12 month time frame
- Use this competency development programme to inform my annual appraisal and development needs
- Report lack of supervision or support directly to unit manager at the first opportunity

Signature: .......................................................... Date: ...................................

LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor I intend to:

- Meet the standards of regulatory bodies (NMC 2008)
- Demonstrate on-going professional development/competence within critical care
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the HEI, Education Lead and/or Manager concerns related to individual nurse's learning and development
- Plan a series of learning experiences that will met the individuals 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

Signature: ........................................................................ Date: ...................................

CRITICAL CARE LEAD NURSE/MANAGER

As a critical care service provider I intend to:

- Facilitate a minimum of 40% of learners' clinical practice hours with their mentor/assessor and/or Practice Educator or delegated appropriate other
- Provide and/or support clinical placements to facilitate the learner's development and achievement of the core/essential competency requirements
- Regulate and quality assure systems for mentorship and standardisation of assessment to ensure validity and transferability of the nurses' competence

Signature: .......................................................... Date: ...................................

Authorised Signature Record

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Sample Signature</th>
<th>Designation</th>
<th>PIN No:</th>
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### Specialist Burns Competencies Tracker Sheet

<table>
<thead>
<tr>
<th>Competency</th>
<th>Date Achieved</th>
<th>Signature</th>
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<tbody>
<tr>
<td>A1: Demonstrates a knowledge of first aid and the initial emergency management of a burn injury</td>
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<tr>
<td>A2: Demonstrate the ability to prepare for receiving a new burn injured patient and assess them</td>
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<td>A3: Demonstrate the ability to assess a burn wound</td>
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<td>A4: Demonstrate knowledge and skill in burn wound management including stages of wound healing and how this applies to modern burn care</td>
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<td>A5: Demonstrate knowledge and understanding of fluid management in a patient with a burn injury</td>
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<td>A6: Demonstrate an understanding of burn inhalation injury and its treatment</td>
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<td>A7: Demonstrate the ability to care appropriately for a patient receiving fluid resuscitation</td>
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<td>A8: Demonstrate the ability to support the patient with a burn injury who is in pain using appropriate preparations and administering them safely</td>
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<td>A9: Demonstrate knowledge and understanding of Nutritional requirements/management of a patient with a burn injury</td>
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<td>A10: Demonstrate knowledge and understanding of Infection Control measures in a patient with a burn injury</td>
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<td>A11: Demonstrate an understanding of the need for discharge preparation for the burn injured patient</td>
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<td>A12: Demonstrate knowledge and understanding of the Rehabilitation phase of a patient with a burn injury</td>
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<td>A13: Demonstrate the ability to care for a patient with an electrical burn</td>
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<td>A17: Demonstrate an understanding of the psychological issues that can affect patients with a burn injury and possible interventions</td>
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<td>A18: Demonstrate an understanding of the safeguarding issues that can affect patients with a burn injury</td>
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<td>A19: Demonstrate an understanding of the issues around the care of the dying burn injured patient</td>
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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

- Recognises the importance of personal safety in first aid
- Explains the first aid treatment of burns and the rationale for this (stopping the burning, cooling the burn and covering)
- Rationale for cooling a burn wound with cool water for 20 minutes up to 3 hours post injury (Gold Standard)
- Understands the rationale for maintaining a warm environment
- Explains the need to remove jewellery and clothing
- Demonstrate an understanding of the burn network thresholds and referral criteria
- Discuss what a primary and secondary survey are and their importance not to focus just on the burn injury

Competency Fully Achieved

Date/Sign

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

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

Competency Fully Achieved

Date/Sign

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

- Describe the anatomy of the skin
- Explain the functions of the skin and relate this to the care of a patient with a burn
- Describe and recognise the different types and causes of burn wounds
- Recognise and assess the different burn wound depths and classifications (erythema, epidermal, dermal and full thickness)
- Calculate TBSA of burn wound using an appropriate tool e.g. Lund and Browder, Wallace rule of nines, Mensea burn app or use of the palm surface 1% technique to calculate TBSA
- Discuss the differences in burns estimation between adults and children
- Recognise the indications for escharotomies and what action to take
- Consideration of pathophysiological changes in relation to Jacksons Burn Model and when systemic effects would be seen

Competency Fully Achieved

Date/Sign

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

- Discuss the different ways that a wound can heal e.g. by primary and secondary intention
- Describe and recognise the stages of wound healing
  - Initial insult – viable and non-viable tissue
  - Inflammation
  - Proliferation
  - Maturation
  - Types of Scaring
  - Contractures
- Discuss different factors that can affect wound healing looking at how long the wound should take to heal and when to seek expert advice
- Explain the different methods of wound cleansing and rationale for its use
- Explain the properties of different wound dressings available within your area
- Discuss requirements of a dressing for different burns wounds at different depths and stages of burn wound healing
- Demonstrate the ability to apply the dressings used in your area appropriately
- Explain the care of a burn wound that has blisters and demonstrate the correct procedure to Deroof blisters
- Demonstrate the correct use of bandaging in burns and describe the risks of incorrect bandaging

