

# Burns Pathway and Emergency Box implementation in a Mental Health setting

Nicole Dixon & Jean Moon – Tissue Viability Nurse - Western Health and Social Care Trust

## Aim

The authors are Tissue Viability Nurses based in a trust that provides a range of mental health, learning disability and neurological care services across the North of England to a population of over 1.4 million. They provide a service across community and acute settings with approximately 9000 staff.

The aim of the pathway was to improve appropriate referrals and patient burn outcomes (fig 1). The clinicians also wanted to ascertain if the implementation of a burns box could reduce any inequalities in care. The authors also had to make a clinical decision what wound care tools and products should be included to support their service users. This also includes appropriate referrals to the correct department as the team has close working relationships with different disciplines including Vascular, Burns, Podiatry, Neuro and Plastics. The <sup>(1)</sup> NHS pathway development (2019) supports pathway development as it reduces health inequalities.

The project aim was also to reduce restrictive practice which is at the forefront of the author's practice. This includes unnecessary secure transport and other forms of restrictive practice which can be found in <sup>(2)</sup> "What is Restrictive Practices NHS guidelines" like physical and environmental practice which can all cause distress.



Fig.1

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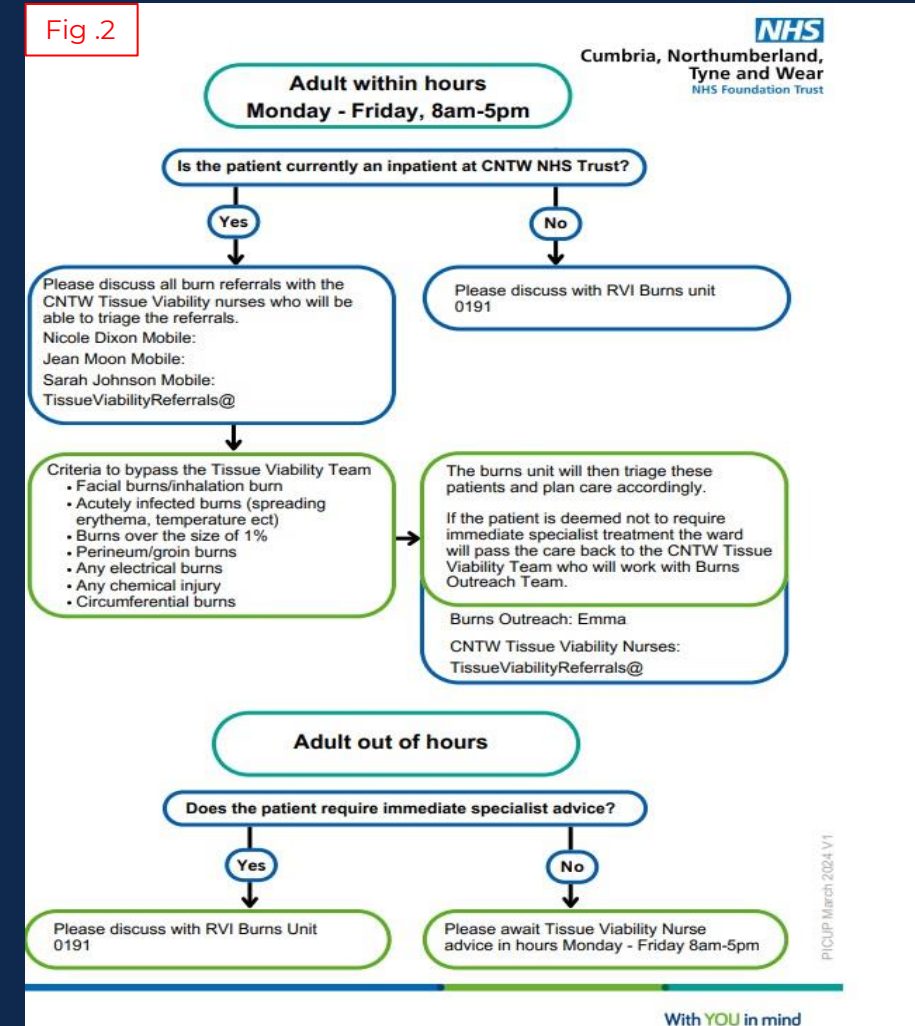
## Method

The Pathway development included different disciplines to make it inclusive. For instance, a criteria was developed with the burns department for direct referrals that should bypass Tissue Viability. Which can be seen in fig 2.

The authors then conducted evaluations to see what products and equipment would be required for the burns box. They also set up a multidisciplinary meeting to understand what their colleagues believed should be included in each burns box. This was a difficult task as the authors service users can range from eating disorders to self-harm. The dressings need to be versatile for different burns including the increase aerosol burns noted by the authors.

They also liaised with each ward that could potentially need a burn box supplied. This was important as they cover over 13 sites.

Fig .2



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## Results / Discussion

Following a survey of the pathway it was determined that there was an increase in the correct referrals to each clinical discipline involved in the care of the patient.

This supported a positive healing environment for the patients (fig.3). Healing times were reduced for the complex wounds treated and the introduction of the burn box (fig. 4) increased early intervention. Early intervention helped to increase healing rates while waiting for the relevant specialist to assess the patient. The authors were also able to identify that 70 wards needed a burns box which will be rolled out over a six-month period. The authors found that the multidisciplinary group communication also improved due to working together on the project. The multidisciplinary team working together helped to reduce restrictive practice and put plans in place to support patients.



Full thickness burn to back of left hand measuring 16cm x 7.5cm  
Initial treatment of enzyme alginogel and \*Silicone wound contact non-adherent dressing



Minimal reduction in size for 15 days and necrosis starting to form, therefore authors changed to a honey dressing and silicone wound contact non-adherent dressing.



Noticeable improvement after four days therefore the author continued with honey dressing



After 7 days of honey dressing and a silicone wound contact non-adherent dressing wound reduced to 3cm x 2.5cm



After 7 days of Honey dressing noticeable improvements can be seen

Fig .3

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### Conclusion

Implementing a patient pathway can have a positive impact in a clinical environment. This was the case for the authors as they had increased healing rates. The improved healing rates are important for the authors who cover a large geographical area with over 13 sites.

The correct choice of dressing and equipment for the burn box (fig.4) to treat the wounds was important to promote a positive wound healing environment. The authors also realised that the \*silicone wound contact non-adherent dressing they selected needed to be versatile enough for the ward staff to treat wounds until it can be assessed by the Tissue viability team.

The authors also noticed that communication between the different disciplines had improved since working on the pathway and burn box. The improved communication has supported patients that have multiple disciplines involved in their care.



Fig .4

### References

- (1) Pathways Development, Liaison and Diversion Manager and Practitioner Resources (2019); NHS England and NHS Improvement
  - (2) What is Restrictive Practices NHS guidelines:<https://www.england.nhs.uk/wp-content/uploads/2022/07/Restrictive-Practices-easy-read-Email-Verison.pdf>
- \*Silfex Soft Silicone Wound Contact Layer