

# SWUK ODN Burns Bulletin

Keeping you updated on Burns activity in  
South West England and South Wales

Quarter 4 – 2018/19

## CONTACT DETAILS

### The Welsh Adult Burns Centre & Paediatric Unit

Morrison Hospital, Swansea  
Tel: 01792 703 802  
Switch: 01792 702222  
8:00-17:00: Burns Consultant of the day  
17:00-08:00: Burns Consultant on call

### SWUK Paediatric Burns Centre

Bristol Royal Hospital for Children  
Tel: 0117 342 7901  
Switch: 0117 923 0000  
(Burns on-call) Bleep 6780

### Bristol Burns Unit

Southmead Hospital  
Tel: 0117 414 3100/3102  
Switch: 0117 950 5050  
(Burns on-call) Bleep 1311

### Salisbury Burns Unit

Salisbury District Hospital  
Tel: 01722 345 507  
Switch: 01722 336262  
(Burns on-call)

### Plymouth Burns Facility

Derriford Hospital, Plymouth  
Tel: 01752 792274  
Switch: 01752 202082  
(Burns on-call)

### National Burns Bed Bureau

24 hr help line to find a burns bed  
nationally  
Tel: 01384 679 036

Welcome to SWUK ODN Burns Bulletin which is designed to keep our stakeholders updated on what's happening across the SWUK Burn Care ODN. This is intended for multi-disciplinary teams within the Specialised Burn Services and their inter-reliant services within our region.

To find out more about the SWUK Burn Care ODN, please visit our website: <http://www.southwestukburnnetwork.nhs.uk/>

If you would prefer not to receive this Bulletin, please let the Network Manager know on <mailto:SWUKBurnsODN@nbt.nhs.uk>

## Reducing Patient Repatriation Anxiety



Within the SWUK ODN, it is common for patients to be transferred between burn centres to units and facilities once clinically appropriate. This enables patients to receive their ongoing treatment and rehabilitation closer to their home and family.

The SWUK ODN Therapists identified that many patients became very anxious about transferring to another service. This was mainly due to the trust those patients had placed in the team at the centre. On case reflection at ODN

therapy meetings, it was found that this often had a negative impact on patients', leading to a decrease in engagement in rehabilitation following transfer.

To address this finding, the SWUK ODN was pleased to support the development of a repatriation video which can be played to patients prior to transfer to another burns service (<https://www.youtube.com/watch?v=5eoxqxi9oOE>). The SWUK therapists, with involvement from patients and the burns multi-disciplinary team, have since completed the first video for patients who are transferring to the Adult Burns Unit at Southmead Hospital, North Bristol NHS Trust. The SWUK ODN Psychologists will assess the impact this video has on reducing patients.

We would encourage any burns service within and outside of the SWUK ODN to make use of this video when transferring patients to the Adult Burns Unit at Southmead Hospital. A poster presentation will be given at the British Burn Association in Leeds on 8-10 May 2019. There are plans to develop similar videos in 2019 for patients transferring to the Salisbury Burns Unit and the Swansea Paediatric Burns Unit.

## SWUK Burn Care ODN website

Have you checked out our new SWUK ODN website (<http://www.southwestukburnnetwork.nhs.uk/>)? It provides all the information you need to know about the SWUK ODN and the Specialised Burn Services. We will keep developing and improving this site and aim to add a lot more resources to support non-burns staff, in acute and community settings, to provide the best care possible for anyone with a burn-injury.

Please use the link rather than Google SWUK ODN as we recently moved from the North Bristol NHS Trust website.



## Burns – Preparing for a Mass Casualty Incident in the South West Monday 17 June 2019 @ Plymouth Science Park

It would take just 20 critically ill burn-injured patients to overwhelm the Specialised Burn Services in the UK.

The NHS England Concept of Operations for Managing Mass Casualties – Burns Annex (not yet gone through NHS Gateway) states that burn services will close to new referrals once a major burns incident has been declared. This is to protect the limited number of specialised beds and to allow services to increase capacity. This means organisations accepting casualties will be required to hold on to patients for a longer period than usual. Are you prepared to confidently manage severely burned patients in the first 48 hours following a major incident?

If not, then this free study day is for you. You will learn:

- Why there is different mass casualty plan for burns
- The ABC of Major Burn Injuries (part 1) – Airway and Breathing, including who to intubate and management of smoke inhalation injury
- The ABC of Major Burn Injuries (part 2) – Initial assessment and management of the burn wound, including the need for emergency surgery
- Paediatric Considerations – Why children are different
- Intensive Care – The first 48 hours
- Transfer of the Critically Ill Burn Injured Patient
- Management of Smaller Burn Injuries



To find out more and register, please visit: <https://www.eventbrite.co.uk/e/burns-preparing-for-a-mass-casualty-incident-in-the-south-west-registration-59944425390>



## British Burn Association (BBA) – Emergency Management of Severe Burns Course – 7 September 2019

There are a few places left on the Emergency Management of Severe Burns (EMSB) Candidate Course on 7 September 2019 at Southmead Hospital, Bristol. Cost: £295.00. For further information about the Bristol EMSB course visit: <https://www.britishburnassociation.org/emsb-courses/>

## SWUK Burn Care ODN – Regional Morbidity & Mortality Audit Tuesday 4 June 2019 @ Tortworth Court, South Gloucestershire

The SWUK ODN Annual Regional Morbidity and Mortality Audit meeting provides an opportunity for the Burns MDTs from the five Burn Care Services within the SWUK ODN to review and discuss lessons learned from all mortalities, ICU and unexpected survivor cases during 2018-19. Any Serious Untoward Incidents or Route Cause Analysis will also be discussed.

