Midland Burn NHS
Operational Delivery Network

# Guideline for the Assessment, Care and Transfer of Adult Patients with potentially non survivable burn injuries in an Emergency Department

## Patients with potentially non-survivable burn injuries

Decisions about End of Life Care for burn injured patients are only considered after the patient has been assessed by senior and experienced Clinicians. Decisions of this nature must be taken using a team approach and wherever possible must involve the patient, their family and carers. Clinical factors relevant to making these decisions include:

- The size of the burn / percentage Total Body Surface Area %TBSA
- The depth of the burn (Partial Thickness / Full Thickness (PTB and FTB)
- The age of the patient *
- Any co-morbidities present
- The wishes of the patient and/or the family/carers

* Age and % TBSA have historically been used as indicators of the likelihood of Burn injury survival – revised BAUX score. (**Title:** Simplified estimates of the probability of death after burn injuries: extending and updating the baux score. **Source:** The Journal of trauma [0022-5282] Osler, Turner yr:2010 vol:68 iss:3 pg:690 -697*).* *http://journals.lww.com/jtrauma/pages/default.aspx*

There are two possible scenarios when it is appropriate to consider end of life care as the most appropriate treatment plan for burn injured patients:

- Where an injury is catastrophic and there is no feasible prospect of survival (comfort care is regarded as the only realistic option)

- Where a patient's condition deteriorates and there is no prospect of recovery. In these cases the damage is irreversible; this would be during treatment in a Burns Service.

The first category (a catastrophic injury) is the most likely to present itself to the Clinicians working in an Emergency Department (ED). For Clinicians who do not regularly assess burn injuries these decisions can be difficult. The overriding principle should be that there is ALWAYS discussion between the medical team responsible for the initial treatment and the Consultant Burn Surgeon on call in either the local Burn Unit or Burn Centre.

Any decision must only be made after the following has occurred

- Patient assessment in ED by two consultants and after discussion with a consultant Burn Surgeon at the local Burns Unit or Burn Centre. Consider using tele-medicine for further discussion (NORSE).

- The two Consultants must be in agreement (after discussion with a Consultant Burn Surgeon at the local Burns Unit or Burn Centre), that the patient is considered to have "non - survivable" injuries after taking into account % TBSA, depth, inhalation injury and co-morbidities.

- If a decision is made that the patient's burn injuries are non-survivable, this should be communicated to the patient (if appropriate) and the family/carers in an honest but sensitive manner.

Where EDs are located on the same site as a 24 hour Burns or Plastic Surgery Services then the Burns / Plastic Surgery Service should be contacted for advice so that a member of

the team can review the patient in the ED. This review should be undertaken in person by a Consultant or equivalent.

**Location of Patient care**

The local Burn Service should be contacted for all burns advice regarding the best location for the care, management and support of the patient and family/carers. The overall aims are to optimise quality of life, care and support in the end stages of life.

If advice is required for nursing care at the ED then the nurse in charge at the local Burns Service should be contacted (e.g. wound care, family/carer physical contact with patient)

- When deciding the best location and service to care for the patient with a burn injury that is regarded as non-survivable the needs and wishes of both the patient and their family must be discussed with them and considered. Depending on the circumstances this may be the local hospital or a specialised Burn Service

- If it is expected that the patient will survive 24 hours then it would be best practice to transfer them to the local Burn Service unless it is the patient's or family/carer's wish not to transfer them

- If the Burns Service or ED is in any doubt then the patient should be transferred.

If it is decided that it is in the best interest for the patient to receive care at a local hospital then the local Burns service MDT will support these colleagues.
The local hospital should contact their local Burn Service at any time for advice but there should at least be twice daily communication between the clinical teams caring for the patient. All advice sought and given must be documented. If available the Burns Nursing Outreach Team may also visit the patient.

MBODN Adult Burns Centre and Burns Unit contact phone numbers

| **MBODN** | **Site** | **Level** | **Adult** | **Contact** |
|---|---|---|---|---|
| University Hospitals Birmingham NHSFT | Queen Elizabeth Hospital | Centre | Adult | 0121 371 2000 |
| Nottingham University Hospitals NHS Trust | City Hospital Campus | Unit | Adult | 0115 9691169 ext. 56403 / 56401 |

**Psychological support**

A non-survivable injury is not only traumatic for the patient but also the family/carers and their psychological needs should be considered in all cases. Emotional responses are to be expected and nursing/medical staff should acknowledge this and provide a level of emotional support appropriate to the individual patient and family/carers. Allowing the patient and/or family/carers to express their emotions is important, as well as listening and responding where possible to any particular worries or concerns they have. Involving the patient and family/carers in any decisions and providing them with choices regarding their care where possible will also be important.
This may also include exploring and considering the patients' religious or spiritual needs, and asking whether they would like to see someone from the hospital chaplaincy or whether they would like to invite a religious leader from their community into the hospital

Strong reactions to end of life are to be expected. Some patients and families / carers may want to seek psychological support if this is available within the hospital trust. This may include a Clinical Psychologist within the Burns Service or the Clinical Psychologist working within the Major Trauma Centre/ED. Each service will know the referral pathway and will be able to provide information.
Families / carers will also be able to receive advice from their G.P.