

BURN NURSE COMPETENCIES

| Domain Name | General Burn Nurse Competency Statement | Essential Performance Criteria |
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| 1. Initial Management | 1.1 <i>Explains the pathophysiology of an acute burn injury: thermal injury; chemical injury; and electrical injury.</i> | <ul style="list-style-type: none"> • Describes normal skin anatomy. • Describes the Jackson's zones of injury. • Differentiates pathophysiology related to etiology of injury . |
| | 1.2 <i>Stabilizes patient in the initial resuscitation phase according to Advanced Burn Life Support (ABLS) primary and secondary surveys: airway, breathing, circulation, disability and exposure.</i> | <ul style="list-style-type: none"> • Performs the Advanced Burn Life Support (ABLS) primary and secondary survey. • Initiates appropriate care related to etiology of injury. |
| | 1.3 <i>Assesses severity of burn injury: etiology, depth, extent and location.</i> | <ul style="list-style-type: none"> • Describes the impact that injury etiology has on extent/depth of injury. • Describes the ABA criteria for minor, moderate and major burn injuries. • Performs complete physical exam. • Documents accurate burn extent using appropriate burn diagram. • Differentiates burn depth characteristics. • Determines care priorities based on location of injury . |
| | 1.4 <i>Manages fluid resuscitation to achieve hemodynamic stability and end-organ perfusion.</i> | <ul style="list-style-type: none"> • Calculates fluid resuscitation requirements according to protocol. • Titrates fluid administration to maintain hemodynamic stability and end-organ perfusion. • Utilizes resuscitation adjuncts per institutional protocol. • Anticipates complications associated with fluid resuscitation. |
| | 1.5 <i>Maintains optimal oxygenation and acid-base balance for patients with inhalation injury.</i> | <ul style="list-style-type: none"> • Differentiates between the 3 categories of inhalation injury based on mechanism of injury. • Explains the specifics of pathophysiology for each injury category. • Anticipates airway compromise from early signs/symptoms. • Maintains optimal oxygenation and acid-base balance. • Performs appropriate interventions for inhalation injury management and airway integrity. • Interprets arterial blood gas (ABG) results accurately. • Anticipates potential complications associated with endotracheal intubation. |
| | 1.6 <i>Maintains thermoregulation during the acute phase.</i> | <ul style="list-style-type: none"> • Lists risk factors and causes for the development of hypothermia. • Predicts consequences of hypothermia during the acute phase of recovery. |

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| | | <ul style="list-style-type: none"> • Utilizes warming interventions and adjuncts. |
| | 1.7 <i>Intervenes to avoid and manage compartment syndrome during the acute phase.</i> | <ul style="list-style-type: none"> • Identify patients at risk for compartment syndrome. • Describes signs/symptoms of compartment syndrome. • Completes focused assessment techniques to identify compartment syndrome. • Plans interventions to alleviate compartment syndrome. |
| | 1.8 <i>Recognizes signs of non-accidental trauma, abuse or neglect in the burn patient.</i> | <ul style="list-style-type: none"> • Describes common presentations and at-risk groups associated with non-accidental trauma. • Identifies the presence of non-accidental injury or neglect through history of injury, developmental status or other indications. • Intervenes appropriately for non-accidental trauma, abuse or neglect. • Completes documentation of reporting as per protocol. |
| | 1.9 <i>Explains the pathophysiology of an acute dermatologic disease process.*</i> | <ul style="list-style-type: none"> • Describes pathophysiology of common dermatologic diseases cared for in burn centers. • Correlates diagnostic techniques for differentiation of disease processes. • Implements appropriate plan of care for patients with dermatologic diseases per protocol. |

