



Purpose: To provide nurses with an overview of burn injuries in pediatric patients.

Learning Objectives:

1. Discuss the pathophysiology of burns
 2. Describe the assessment of a pediatric patient with burn injury.
 3. Identify nursing interventions for the pediatric patient with burn injuries.
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1. **The secondary survey of the patient with burn injury includes assessment of**
 - a. airway
 - b. blood pressure
 - c. respirations
 - d. pulses
 2. **Eighty percent of all thermal injuries in children come from**
 - a. flames
 - b. chemicals
 - c. electricity
 - d. hot liquids
 3. **The zone of ischemia is the local zone of injury in each burn would that**
 - a. is located at the center of the burn injury
 - b. consists of necrotic tissue
 - c. contains tissue that's oxygen/nutrient deprived
 - d. is an area of vasodilation and increased perfusion
 4. **Pediatric burn patients should be intubated**
 - a. within 48 hours postburn injury in all cases
 - b. as soon as possible if airway compromise is likely
 - c. only if a nasopharyngeal airway attempt fails
 - d. only if airway edema is noted
 5. **ABLS guidelines recommend providing 100% oxygen**
 - a. to all burn victims
 - b. only to dyspneic patients
 - c. only if carbon monoxide poisoning is suspected
 - d. only to patients over age 12 years
 6. **During the exposure/environment assessment, keep burn wounds covered primarily to**
 - a. reduce pain
 - b. prevent infection
 - c. prevent fluid loss
 - d. prevent heat loss
 7. **Burned children with no prior tetanus immunization should receive which vaccine?**
 - a. Td
 - b. DTaP
 - c. TIG
 - d. DT

8. Compartment syndrome may result from

- a. circumferential eschar
- b. hypercapnia
- c. inadequate fluid resuscitation
- d. hypoxemia

9. Full-thickness burns may not be painful because of

- a. blisters
- b. intact underlying adipose tissue
- c. burn eschar
- d. nerve receptor destruction

10. Burns previously known as second-degree are now called

- a. superficial
- b. epidermal
- c. partial-thickness
- d. full-thickness

11. A deep partial-thickness burn may progress to full-thickness due to

- a. circumferential burn eschar
- b. inadequate fluid resuscitation
- c. impaired venous outflow
- d. fluid volume overload

12. When calculating percentage of TBSA injured,

- a. exclude superficial burns
- b. include epidermal burns
- c. include all burned areas
- d. exclude superficial partial-thickness burns

13. Calculating an accurate TBSA is important for determining

- a. the patient's prognosis
- b. the need for an escharotomy
- c. fluid resuscitation requirements
- d. analgesia requirements

14. Which statement about determining the extent of burns is accurate?

- a. The Parkland burn formula considers the patient's age
- b. TBSA determination isn't important in children
- c. The most accurate method for children is the Sage Diagram and is used at Children's

15. LR solution is preferred for fluid resuscitation after burns because it helps alleviate

- a. metabolic alkalosis
- b. metabolic acidosis
- c. hypoglycemia
- d. hypernatremia

16. Which statement about maintenance fluid resuscitation in children age 6 months to 5 years is accurate?

- a. Administer half the calculated volume within the first 4 hours postburn injury
- b. Adjust the rate to maintain a urine output of 2 ml/kg/hour
- c. Calculate the amount of LR needed based on TBSA and age
- d. Include fluid containing dextrose

17. The patient least likely to need referral to a burn center is one with
- a. partial-thickness burns involving 8% of TBSA
 - b. inhalation injury
 - c. electrical injury
 - d. chemical
18. Which pain intensity rating scale is most appropriate for children under age 3?
- a. numeric pain scale
 - b. Wong-Baker FACES scale
 - c. FLACC pain scale
 - d. checklist of non-verbal indicators
19. The best indicator of fluid status in a burn is
- a. heart rate
 - b. urine output
 - c. amount of edema
 - d. electrolytes
20. It is abnormal for a burn patient to have an elevated temperature the first 72 hours after burn injury.
- a. True
 - b. False
21. Physical therapy and occupational therapy are initiated when a burn
- a. crosses a joint
 - b. healing is complete
 - c. 6 weeks post injury
 - d. develops contractures
22. You might suspect child maltreatment if your assessment indicates (circle all that apply)
- a. a contact burn on the palm of a 2 year old
 - b. history and physical findings are inconsistent or the history changes with each telling
 - c. burns of buttocks, perineum or genitals
 - d. presence of splash marks and burns that are symmetrical – like a glove
 - e. would sparing on dorsal aspect of feet
23. Tyler has partial thickness burns on his chest and neck. He has been receiving Morphine IV and is ready to transition to oral medication. The doctor has ordered morphine sulfate (20mg/5ml) 8 mgs PO q4h (0.4mg/kg/dose). Is this an appropriate dose for Tyler?
- a. yes
 - b. no
24. NG feeds are always initiated in burns $\geq 10\%$ TBSA.
- a. true
 - b. false
25. An autograft is
- a. xerform and bacitracin
 - b. hydro fiber dressing
 - c. Silvadene 1% cream
 - d. none of the above

26. Post burn patients receive grafts due to:

- a. delayed wound healing or tissue loss
- b. reducing the risk of infection
- c. having a full thickness burn
- d. all of the above

27. Post graft care now includes:

- 1. graft dressings with xeroform and kerlix
 - 2. Wound vac for enhanced healing
 - 3. Long acting silver dressing to graft site
 - 4. Prophylactic antibiotics
- a. 1 only
 - b. 1,2,3
 - c. 1 & 2
 - d. all of the above

28. When evaluating a patient with a skin graft you should notify the provider in all the listed circumstances expect:

- a. pain is uncontrolled with current regime
- b. VS within normal limits
- c. sudden bleeding, dressing becomes saturated
- d. patient becomes hemodynamically unstable

29. The majority of our patients experience scald and contact burns.

- a. true
- b. false

30. A split thickness graft is a thin layer of epidermis.

- a. true
- b. false

Educators Answer Sheet Burn Educational Module Post-Test

Circle the letter for correct answer unless otherwise indicated.

1. a b c d

2. a b c d

3. a b c d

4. a b c d

5. a b c d

6. a b c d

7. a b c d

8. a b c d

9. a b c d

10. a b c d

11. a b c d

12. a b c d

13. a b c d

14. a b c d

15. a b c d

16. a b c d

17. a b c d

18. a b c d

19. a b c d

20. a b

21. a b c d

22. a b c d e

23. a b

24. a b

25. a b c d

26. a b c d

27. a b c d

28. a b c d

29. a b

30. a b