### Burn Care: An overview of current approaches to its optimal delivery (Alan Rogers, Heinz Rode)

1. Which of the following formulae is the most commonly utilised for fluid resuscitation after major burn injury:
   - a) Brooke
   - b) Parkland
   - c) Voluven
   - d) Vitamin C as the preferred fluid

2. The following are reasons for centralising the care of patients with major burn injury in major academic hospitals:
   - a) Receive and manage patients who meet the criteria for referral, so that their outcomes are improved
   - b) Develop the skills and experience of the interdisciplinary team required (e.g., therapists, surgeons, intensivists, nurses, social workers, dieticians)
   - c) Serve as centres of excellence for training and research, and undergo regular audit to ensure a process of quality improvement and assurance
   - d) All of the above

3. Which leading South African burn surgeon spearheaded the development of South Africa's first cadaver skin bank and is currently the African representative of the International Society for Burn Injuries:
   - a) Nikki Allorto
   - b) Rachel Donaldson
   - c) Heinz Rode
   - d) Adelin Muganza

4. Meek micrografting is an effective method of:
   - a) A spray on skin epithelial autograft strategy
   - b) A method of applying skin to a skin substitute for a major burn
   - c) A method of dividing autograft into islands by the cutting and spreading on prefolded paper
   - d) None of the above

5. The advantages of cadaver skin grafts include all but the following:
   - a) A permanent alternative to autograft in selected patients
   - b) A useful cover of widely meshed autograft, a technique referred to as the Alexander or 'sandwich' technique
   - c) A temporary cover of excised burns where there is a shortage of donor sites during staged debridement in major burns
   - d) A useful means of 'testing the wound bed' for infected wounds after excision but prior to autografting

6. Negative pressure wound therapy is most commonly used in the context of burn injury to:
   - a) To stabilise suture lines
   - b) To manage oedema in superficial partial thickness burns
   - c) As a temporary alternative to cadaver skin
   - d) Bolster skin grafts to prevent shear and optimise 'take'

7. The American Burn Association's verification process does all except the following:
   - a) Suggests areas for improvement in terms of clinical protocols and procedures
   - b) Closes down poorly performing burn centres
   - c) Reviews the credentials and activities of interdisciplinary staff
   - d) Reviews processes in place like quality improvement, patient safety and morbidity and mortality meetings

8. All but the following include antiseptic dressings:
   - a) Acticoat
   - b) Jelonet
   - c) Inadine
   - d) Dakin's solution

9. Biobrane is a skin substitute that should not be used in the following way:
   - a) As a temporary coverage strategy after the excision of large burns
   - b) As a daily dressing in the management of superficial partial thickness burns and exfoliative skin conditions like Toxic Epidermal Necrolysis
   - c) As the definitive dressing in the management of superficial partial thickness burns and exfoliative skin conditions like Toxic Epidermal Necrolysis
   - d) As the definitive management of deep burn injuries like Integra

10. On initial assessment of a burn injury, the following should be performed:
    - a) Tetanus toxoid should not be given
    - b) Antibiotics are routinely administered for all deep burns
    - c) pH testing should be undertaken for all suspected chemical burns
    - d) Patients with major burn injuries should never be intubated on the scene

11. Silver sulfadiazine, although used for decades in the management of burn injuries, may not be the ideal dressing choice as a result of the following:
    - a) The formation of pseudoeschar
    - b) The need to change the dressing twice daily
    - c) Its inability to penetrate eschar
    - d) None of the above

12. Propranolol is increasingly used during the management of patients with burn injury during their hospital course in order to:
    - a) Increase insulin resistance
    - b) Reduce peripheral muscle mass
    - c) Control the hyper-metabolic state, assessed by lowering the heart rate
    - d) Cause mesenteric ischaemia

13. The Baux score, and revised versions thereof, may still be used for all of the following except to:
    - a) Inform discussions about goals of care with family of elderly patients with severe burns
    - b) Triage multiple patients with severe burn injuries in the context of a burn disaster
    - c) Withhold care in the context of a young child with significant burn injuries
    - d) Triage scarce resources like dialysis and respiratory therapists in developing centres

14. The appropriate transfusion trigger in the management of burn injuries was shown to be the following during the TRIBE trial:
    - a) 8 g/dl
    - b) 10 g/dl
    - c) 7 g/dl
    - d) 6 g/dl

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