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| 2. Physiologic Support | 2.1 <i>Performs a thorough review of systems based on the unique physiologic response of burn injury and possible underlying medical conditions.</i> | <ul style="list-style-type: none"> • Describes the unique physiologic response to burn injury. • Performs thorough serial physical assessments. • Adapts nursing interventions to specific injury and/or deteriorating conditions. |
| | 2.2 <i>Provides physiologic support for all body systems based on the unique needs of the burn patient.</i> | <ul style="list-style-type: none"> • Describes potential complications for all body systems. • Assesses patients appropriately based on injury or pre-existing conditions. • Prevents potential complications based on injury, patient responses and co-morbidities. • Educates patient/family regarding interventions, medications and treatments. |
| | 2.3 <i>Maintains thermoregulation.</i> | <ul style="list-style-type: none"> • Describes the pathophysiology of chronic thermo-dysregulation in severe burn injury. • Explains situations associated with risk for hypothermia. |

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| | | <ul style="list-style-type: none"> • Measures core body temperature routinely. • Maintains room temperature per institutional protocol. • Performs interventions to maintain core body temperature. |
| | 2.4 <i>Employs appropriate infection prevention practices.</i> | <ul style="list-style-type: none"> • Explains the significance of infection prevention measures for the burn patient. • Identifies reasons for increased infection risk. • Outlines infection prevention guidelines per institutional and American Burn Association (ABA) protocols. • Considers the role of the patient’s gastrointestinal, skin, and burn wound microbes and burn center microbes. |
| | 2.5 <i>Recognizes the unique signs and symptoms of sepsis in the burn patient.</i> | <ul style="list-style-type: none"> • Explains the pathophysiology and unique signs/symptoms of burn sepsis. • Assesses routinely for development of burn sepsis. • Engages prompt interventions when sepsis symptoms arise. |
| | 2.6 <i>Employs interventions to reduce secondary complications associated with burn injury.</i> | <ul style="list-style-type: none"> • Describes common secondary complications by body systems. • Initiates interventions to prevent or mitigate complications. |
| | 2.7 <i>Engages post-operative care that adapts to significant physiologic changes associated with burn surgery.</i> | <ul style="list-style-type: none"> • Describes physiologic response to excision and grafting procedures that impact post-operative recovery. • Anticipates common post-operative complications associated with major burn surgery. • Ensures post-operative stabilization and recovery. |

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| 3. Wound Management | 3.1 <i>Assesses wound status: stage of healing, evidence of infection, skin integrity.</i> | <ul style="list-style-type: none"> • Identifies characteristics of burn wound types and stages of wound healing. • Anticipates complications associated with burn wound healing (e.g., infection, skin integrity). • Documents comprehensive wound assessment and management. • Provides education to patient/family for therapeutic treatment. |
| | 3.2 <i>Explains various therapeutic burn wound treatments: topical agents, dressings, skin substitutes.</i> | <ul style="list-style-type: none"> • Verbalizes topical agent indications and properties. • Describes indications and properties for various burn wound dressings and skin substitutes. |
| | 3.3 <i>Provides burn wound care as planned by interdisciplinary care team.</i> | <ul style="list-style-type: none"> • Performs burn wound cleansing and debridement per protocol. |

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| | | <ul style="list-style-type: none"> • Completes complex dressing change per institutional protocols. • Anticipates complications and plans for prevention. • Collaborates with burn therapists with scheduling wound care to optimize mobilization. • Ensures adequate analgesia during burn wound care. |
| | 3.4 <i>Ensures donor site care that maximizes healing and patient comfort.</i> | <ul style="list-style-type: none"> • Describes normal donor site healing progression and common donor site complications. • Manages donor site per protocol. • Anticipates potential donor site complications. |
| | 3.5 <i>Describes common surgical interventions to achieve burn wound closure.</i> | <ul style="list-style-type: none"> • Describes common surgical burn wound interventions (e.g., split-thickness/full-thickness/CEA autograft, flap, allograft). • Differentiates between different autograft techniques. • Intervenes to prevent common complications of surgical burn wound closure. |
| | 3.6 <i>Preserves the integrity of post-operative surgical wounds.</i> | <ul style="list-style-type: none"> • Describes protocol for management of post-operative surgical wounds. • Assesses post-operative wound and dressings. • Anticipates possible complications associated with surgical intervention. • Coordinates with burn therapists for post-operative positioning, splinting and mobility. |
| | 3.7 <i>Establishes care for dermatologic skin disorders to maximize healing.*</i> | <ul style="list-style-type: none"> • Describes the healing trajectory for common dermatologic skin disorders. • Performs appropriate wound care as per institutional protocol. |

