

*Management of
Burns and
Traumatic Wounds*

Study Guide

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1. Introduction

Wounded clients come in a number of different guises. This subject helps the student explore options for managing clients who have been wounded as a result of trauma.

Specifically it examines

- The physiology of traumatic wounds incorporating burns.
- The psychological outcomes of being wounded in this way
- The social impacts of traumatic wounds
- Contemporary management strategies

2. . Subject aims

Students are expected to demonstrate competence in the following:

1. Wound healing

- Differentiate the phase of wound healing
- Describe the cellular and molecular components of wound healing
- Identify key extrinsic and intrinsic variables that influence healing
- Relate wound healing to management strategies

2. Burns management

- Describe common causes of burns
- Differentiate between epithelial, superficial, partial thickness and full thickness burns
- Describe the aetiology of a burn
- Perform calculation of total body surface area burnt
- Perform burn depth assessment
- Demonstrate the application of the ANZBA criteria -
- Identify patients that fall within ANZBA transfer and referral criteria
- Identify patients at risk of requiring escharotomy
- Identify a patient with minor burn
- Differentiate the management of minor burns and major burns:
- Demonstrate strategies for reducing oedema
- Demonstrate techniques for rehydrating the damaged area
- Describe strategies for protecting from infection
- Explain how exudate is managed including blister care
- Describe strategies for protecting from infection
- Identify situations that can result in scar formation.
- Describe the mechanism of scar formation
- Demonstrate strategies used to reduce scarring

3. Traumatic wounds

- Describe common causes of traumatic wounds
 - Differentiate between blunt, penetrating, crush and amputation injury
 - Assess damage to underlying structures
 - Describe the different assessment parameters used for the following:
 - Sucking chest wound
 - Abdominal injury
 - Head injury
 - Degloved injury
 - Open and closed #'s
 - Demonstrate strategies for managing a traumatic wound
 - Describe how to reduce/stop bleeding
 - Stabilise, splint and analgesia
 - Neurovascular assessment
 - RICE
 - Reduce oedema
4. Demonstrate techniques to protect underlying structures e.g. tendons
5. Describe strategies for protecting from infection
6. Explain the significance of compartment syndrome and the role of fasciotomy
7. Demonstrate care for the following;
- Crush injury
 - Penetrating injury
 - Blunt injuries
 - Amputation
 - Pin sites
 - Vac management or open surgical wounds
8. Explain the indications for HBO and the impact on injured tissue
9. Management of pain
- Acute
 - Chronic
 - Phantom/neuropathic
10. Describe the purpose of reconstruction
- Form, function and safety
 - Correct disfigurement
 - Reduce healing times
 - Protect bones, tendons and nerves – increase blood supply to area + covering
 - Cosmetic outcome
11. Differentiate between:
- A Graft
 - Split skin
 - Full thickness Flap
12. Describe the Rehabilitation considerations for wound management
13. Discuss the long term psychosocial impact of having reconstruction.

3. Program

Week	Date	Topic
1	Wed 4 th August	Wound healing physiology
2	Wed 11 th August	Generic principles of wound management Nutrition and wound healing
3	Wed 18 th August`	Aetiology and epidemiology of burns injury
4	Wed 25 th August	First line burns management
5 Contact day	Wed 1 st September	Assessment of a patient with burns
6	Wed 8 th September	Trauma injury and assessment of a traumatic wound
7	Wed 15 th September	First line management of a Trauma wound and establishing a plan of care
8	Wed 22 nd September	Pain paths ways and pain associated with Burns and trauma patients
9	Wed 29 th September	Decision making process in respect to wound closure
10	Wed 6 th October	Management of wound closure choices
11	Wed 20 th October	Burns and scar management- The physiological, psychological and social impacts
12	Wed 2th October onwards	Student case presentations to local areas

4. Subject Coordination

This subject has been developed as collaboration between Alfred Health and La Trobe University. The co-coordinators are:

Dr. Bill McGuiness
Ph: 9479 6743
w.mcguiness@latrobe.edu.au

Ms Kathy Puyk
Ph: 90762400 or Pager 6077
K.Puyk@alfred.org.au

5. Unit teaching methods and processes

This unit utilises various modes of learning:

- Lectures
- Participative issue-based learning tutorials
- Self-directed learning

Each will be delivered either on-line or during the clinical work shop days listed in the program above.

