



Burn Team
Fitting the
Pieces
Together

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ABA Mission Statement

The American Burn Association is dedicated to improving the lives of everyone affected by burn injury through patient care, education, research and advocacy.

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Did You Know?

Changes to the ABA Bylaws will be discussed on Friday, April 1 at 7 a.m. in Boulevard A room. The new Bylaws will be voted on at the Business Meeting on Friday, April 1 at 4 p.m. in the same location.

All members are invited to attend.

Letter from the President

Regional Opportunities

During the past year I have had the pleasure of serving as your president. There have been many opportunities and challenges faced by the Board of Trustees and the various committees of the American Burn Association this year, but it has been a very productive year. I want to reflect on one activity of this past year that I found to be most exciting and important.

I had the opportunity to visit the five regional burn meetings - the Eastern Great Lakes Regional Burn meeting in Cincinnati, the Western Regional Burn Meeting in San Francisco, the Mid-West Regional Burn Meeting in Madison, the Northeast Regional meeting in Providence and the Southern Regional in Memphis. Each has its own unique flavor and approach to providing an opportunity for scientific discussion and collegial networking. All allowed time for intellectual and social interaction that only a small meeting can accomplish. Most of these meetings lasted a day and a half to two days, and many were within driving distance of the represented Burn Centers.

Over 600 individuals attended these sessions. Forty-two per cent were nurses and only 19% were physicians with 39% being other members of the burn team. For many people this was their first opportunity to present before an audience outside their own institution. For others, it was their first time to attend a burn meeting. For some, it was an opportunity to present a paper in anticipation of having it accepted at the annual meeting of the ABA. I'm sure that the input of the attendees at the regional meetings was quite valuable to the authors. All sessions allowed ample opportunity for discussion of the papers presented.

Although these regional meetings will never replace the annual meeting of the ABA for breadth and depth of offerings, in these days of tight budget restraints regional meetings offer an opportunity to many who cannot or would not be able to afford four or five days off work with the resultant travel and lodging expenses. I would strongly encourage those of you who do not live in areas serviced by these five regional meetings to consider either joining one of them or starting your own. The American Burn Association staff and Board of Trustees support these regional meetings and stand ready to help in any way possible in expanding this educational opportunity to more of our membership.

Sidney F. Miller, MD, FACS
Burn Center Director
Ohio State University Medical Center
Columbus, Ohio

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How We Do It . . .

How to get involved in an international outreach effort?

Submitted by Michael Serghiou OTR, MBA and Jonathan Niszcak MS, OTR/L

As burn professionals, you may consider becoming involved with international burn care efforts in developing countries. Here are some tips that may help you organize your approach to participating in international outreach programs:

Step 1 – Start by researching organizations with established outreach programs. Connecting with experienced clinicians will provide insight into the scope of the program and help you choose an experience abroad that best fits you.

Step 2 – Prior to the mission, your team should have phone or email correspondence with the host facility to assess their needs. This can give you valuable insight into how to best prepare for the mission.

Step 3 – Develop an appropriate mission plan. Your team will likely not only care for patients, but will also educate and train the local medical professionals to carry on the care. For such a clinic to be successful and the effort to be sustained long after you return home, you must maximize the utilization of locally available resources.

Step 4 – Upon returning home, continue to communicate with the host facility via telephone, telemedicine, internet

Remember to prepare yourself personally for international travel as well:

- Have current passport and appropriate visa for a medical mission
- Learn something about the country you are visiting (<http://www.state.gov/travel/>)
- Check specific vaccinations needed for your destination (<http://wwwnc.cdc.gov/travel/>)
- Consider the local weather as well as the host setting when considering appropriate attire

or whatever methods are available. It is usually helpful for the team to conduct a post mission assessment and evaluate the experience.

Step 5 – Conduct follow up visits to the international outreach organization site as needed and share your training and educational experiences with the ABA community at large.

Here are some helpful links to explore:

http://www.ameriburn.org/about_international.php/

<http://www.childburn.org/recovery/intloutreach.html/>

<http://www.physiciansforpeace.org/burn-care.html/>

<http://internationalwomenandchildrenburnfoundation.com/>

Tips for Ambulating the Intubated Burn Patient

Submitted by Kathleen Hollowed RN, Cathy Bayly RN, Debbie Anderson RN, Jeff Shupp MD

Increasing mobility during recovery from critical illness in the Intensive Care Unit (ICU) can have a profound effect on outcome. Ambulation can lead to decreased mechanical ventilation and aid in the prevention of atelectasis and pneumonia. It may attenuate muscle wasting associated with prolonged bed rest and decrease long term physical impairment. However, ambulating an acutely ill patient can be a challenge for the burn team. Early mobilization may lead to safety concerns due to the acute nature of the physiological derangement associated with critical burn injury. Recent evidence suggests that early mobilization is safe and feasible during acute critical illness. With careful preparation, proper precautions and necessary staff participation, burn ICU patients can be assisted in ambulation to the limits of their physical endurance.