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| 4. Pain, Agitation and Delirium Management | 4.1 <i>Employs strategies to improve comfort related to the unique needs of the burn patient (to include dermatologic skin disorders*).</i> | <ul style="list-style-type: none"> • Describes the multifactorial causes of discomfort. • Explains the indications and side effects of medications and other agents to assist with comfort. • Engages specific assessment techniques for: pain, agitation, and delirium. • Engages appropriate interventions for procedural, background, and breakthrough pain/agitation. • Utilizes validated assessment tools to complete an accurate comfort assessment. |

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| | | <ul style="list-style-type: none"> • Implements collaborative plan using pharmacologic/non-pharmacologic interventions to maximize comfort. • Administers interventions proactively to alleviate discomfort. • Provides education to patient/family for therapeutic treatment specific to pain, agitation, and delirium. |
| | 4.2 <i>Develops preventive strategies to reduce the incidence of delirium in the burn patient.</i> | <ul style="list-style-type: none"> • Identifies risk factors for delirium. • Assesses for delirium onset using appropriate tools per institutional protocol. • Initiates preventive interventions to prevent onset and reduce duration of delirium (e.g., A-F Bundle interventions). • Collaborates with burn therapists for early mobilization. |
| | 4.3 <i>Alleviates post-burn pruritus and other patient discomfort as issues arise.</i> | <ul style="list-style-type: none"> • Identifies risk factors for post-burn pruritus. • Assesses for pruritus using appropriate tools per institutional protocol. • Initiates preventive interventions to prevent onset and reduce duration of pruritus. • Provides education to patient/family for therapeutic treatment specific to post-burn pruritus. |

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| 5. Nutritional Support | 5.1 <i>Explains nutritional requirements due to the unique hypermetabolic state of the burn patient.</i> | <ul style="list-style-type: none"> • Describes hypermetabolic demands inherent to burn injury and healing. • Completes assessment of metabolic demands for burn patient. • Collaborates with dietician to ensure appropriate dietary management. |
| | 5.2 <i>Optimizes delivery of prescribed nutrition.</i> | <ul style="list-style-type: none"> • Minimizes interruptions in delivery of enteral nutrition. • Provides education to patient/family for treatment specific to meeting nutritional requirements. |

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| 6. Psychosocial Support | 6.1 <i>Provides support and resources for the unique emotional, spiritual, cultural and social needs of burn patients and family members.</i> | <ul style="list-style-type: none"> • Collaborates with multidisciplinary team in the development of an individualized plan of care to support patient and family. • Identifies internal, local and national resources for support. |

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| | 6.2 <i>Recognizes signs and symptoms of stress and depression of burn patients and family members.</i> | <ul style="list-style-type: none"> • Screens for acute stress disorder (ASD) and post-traumatic stress disorder (PTSD). • Identifies patients at risk for intentional injury or self-harm. • Initiates behavioral health consult based on patient assessment. |
| | 6.3 <i>Supports patient and family members who exhibit signs and symptoms of emotional distress.</i> | <ul style="list-style-type: none"> • Promotes resiliency in patient and family. |
| | 6.4 <i>Facilitates access to peer-to-peer and burn survivor resources for patient and family support.</i> | <ul style="list-style-type: none"> • Provides information on peer support programs and referral process (e.g., Phoenix Society for Burn Survivors). |