Competency Fully Achieved

Date/Sign
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

- Describe the physiology of fluid loss following a burn injury
- Explain when to administer fluids oral and IV
- Demonstrate an understanding of different types of fluid that may be administered and rationale for the use looking at the following considerations:
  - Neonates (Desirable not essential criteria)
  - Children (Desirable not essential criteria)
  - Adults
  - Elderly
- Calculate fluid requirements using the Parkland formula or any locally used burn fluid formula
- Explain the importance of knowing the time that the burn injury occurred
- Explain when ‘maintenance’ fluids are required, how to calculate and type of fluids required (desirable not essential criteria)

A6: Demonstrate 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

- Describe burn inhalation injury and the potential complications
- Recognise the signs and symptoms of burn inhalation injury and when immediate action is required
- Discuss the predisposing medical factors that may cause exacerbation
- Explain the importance and relevance of checking carboxyhaemoglobin levels
- Discuss the various treatment options for burn inhalation injury
- Awareness of the effects of cyanide poisoning and use of antidotes (Cyanokit)

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

- Explain how the effectiveness of fluid management may be monitored
- Discuss appropriate monitoring and how the following may be effected within burn injured patients:
  - Heart rate
  - Blood pressure
  - Respiratory rate
  - Urine output
  - Fluid balance
  - CRT
  - Blood gases
  - Blood results
- Discuss appropriate action when parameters deviate
- Understand the effects of swelling on circulation volume, soft tissues and the effects this may have on the patient
- 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

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

- Show awareness of current theories of pain physiology
- Demonstrate an ability to assess pain and manage it appropriately
- Discuss the various procedures that may require additional analgesia
- Demonstrate knowledge of local and network pain guideline
- Discuss the various analgesics that can be used and safety issues surrounding these
- Discuss the non-pharmacological methods for relieving pain
- Demonstrate an understanding of itch and its treatment

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

- Describe the metabolic responses following a burn
- Explain the nutritional assessment required
- 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 burn injured individuals:
  - Naso-Gastric
  - Naso-Jejunal
  - Jejunalostomy, PEG
  - Intravenous route (Total Parenteral Nutrition)
  - Oral ingestion
- Describe types of feeds used locally
- Discuss local feeding guidelines and importance of involvement of local dietitian
- Explain the importance of a baseline and weekly recording of weight of the burn injured patient

Competency Fully Achieved

Date/Sign
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

- Discuss why a burn injured patient is at risk of acquiring an infection
- Describe the signs and symptoms of infection and sepsis and how these may be differentiated from the systemic inflammatory response
- Describe the actions taken in your service to help reduce the risk of the spread of infections e.g. isolation room
- Show an understanding of the local Infection Control guidelines

A11: 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

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

A12: 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

- Explain the role of the following teams in the care of patients
  - Physiotherapist
  - Occupational Therapist
- Discuss the role of exercise during rehabilitation
- Describe the importance of positioning and splinting
- Discuss the importance of accurate burn scar assessment and management

A13: 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

- Explain the mechanism of electrical burn injuries
- Explain signs of Entry and Exit wounds
- Understand differences between household and industrial currents
- Discuss the treatment of electrical burns, including wound assessment, fluid management and urine output,
- Understand the need for cardiac monitoring
- Discuss compartment syndrome and limb management
- Understand the differences between escharotomies and fasciotomies
- Understand reasons for monitoring Creatine Kinase (CK) levels
- Discuss signs and symptoms of rhabdomyolysis
- Understanding of when and how to gain advice or refer to your local burns service

A14: 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

- Explain the importance of irrigation and measuring the pH of chemical burn wound
- If available, describe what Diphoterine® is and how it is used
- Explain the extra first aid considerations for chemical burns
- Explain mechanism of a chemical injury
- Explain the extra first aid considerations for chemical burns
- Know how to contact the poisons centre for advice on chemical burns
- Discuss the treatment of different types of chemical burns including
  - Alkali / Acid
  - Hydrofluoric acid
  - Bitumen
- Discuss the treatment of Toxic Shock Syndrome
- Explain the importance of irrigation and measuring the pH of chemical burn wound
- Discuss signs and symptoms of rhabdomyolysis
- Understanding of when and how to gain advice or refer to your local burns service

A15: 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

- Describe Toxic Shock Syndrome and its relevance to burn patients
- Explain the signs and symptoms of Toxic Shock Syndrome and the importance of early recognition
- Discuss the treatment of Toxic Shock Syndrome
- Understanding of when and where to refer these patients within your network