When attempting ambulation with critically ill burn patients, here are some factors to consider. As soon as burn shock resuscitation is complete, ambulation can begin. In order to effectively mobilize a patient, the patient must be able to interact and communicate in some way. Studies show that sedation interrupted protocols result in a more awake patient and lead to fewer bed sores. The patient should be able to comfortably sit at the side of the bed or tolerate sitting in a chair before initiating ambulation. Use non-skid slippers to prevent

falling and have all IV's on a rolling IV pole, or disconnect them completely when possible to make your task more manageable. If the patient is ventilated or requires oxygen, a bag valve mask with portable oxygen tank or portable ventilator can be used. If the patient has leg burns, applying elastic bandages to bilateral legs can minimize blood pooling and edema, keep dressings in place and provide patient comfort.

Sometimes the presence of two or three members of the burn team will be necessary for safety of the patient and management of equipment. The presence of a physical therapist may instill success and confidence in the patient and a respiratory therapist can assist with airway management. Ventilation should be monitored carefully. A portable ventilator can be transported with the patient, a bag valve mask may be used to assist with some breaths or the patient may breathe on their own if they are on continuous positive airway pressure (CPAP). Vital signs should be checked regularly and the patient visually inspected throughout.

Teamwork, persistence, and patience will lead to effective progression of walking. Like many other aspects of burn care, mobilizing our patients is a team effort and requires the coordination of all burn team members for success.

Future editions of "Burn Team" can be found online at www.ameriburn.org



Member Profile

TEAM: "Together Each Accomplishes More"



Behind the Scene of Research

by Tammy Coffee

Advances made in burn care have evolved through research conducted within many Burn Centers across the country. It is a major force in the burn community and is used to change practice, education and health policy. But what does performing research really involve? Research is a diligent, systematic inquiry or investigation to validate and refine existing knowledge and generate new knowledge.

Caring for patients at the bedside requires many members of the team. Performing research is no different. In clinical care, the patient is examined, numbers collected and based on assessment, interventions are ordered. In research, data is also collected and analyzed. The accuracy in the research procedure, collection process, and analysis is extremely important and requires a great deal of "behind the scenes" work. Just like it takes a skilled surgeon to perform

a skin graft it also takes someone knowledgeable in research processes to perform meaningful research. One of these people is Mary Beth Lawless.

Mary Beth Lawless, MSN, RN is the Director of Research Operations for the ABA Multi-Center Trials Group at the University of California, Davis Data Coordinating Center in Sacramento, California. One of her many roles with the Data Coordinating Center was the development of standards and procedures for international multicenter trials. She also manages the coordination of ABA multicenter trial conduct which includes regulatory oversight, study initiation and procedure development and source document verification. Dr. Tina Palmieri, Associate Professor and Director, University of California Davis Regional Burn Center describes Mary Beth as, "an expert in multiple facets of research including conduct, regulatory issues (both federal and local), and contracting. She is the driving force behind the incorporation of research into our burn care team. In addition, Mary Beth is a caring and compassionate person who is truly dedicated to improving the lives of burn patients via research. It's a pleasure to work with her."

Ms. Lawless is an active member of the American Burn Association and has served on the Quality Assurance, Safety and Regulatory Affairs Committee of the ABA MCTG from 2008-2010. For the past 18 years she has been working at UCDMC starting her career there as a Clinical Nurse II in the Emergency Department. After six years, she began her research career as a clinical research nurse. In 2003 she was the Clinical Research Program Manager before becoming the Director of Research Operations in 2009.

When Linda Edelman, Phd. RN, met Mary Beth about ten years ago they were both burn research nurses. "She is the first person I go to with questions regarding the conduct of clinical research studies. As the Director of Clinical Operations for the ABA Multicenter Trials Group, Mary Beth is integral to the development and conduct of many of the large clinical burn studies being conducted today."

If you would like to nominate someone for "Member Profile," please contact Tammy Coffee at tcoffee@metrohealth.org

LETTERS TO THE ABA

Dear ABA,

At a regional conference this year, emergency preparedness and response as it relates to burn care was discussed. What information should my burn facility consider to help us best plan for managing in the event of a large scale emergency involving patients with burn injury?