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| 7. Rehabilitation | 7.1 <i>Explains the unique rehabilitation needs of the burn patient for return to optimal function.</i> | <ul style="list-style-type: none"> • Describes burn scar pathophysiology. • Describes interventions to prevent common rehabilitation complications. • Verbalizes functional outcome goals for burn rehabilitation. |
| | 7.2 <i>Optimizes prescribed rehabilitation interventions to maximize return to function.</i> | <ul style="list-style-type: none"> • Collaborate with burn therapists in development of individualized plan of care. • Intervenes to prevent complications and maximize function. • Employs appropriate patient positioning and application of splints and devices. • Provides education to patient/family for treatment specific to meeting rehabilitation goals. |
| | 7.3 <i>Integrates early mobility in routine care to reduce complications associated with burn injury.</i> | <ul style="list-style-type: none"> • Describes the contribution of early mobilization. • Collaborates with burn therapists in integration of early mobilization in the plan of care. • Ensures patient safety. |

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| 8. Discharge Planning and Aftercare Support | 8.1 <i>Facilitates interdisciplinary discharge preparation for patient and family.</i> | <ul style="list-style-type: none"> • Describes burn center outpatient and aftercare program. • Describes the comprehensive discharge planning process. • Defines aftercare support for enhancing quality of life. |

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| | | <ul style="list-style-type: none"> • Collaborates with the multidisciplinary team in discharge planning and aftercare. |
| | 8.2 <i>Empowers patient and family for community re-integration.</i> | <ul style="list-style-type: none"> • Describes internal, local, and national resources for community re-integration. • Encourages patient and family to participate in aftercare programs. |

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| 9. End of Life Care | 9.1 <i>Participates in interdisciplinary discussions when faced with potentially futile medical care.</i> | <ul style="list-style-type: none"> • Differentiates between palliative care and end of life concepts. • Advocates on behalf of the patient and family regarding the desired level of care in face of clinical deterioration. |
| | 9.2 <i>Supports patient and family during end of life.</i> | <ul style="list-style-type: none"> • Participates in patient/family conferences. • Provides comfort measures. • Supports psychosocial/spiritual needs of patient/family. • Imparts dignity and respect for patient choice, family members, cultural, and religious beliefs. • Ensures optimal environmental conditions that respect end of life. |
| | 9.3 <i>Engages resources for family support after their loved one has passed.</i> | <ul style="list-style-type: none"> • Verbalizes protocol for social work and case management interventions. • Facilitates closure for family/support persons. • Provides community referrals to bereavement services. |

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| 10. Team Collaboration | 10.1 <i>Engages all members of the interdisciplinary burn team in the delivery of care.</i> | <ul style="list-style-type: none"> • Describes the roles of multidisciplinary burn team members. • Collaborates with team members on the comprehensive plan of care. • Involves the patient/family in the plan of care. • Participates in multidisciplinary patient rounds. • Engages in respectful communication with all burn team members. • Provides professional peer feedback for colleagues within the interdisciplinary burn team. |

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| | 10.2 <i>Collaborates in quality improvement processes to improve burn care delivery and related patient outcomes.</i> | <ul style="list-style-type: none"> • Defines common quality improvement processes (e.g., FOCUS-PDCA, Iowa Model for Evidence Based Practice). • Participates in burn center quality improvement projects. • Utilizes evidence-based practice in delivery of care for the burn patient. • Supports clinical research initiatives to advance burn care knowledge as applicable. |
| | 10.3 <i>Facilitates resiliency for self and team members given the challenges of burn care.</i> | <ul style="list-style-type: none"> • Describes effective techniques to promote effective self-care and resiliency. • Mentors team members in both team process and burn care management. • Resolves team conflict with respect for diverse opinions and beliefs. • Offers feedback to team members related to participation in effective delivery of care and collaboration. • Manages work place stress by fostering a positive climate. |

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| 11. Burn Care Education | 11.1 <i>Advocates burn injury prevention awareness to patients and families.</i> | <ul style="list-style-type: none"> • Describes burn injury prevention strategies. • Educates patient/family on burn injury prevention. |
| | 11.2 <i>Participates in community outreach and/or community provider education.*</i> | <ul style="list-style-type: none"> • Completes ABLS provider course. • Provides burn education to first responders and referral agencies. • Participates in community burn awareness and prevention programs. |

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