A16: 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

- Discuss the causes, presentation and treatment of:
  - Toxic Epidermal Necrolysis (TENs)
  - Stevens – Johnson Syndrome (SSJ)
  - Staphylococcal Scalding Skin Syndrome (SSS)
  - Necrotising Fasciitis
- Be aware of local policies regarding management within general ITU under dermatologists care or referral to your local burns service

Specialist Burn Considerations:

- Be aware of local policies regarding management within general ITU under dermatologists care or referral to your local burns service

- Bitumen
- Hydrofluoric acid
- Alkali / Acid
- If available, describe what Diphoterine® is and how it is used
- Explain the extra first aid considerations for chemical burns
- Explain mechanism of a chemical injury
- Explain the extra first aid considerations for chemical burns
- Know how to contact the poisons centre for advice on chemical burns
- Discuss the treatment of different types of chemical burns including
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  - Hydrofluoric acid
  - Bitumen
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- Explain the importance of irrigation and measuring the pH of chemical burn wound
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  - Stevens – Johnson Syndrome (SSJ)
  - Staphylococcal Scalding Skin Syndrome (SSS)
  - Necrotising Fasciitis
- Be aware of local policies regarding management within general ITU under dermatologists care or referral to your local burns service
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

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<tr>
<td>Describe what body image is and how this may be altered following a burn injury</td>
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<td>Discuss the psychological impact of disfigurement on the patient and their family both the short and long term effects</td>
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<td>Explain the role of the psychology team and other services/organisations in the care of patients with a burn injury</td>
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<td>Discuss some of the psychological reactions a patient may show following a burn injury</td>
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<td>Discuss what support is available for these patients</td>
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<td>Demonstrates knowledge of local and national policies relating to Mental Health issues</td>
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A18: 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

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<tr>
<td>Discuss the need of possible safeguarding interventions / referrals for: Adults Children</td>
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<td>Explain the roles of other professionals e.g. Safeguarding Team, Social services</td>
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<td>Demonstrate an understanding of the local and national guidelines that are used to assist in safeguarding patients</td>
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<td>Discuss the support required for patients / family during safeguarding investigations</td>
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<td>Explain the local safeguarding documentation that is used</td>
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A19: 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

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

Initial Assessment & Development Plan

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

SPECIFIC SUPPORTIVE STRATEGIES REQUIRED

LEARNERS SIGNATURE: ....................................................

LEAD ASSESSORS / PRACTICE EDUCATORS SIGNATURE: .........................

NEXT AGREED MEETING DATE: .................................
Ongoing Assessment & Development Plan

<table>
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<tr>
<th>Date</th>
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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

|                                                |
|                                                |

REASONS FOR NOT ACHIEVING

|                                                |
|                                                |

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

|                                                |
|                                                |

KEY AREAS & ADDITIONAL COMPETENCIES TO BE ACHIEVED BEFORE NEXT MEETING

|                                                |
|                                                |

Learners Signature: ........................................

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

NEXT AGREED MEETING DATE: | | | |

Additional Action Planning

<table>
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<th>Date</th>
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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

|                                                |
|                                                |

|                                                |
|                                                |

Learners Signature: ........................................

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

NEXT AGREED MEETING DATE: | | | |
Final Competency Assessment

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 appropriates 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

LEARNERS COMMENTS

Learners Signature: ……………………………………………

Lead Assessors / Practice Educators Signature: ……………………………

Annual Competency Review

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

FURTHER COMMENTS

Signature: ……………………………………………

Lead Assessors / Practice Educators Signature: ……………………………

NEXT AGREED MEETING DATE:

NEXT AGREED MEETING DATE:
Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ATLS</td>
<td>Advanced Trauma Life Support</td>
</tr>
<tr>
<td>BP</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>CRT</td>
<td>Capillary Refill Time</td>
</tr>
<tr>
<td>HR</td>
<td>Heart Rate</td>
</tr>
<tr>
<td>IV</td>
<td>Intra Venous</td>
</tr>
<tr>
<td>LDI</td>
<td>Laser Doplar Imaging</td>
</tr>
<tr>
<td>MDT</td>
<td>Multi-Disciplinary Team</td>
</tr>
<tr>
<td>NG</td>
<td>Nasal Gastric</td>
</tr>
<tr>
<td>NJ</td>
<td>Nasal Jejunum</td>
</tr>
<tr>
<td>PEG</td>
<td>Percutaneous Endoscopic Gastrostomy</td>
</tr>
<tr>
<td>SSJ</td>
<td>Stevens-Johnson Syndrome</td>
</tr>
<tr>
<td>SSS</td>
<td>Staphylococcal Scalding Skin Syndrome</td>
</tr>
<tr>
<td>TBSA</td>
<td>Total Body Surface Area</td>
</tr>
<tr>
<td>TENS</td>
<td>Toxic Epidermal Necrolysis</td>
</tr>
<tr>
<td>TPN</td>
<td>Total Parenteral Nutrition</td>
</tr>
</tbody>
</table>

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.

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Notes
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