We would welcome attendees from the wider health community who have been involved in the referral of burn injured patients, particularly pre-hospital and emergency acute care.

To find out more and register, please visit: <https://www.eventbrite.co.uk/e/swuk-regional-morbidity-burn-survivor-audit-registration-60249447720>

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## Adult Burn Support: A weekly online Burn Support Live Chat and a Weekend for Adult Burn Survivors



Dan's Fund for Burns is a UK charity providing practical support for adult burn survivors. Among other things, the charity funds an ongoing Adult Burn Support Project which includes an adult burn support website and a weekend away for adult burn survivors.

### The Adult Burn Support UK website

<https://adultburnsupportuk.org/> signposts individuals to information on the aftercare and support available to burn-injured adults in the UK. The website also hosts a weekly moderated online **Burn Support Live Chat** on Wednesday evenings, 7.30-9.00 pm. The chat provides an opportunity for those affected by burns to connect, share experiences and discuss any issues they may be having in relation to burns with others affected by burns. Parents, relatives and adult burn survivors are all welcome to join in this real time, interactive burn support chat. More information can be found in the Live Chat section of the site, <https://adultburnsupportuk.org/live-chat/>.



The **Dan's Fund for Burns Weekend** will be taking place in Oxford on 20-22 September 2019. The main aim of the weekend is to bring together a group of adult burn survivors from across the UK (25 years and older) for a relaxed weekend where they can meet other burn survivors, share experiences and have fun. There will be river walks, burn related talks, yoga and more.

Burn Services can recommend adult burn survivors for the weekend, or individuals interested in attending can email [info@adultburnsupportuk.org](mailto:info@adultburnsupportuk.org).

To find out more about the weekend or the support and services Dan's Fund for Burns provide, please visit <https://www.dansfundforburns.org/>.

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## The IConB (Infection Consensus Burns)



The IConB study team would like to invite you to complete a Delphi survey to support the development of a Core Indicator Set for reporting burn wound infections in research.

This survey has been developed by a multi-disciplinary team from several burns centres in the UK, following a systematic review that has identified considerable heterogeneity in how burn wound infections are diagnosed and reported in trials of interventions for patients with burns.

**The team need your help to select the most important indicators to be reported in research, to support evidence synthesis and identify the most effective treatments for patients with burn injuries.**

You are eligible to take part if you are a doctor, nurse or therapist working with patients with burns including GPs and ED specialists in the UK. We also welcome input from Clinical Microbiologists working within burns teams.

The survey comprises 28 items and takes around 10 minutes to complete. Further information and the survey can be found here: [https://is.gd/icon\\_b](https://is.gd/icon_b)

If you have any questions about the survey, please contact Anna Davies at the University of Bristol [anna.davies@bristol.ac.uk](mailto:anna.davies@bristol.ac.uk)

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## Inaugural South West UK Burns Research Meeting – Mr Jonathan Pleat, Consultant Burns & Plastic Surgeon, Bristol

The inaugural SWUK Burns Research meeting took place on the 4 December 2018. It was heartening to see a strong turnout from all the regional services. Over a two-hour session, a wide range of spheres were discussed from national, multi-centre randomised controlled trials (RCT) to traditional basic science studies that aim to generate hypotheses about burn care. The programme can be viewed on the [SWUK ODN website](#). A summary of presentations is below:

### **NJ Feeding Tubes in Patients with Burn Injuries**

Kaylee Allan, Adult Burns Dietician, Southmead Hospital

Kaylee described several studies that had been undertaken in an ICU setting that focused on early, comprehensive feeding of the burn injured patient. Central to her work was her own doctoral thesis on the securing of feeding tubes with bridles around the nasal septum. This methodology is now commonplace, but she had shown that having a tube that remains in situ in a busy environment is far more likely to result in the achievement of nutritional goals. Moreover, she presented some fascinating results on the benefit of using a fluoroscopic device to site nasojejunal tubes (Cortrak™) that led to a long discussion about the practicalities of feeding and an invitation to demonstrate this cutting-edge technique to other services.

## **Development of a Core Outcome Set for Burns Research: Delphi Survey & Development of a Burn Scar Feasibility and Pilot Study**

Anna Davies, Senior Research Associate, Centre for Academic Child Health, University of Bristol



Anna presented some of the current projects being carried out at The Scar Free Centre for Children's Burns Research in Bristol. These included the Core Outcome Set for Burns Research (COSB), a national initiative to establish what clinicians and patients recognise as the fundamental domains that burns care aims to impact, be they psychological, physical or social.

