Attitudes & Decision-Making Processes Regarding General Anaesthesia and Sedation for Burn Care Procedures: A Service Evaluation in the Northern Burn Care Network

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Background

Dressing changes are a fundamental component of burn management but are frequently associated with pain, psychological distress and procedural anxiety for patients. Effective analgesia and distress management are therefore critical to ensuing both patient comfort and optimal wound management. While options are available in terms of analgesia, procedural sedation, general anaesthesia and a range of psychological strategies, there remains considerable variability in how these approaches are applied in clinical practice.

Aims

The aim of the current study is to:

- Collate current opinion and practices relating to dressing changes and other procedures under analgesia, sedation or general aesthetic to inform development of best practice guidelines, teaching and training.

Methods

The NBCN Psychosocial SIG developed a questionnaire survey with mixed free text and Likert scale questions. The survey was piloted with a small number of professionals from across the MDT in two different Burns services before being finalised and distributed across the Northern Burn Care Network for the attention of all professionals. Reminders were sent periodically, and the questionnaire was advertised at the Network's annual in-person improvement event. Responses were counted and themes summarised.

Respondent Characteristics

Responses were received from n=51 professionals. The distribution of professional group is shown in Figure 1. Sixty-five percent of responses were from staff working in a burns centre, 27% were from a unit, and 8% from a facility. The majority of respondents were from adult services (43%). Thirty-seven percent worked exclusively in paediatrics, and 20% worked across both.

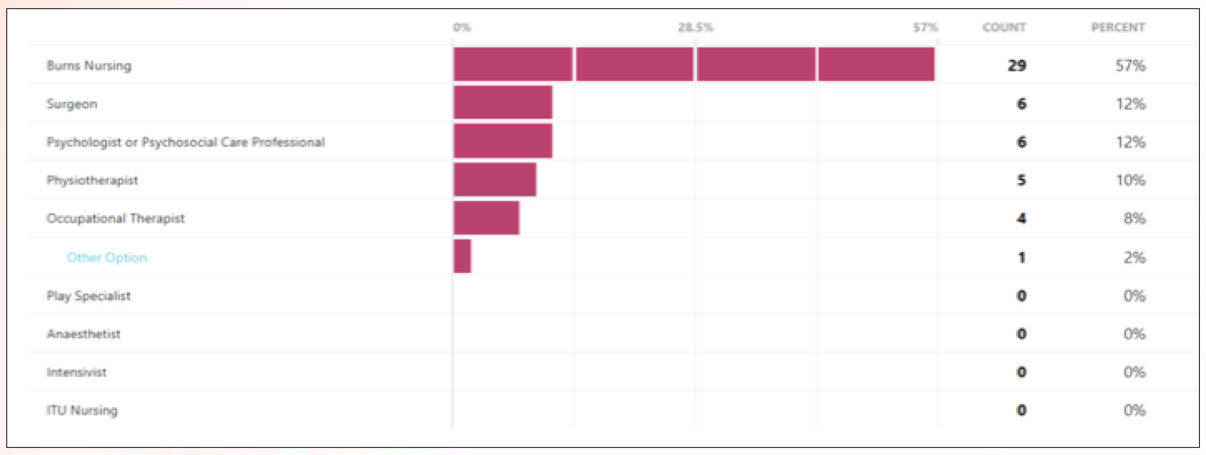

Figure 1

Results

Most services indicated they do not have a formalised protocol relating to decision-making in this context (63%). Twenty-five percent did not know, and 12% reported they do have a formal protocol. Figure two details participants' responses relating to the professionals involved in the decision-making process.

Sixty-percent of paediatric services reported having a play speciality (19% not known, 19% no). Strategies noted to be used in this context were virtual reality, distraction, play, breathing, music, analgesia and Entonox, interactive systems, and clinical psychology services.

Three comments indicated greater access to VR would be helpful. One respondent indicated greater preparation of patient and parent would be useful. One respondent wasn't sure what would be helpful but recognised this would depend on availability of Clinical Psychology staff or tools like VR.

Two additional comments noted that sometimes GA is necessary for patient comfort and distress and more thorough cleaning but noted the risk of anaesthetic. One comment indicated it is preferable to move to ward dressings as soon as possible to move the patient forward.

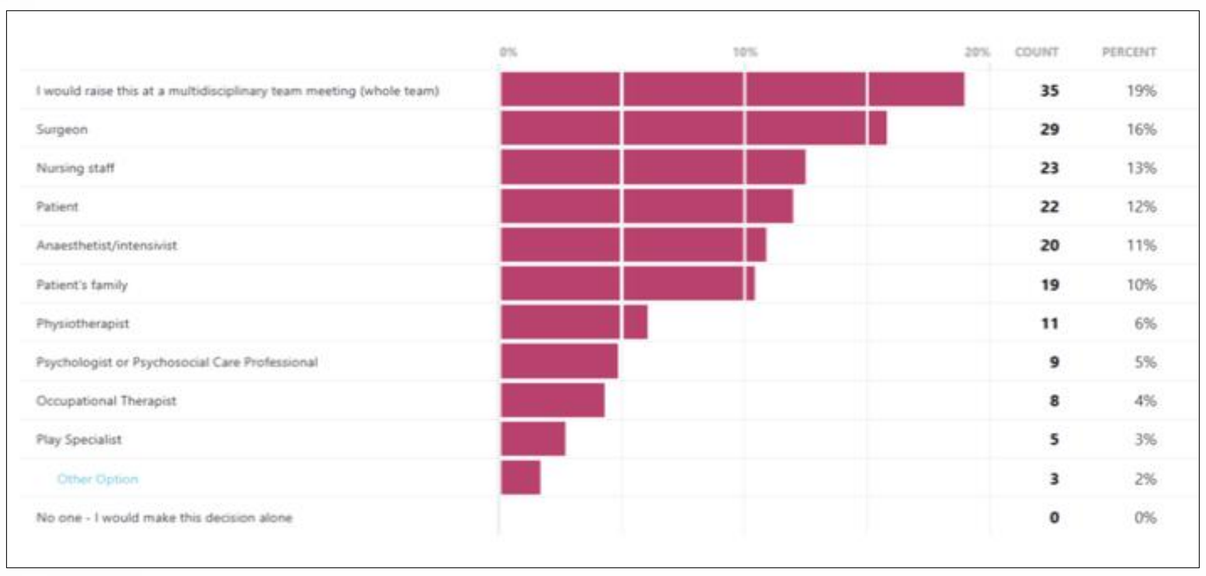

Figure 2

Conclusions & Recommendations

Most services did not present these decision-making processes as relevant for the whole MDT, but instead as pertinent to specific professional groups in conjunction with the patient and family, and there are few formalised protocols across the services within the network. These results suggest that the role of the Clinical Psychologist in decision-making or preparation for procedures is not widely understood.

Recommendations are for teaching and training to be offered around the role of the Clinical Psychologist in decision-making relating to managing procedural pain and distress. Co-production of evidence-based best practice guidelines across the MDT and with patients and families may invite consistency of decision making within and between services whilst permitting patient- and service-centred practices.

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