Sincerely, *Scrupulous Planner*

Dear *Scrupulous Planner*,

The ABA, in conjunction with the Organization and Delivery of Burn Care Committee, is currently working with the national government to address this important issue. In the meantime, your burn facility could consider the following when planning for a burn disaster response:

- 1) What FEMA Region is your state located?
www.fema.gov/about/contact/regions.shtm
- 2) Who is your Regional Emergency Coordinator?
www.phe.gov/Preparedness/responders/rec/Pages/contacts.aspx
- 3) What is ESF8 and who coordinates it for your state?
www.phe.gov/preparedness/support/esf8/Pages/default.aspx
- 4) Do you have a mutual aid / transfer agreement with other burn centers?
- 5) Who coordinates the Hospital Preparedness Program for your state and does your hospital receive ASPR grant funds?
- 6) Who is your local emergency management coordinator?
- 7) Do you have a burn disaster plan (facility/state/region)?
- 8) Who is your hospital facility disaster emergency preparedness and management director/coordinator?
- 9) Does your facility surge plan include a surge of patients with burn injuries?

Information contributed by

J. Holmes MD, R. Kearns MSA, DHA(c), B. Cairns MD

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Juvenile Firesetters Programs

Submitted by Shelley A. Wiechman, Ph.D and Jerry Dunn, Fire Fighter

Many fire agencies across North America have embraced the Juvenile Firesetter Program as part of their fire fighter mission and an important tool in fire prevention. In the past, juvenile fire setting was addressed with simply a visit to the firehouse and a lecture on the dangers of fire. This method is no longer viewed as effective.

Today, many fire departments work jointly with law enforcement, the courts, and child services as part of a comprehensive Juvenile Firesetters Program. Without the benefit of individualized counseling and personal attention, a child is likely to continue setting fires. Successful programs involve the child and the parents, counseled in a non-threatening, confidential atmosphere where behavior, legal implications, good choice-making skills, and strong parental roles are emphasized. Each family is counseled in fire safety and when deemed appropriate, referred to community services for further assistance.

Scare tactics and group counseling are no longer believed to be enough to mitigate juvenile fire setting. It is imperative that community fire prevention programs be individualized to each child and each family and that burn care professionals work as a team to address the problem using a comprehensive approach. Recidivism research has shown that education and individualized counseling are the keys to successful juvenile fire setting prevention programs.

While there are budget concerns, the benefit realized from implementation of these programs justifies the importance of including them in fire department staffing. The multidisciplinary team approach seems to be the most effective, combined with a campaign of public awareness to demonstrate the value the Juvenile Firesetters Programs to the community. Resources for more information: www.firemarshals.org/programs/juvenile-firesetters-program/www.sosfires.com/; www.firesetter.com/; www.firefriends.org.

Burn Center Verification

Burn Center Verification is a joint program of the American Burn Association (ABA) and the American College of Surgeons (ACS). To achieve verification, a burn center must meet the rigorous standards for organizational structure, personnel qualifications, facilities resources and medical care services set out in the ABA chapter on Guidelines for the Operation of Burn Centers in the ACS publication on *Resources For Optimal Care Of The Injured Patient 2006*. There are currently **59** centers verified: 58 U.S. and 1 Australian. For more information about Burn Center Verification, please contact Kitty Vineyard at vineyard@ameriburn.org.

National Leadership Conference 2011

At the National Leadership Conference in Washington D.C. on February 10-11, Congressman Dan Lungren (R-CA) who serves as chairman of the Homeland Security Subcommittee was the keynote speaker. Attendees visited Capitol Hill to meet with legislators and discuss issues that impact burn care, burn care professionals and burn centers. This year, one of the main issues was Children's Access To Reconstructive Evaluation and Surgery ("CARES") Act and the need for insurance to cover reconstructive procedures for burned children.

Did You Know?

Results of the 2009-10 Membership Survey will be summarized at the start of the MAC Forum: Friday, April 1 at 2 p.m. in Northwest Hall 1 and available in print at the membership booth.



If you would like to submit content for the ABA newsletter, please contact Ingrid Parry at iparry@shrinenet.org



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Editor: Ingrid Parry, MS, PT, Shriners Hospitals for Children® - Northern California

Contributing Editors: Debbie Anderson RN, Cathy Bayly RN, Bruce Cairns MD, Tammy Coffee MSN, RN, ACNP, Jerry Dunn Fire Fighter, Kathleen Hollowed RN, James Holmes MD, Randy Kearns MSA, DHA(c), Sidney Miller MD, Jonathan Niszcza MS, OT, Michael Peck MD, Michael Serghiou OT, Jeff Shupp MD, Kitty Vineyard, Shelley Wiechman PhD

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