The ultimate aim will be to produce an instrument to establish for example, whether a given treatment produces an improvement in outcome.

Anna also discussed an early project that is focusing on the factors which are linked with a worse scar outcome in burns patients; it is hoped that this project will have cellular, molecular and clinical outcome correlates. Huge in concept, the feasibility study met with general approval and offers of regional support as it develops.

## **Experience with a Telemedicine Referral System at a Burns Facility**

Adam Couves, Specialist Registrar, Derriford Hospital, Plymouth

Adam presented a fascinating first look as to how telemedicine – the referral of patients to a burns service with pictures from distant minor injury units or emergency departments – may streamline the route of patient care. He described the numbers of patients, advantages and drawbacks of the system that they had adopted (MDSAS/NHS Digital SAM App). This system allows an individual to securely send images of a burns patient using their own hand-held device in an ED setting. Using an NHS-spine PC to ensure a unique patient identifier and strict encryption, the user's device does not store any images and instead, they are sent straight to the server in Manchester.

Nine months into their pilot, it had led to many patients being treated locally as opposed to travelling to Plymouth. On a few occasions, patients who were thought to have minor burns were escalated to more rapid review. There had been no 'near misses' or serious incidents and reassuringly, no data issues. The two problems that the Plymouth service had encountered were practical – sometimes an MIU or ED may not have an individual with a charged and working smart phone or tablet – and logistical – a couple of MIUs had significant issues with the culture shift of using their own, person device to take photographs. This is directly counter to the traditional precept that NHS staff must not use their own camera phones to take images of patients. In this situation, it has taken a great deal of reassurance about the nature of the system to ensure that it has been adopted freely and effectively. Other services were most interested in this work and there may be further pilots in the coming year as the usage of telemedicine is now mandatory within the new National Burns Care Standards.

## **Do Burn Wounds with Diagnosed Infection receive Therapeutic Doses of Antibiotic in the Wound, Sufficient to Treat Infection: ABLE Study**

Anthony Sack, Burns Research Audit Nurse, Southmead Hospital, Bristol

Anthony described a multi-centre study for which the adult service in Bristol is a collaborating unit. Anthony and the team in East Grinstead/University of Brighton are hoping to answer a question that has long vexed burns clinicians: how do we know whether the antibiotic that we administer is reaching a suitable concentration within the burn wound to kill the organisms which we suspect are present? Over two years, he is sampling the burns wounds of all consenting patients within the clinical environment to establish whether the antibiotics which have been prescribed are present and moreover, efficacious. In a burn patient, with so many variables which affect the distribution of drugs and potentially modify their action, this study is both novel and relevant to our everyday practice.

## **A Retrospective Study of Potential Drug Interactions in a National Burn Service.**

Majid Al-Khalil, Medical Student, University of Bristol

Majid set up a project to investigate the frequency and severity of drug interactions in burns patients. He focused on patients that were on drugs for psychiatric conditions and who were prescribed new drugs after their burns. In essence, his retrospective review of a large number of case notes detailed no evidence of any complications but highlighted a number of potential stereotypical combinations that can lead to rare complications. With subsequent presentation in a national setting, this first work should stimulate the burns community to think twice about certain combinations of medication, particularly in susceptible groups: a tremendous project for encouraging patient safety.

## **Design of an RCT to Evaluate the Effectiveness of Pulsed Dye Laser (PDL) for the Treatment of Hypertrophic Burns Scars**

Mark Brewin, Clinical Scientist Salisbury Laser Clinic, Salisbury District Hospital

Mark presented a project that has been devised after feedback from burns patients about their care. Across several centres within the UK, he is addressing the hypothesis as to whether the pulsed dye laser (PDL) is effective for the treatment of hypertrophic burns scars if given within the first few months after injury. There has been much excitement at conferences in the last few years about case series, largely in children, that have shown great benefit from reducing vascularity in burns if the PDL is used aggressively. One theory is that with reduced blood vessel density after laser, there are simply less routes for the cells which lay down scar (fibroblasts) to enter the wound. Subsequently, simple measures of scar outcome, such as itch and pliability, have anecdotally been reported to improve. The group behind this project hope that the findings will inform clinical care for a new generation of patients.

As Research and Development Lead for the SWUK ODN, it was my pleasure to chair this meeting. It was very encouraging to see projects that spanned every part of the patient journey, from prevention to late outcome, and moreover, innovative studies generated from many disciplines: nursing, AHPs, medical students, medics and clinical scientists. We hope to repeat this session in an ongoing manner and use it as a forum to encourage each service to sign up to the projects which require large, diverse patient groups to improve the reliability and generalisability of results. Collaboration remains a real strength within our close-knit community and these ties should be used for patient benefit with carefully designed and clinically-relevant project themes. We will advertise our success on the new network website over the next few years.