Inpatient Burns Positioning Chart Review

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Introduction

Positioning and splinting for patients with burns is important for oedema control, protection of surgical intervention, maintaining joint range of motion and prevention of contractures (Kolmus et al. 2014). Positioning can be challenging due to surgical restrictions, medical stability and individual patient factors. In the paediatric setting, positioning is further complicated as children may not possess the cognitive reasoning to aid compliance (Dewey, Richard, Parry, 2011). After an admission of a complex patient to the Royal Children's Hospital (RCH) in Melbourne, some positioning and splinting communication challenges became evident.

Aims

To review current RCH positioning charts and investigate the nursing barriers to interpretation and implementation. New positioning charts were created in response to feedback collated.

Methodology

Nursing staff were surveyed across the paediatric intensive care and surgical unit to explore barriers to positioning charts interpretation and implementation. The opportunity to provide suggestions on ways to improve current practice was provided in the form of an open ended question.

Results

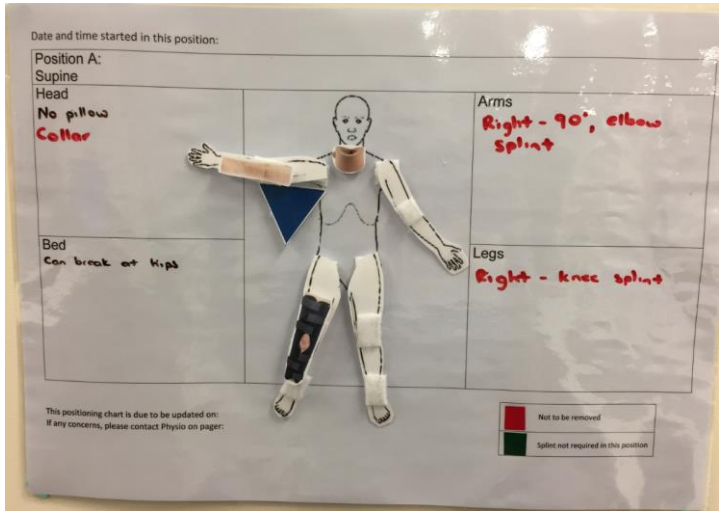
Survey results were compiled and are presented in Table 1. Suggestions for improvements included simplifying the presentation of charts to include pictures so both staff and families could easily interpret information.

A new positioning chart template was created (Figure 1). The chart includes colour pictures of commonly used splints which are attached with velcro for ease of updating. Colour coded writing is used to quickly identify if splint is removable or not.

Table 1 – Barriers Identified

Interpreting	Implementing
• Information presentation • Handover • Locating charts • Exposure to charts • Time • Patient factors	• Patient factors • Time • Resources • Locating • Handover • Exposure

Figure 1



Feedback

The new positioning charts are currently being trialled in intensive care and the surgical ward to collect feedback before finalising design.

Clinical Implications

Once the trial period is complete, education sessions will be provided to nursing staff regarding the new charts, importance of patient positioning and problem solving patient factors barriers

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