On-line resources will be available in the members area of the World of Wound web site at:

www.worldofwounds.com

Students will be issued with a user name and self select a password.

6. Assessment

Assignment 1

40%

Word limit: 2400 words

Due: 30th November 2010

Replacing skin that has been lost as a result of a burn or traumatic injury is a key management strategy for this client cohort.

Select 3 methods used to replace skin and:

- *Describe each*
- *Discuss the related nursing management for each*
- *Identify possible complications and strategies to prevent them occurring.*

Your answer should reflect information in contemporary literature and be presented in accordance with standards for academic publication.

Assignment 2

20%

Word limit: equivalent of 1200 words

Due: 30th November 2010

A 20-25 minute case presentation to your local environment.

The case should be selected from a patient that has been wounded as a result of a traumatic injury or burn and focus on the wound management challenges and solutions.

Assignment 3

40%

Word limit: equivalent of 2,400 words

Due: 30th November 2010

A clinical assessment of the student ability to assess, plan and implement care for a patient suffering from a burn or traumatic wound.

The assessment will be conducted by the subject coordinator or nominee.

Late submission will be penalised 5% or 2.5 marks per working day. After 5 working days a fail grade will result

Other important information on assessment

Assessment policies and regulations

All students are expected to be familiar with the general regulations and the special regulations pertaining to their degree. This information may be found in the Student Manual on the School website (<http://www.latrobe.edu.au/nursing/resources>).

Plagiarism and academic misconduct

La Trobe University upholds academic honesty in teaching, learning and research, and views academic cheating known as plagiarism, as a form of academic misconduct. The University defines plagiarism and identifies its forms in the Academic Misconduct Policy (2005).

You must be aware of your responsibilities regarding plagiarism and academic misconduct. Information on this topic is available on the University website (http://www.latrobe.edu.au/policies/assets/downloads/academic_misconduct.pdf)

All assignments (worth 10% or more of the final mark) must be accompanied by the official University 'Statement of Authorship' form. You must read this form carefully, and ensure you read and understand your obligations as outlined in the three quoted WebPages. The form can be downloaded from <http://www.latrobe.edu.au/acadserv/staff/misconplagiarism.html>

(Reference: La Trobe University. (2005). Academic misconduct policy. Retrieved on March 3, 2005 from <http://www.latrobe.edu.au/policies/academicmisconduct.pdf>)

Writing style and referencing

A guide to the writing and referencing style expected of students of the Division can be found in the Guide to Assignment Writing on the Division website (http://www.latrobe.edu.au/nursing/assets/downloads/assignment_writing_2006.pdf).

Grading Of Assessment

The available grades for subjects are specified in Schedule A "Examination Grades" in University Regulation R21.12 *Examinations and Assessment*.

http://www.latrobe.edu.au/health/Policies/04_06_Grading%20of%20Assessment.html

The following grades will be assigned. Their meaning is as follows:

'A' Grade

80 – 100%: mastery of material and concepts, application of theory to practice, use of resources that demonstrates wide reading and research, extremely pleasing prose, thought provoking.

'B' Grade

70 – 79%: understands and compares theories, concepts and ideas, clear concise argument, links data and practice with theory, stylish composition.

'C' Grade

60 – 69%: links made between concepts and data, shows understanding of material, evidence of use of relevant resources, coherent argument which is focused but could be improved.

'D' Grade

50 – 59%: readable, descriptive rather than theoretical and analytical, dependent on very limited range of resources, some grasp of the concepts, coherent style and composition.

'N' Grade

<50%: doesn't meet the minimum standard required for a pass, e.g. no grasp of concepts, inclusion of irrelevant material, incomplete, unreadable, little or no understanding of the topic, lack of use of resources, superficial, major errors of focus—failure to answer the question.

Return of Assessment material

The Division aims to return assessment material within 3-4 weeks, and/or before the second assignment is due.

Subject Evaluation

Unit evaluation is an important part of the University continuous quality assurance processes? Your constructive comments provide valuable feedback for ongoing improvements to units and are considered when courses and units are reviewed.