

### BURN NURSE COMPETENCIES

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

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

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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"> <li>• Describes the unique physiologic response to burn injury.</li> <li>• Performs thorough serial physical assessments.</li> <li>• Adapts nursing interventions to specific injury and/or deteriorating conditions.</li> </ul>
	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"> <li>• Describes potential complications for all body systems.</li> <li>• Assesses patients appropriately based on injury or pre-existing conditions.</li> <li>• Prevents potential complications based on injury, patient responses and co-morbidities.</li> <li>• Educates patient/family regarding interventions, medications and treatments.</li> </ul>

	<i>2.3 Maintains thermoregulation.</i>	<ul style="list-style-type: none"> <li>• Describes the pathophysiology of chronic thermo-dysregulation in severe burn injury.</li> <li>• Explains situations associated with risk for hypothermia.</li> <li>• Measures core body temperature routinely.</li> <li>• Maintains room temperature per institutional protocol.</li> <li>• Performs interventions to maintain core body temperature.</li> </ul>
	<i>2.4 Employs appropriate infection prevention practices.</i>	<ul style="list-style-type: none"> <li>• Explains the significance of infection prevention measures for the burn patient.</li> <li>• Identifies reasons for increased infection risk.</li> <li>• Outlines infection prevention guidelines per institutional and American Burn Association (ABA) protocols.</li> <li>• Considers the role of the patient’s gastrointestinal, skin, and burn wound microbes and burn center microbes.</li> </ul>
	<i>2.5 Recognizes the unique signs and symptoms of sepsis in the burn patient.</i>	<ul style="list-style-type: none"> <li>• Explains the pathophysiology and unique signs/symptoms of burn sepsis.</li> <li>• Assesses routinely for development of burn sepsis.</li> <li>• Engages prompt interventions when sepsis symptoms arise.</li> </ul>
	<i>2.6 Employs interventions to reduce secondary complications associated with burn injury.</i>	<ul style="list-style-type: none"> <li>• Describes common secondary complications by body systems.</li> <li>• Initiates interventions to prevent or mitigate complications.</li> </ul>
	<i>2.7 Engages post-operative care that adapts to significant physiologic changes associated with burn surgery.</i>	<ul style="list-style-type: none"> <li>• Describes physiologic response to excision and grafting procedures that impact post-operative recovery.</li> <li>• Anticipates common post-operative complications associated with major burn surgery.</li> <li>• Ensures post-operative stabilization and recovery.</li> </ul>

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3. Wound Management	<i>3.1 Assesses wound status: stage of healing, evidence of infection, skin integrity.</i>	<ul style="list-style-type: none"> <li>• Identifies characteristics of burn wound types and stages of wound healing.</li> <li>• Anticipates complications associated with burn wound healing (e.g., infection, skin integrity).</li> <li>• Documents comprehensive wound assessment and management.</li> <li>• Provides education to patient/family for therapeutic treatment.</li> </ul>

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

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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"> <li>• Describes the multifactorial causes of discomfort.</li> <li>• Explains the indications and side effects of medications and other agents to assist with comfort.</li> <li>• Engages specific assessment techniques for: pain, agitation, and delirium.</li> </ul>

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

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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"> <li>Describes hypermetabolic demands inherent to burn injury and healing.</li> <li>Completes assessment of metabolic demands for burn patient.</li> <li>Collaborates with dietitian to ensure appropriate dietary management.</li> </ul>
	5.2 <i>Optimizes delivery of prescribed nutrition.</i>	<ul style="list-style-type: none"> <li>Minimizes interruptions in delivery of enteral nutrition.</li> <li>Provides education to patient/family for treatment specific to meeting nutritional requirements.</li> </ul>

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

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

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8. Discharge Planning and Aftercare Support	8.1 <i>Facilitates interprofessional discharge preparation for patient and family.</i>	<ul style="list-style-type: none"> <li>• Describes burn center outpatient and aftercare program.</li> <li>• Describes the comprehensive discharge planning process.</li> <li>• Defines aftercare support for enhancing quality of life.</li> <li>• Collaborates with the interprofessional team in discharge planning and aftercare.</li> </ul>
	8.2 <i>Empowers patient and family for community re-integration.</i>	<ul style="list-style-type: none"> <li>• Describes internal, local, and national resources for community re-integration.</li> <li>• Encourages patient and family to participate in aftercare programs.</li> </ul>

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

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

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

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

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