

RSTNCOVID Burn Service Evaluation

Record ID _____

Protocol info:

Retrospective and Prospective study, collecting data of consecutive patients referred to the burns unit and reviewed by doctor at first presentation. Based on the UK government's data (<https://coronavirus.data.gov.uk/>), we aim to collect data from the week of the 6th April 2020 onwards, when the daily number of lab-confirmed COVID-19 cases peaked.

Patient Inclusion/exclusion criteria: Patients not assessed by a doctor at first presentation are to be excluded.

Study purpose:

The COVID-19 pandemic has changed how we deliver healthcare, and burn injuries are no exception. The purpose of this study is to collect data on how burns patients were managed during the COVID-19 pandemic, determine how burns management has changed during this pandemic, and identify any modifications that we could adopt for the long term.

If you wish to be recognised as a Pubmed cited collaborator, please add your name and email address.

Data protection statement:

We will store your name and email address for the purposes of contacting you about the #RSTNCOVID survey and service evaluation. Your data will not be shared or used for other purposes. At the end of the study, your details will be erased. You can withdraw at any point by emailing rstncovid@gmail.com. See the RSTN webpage for the privacy policy.

Q1. Data collector details

Your full name

(First name, initials and surname as would appear in a journal article)

Email address

Name of hospital

Name of NHS Trust

Q2. Patient Demographics

Age

- 0-18yrs
- 19-30yrs
- 31-40yrs
- 41-50yrs
- 51-60yrs
- >70yrs

Date of injury

Date of first review

Date of admission

Date of discharge

COVID-19 status

- Positive
 Negative
 Unknown (not tested)
-

Aetiology of burn

- Scald
 Flame
 Electrical
 Chemical
 Contact
 Other
-

If "Other", please specify

Was the burn caused by the treatment or prevention of COVID-19? e.g. steam inhalation

- Yes
 No
-

If yes, please elaborate how

TBSA of burn (%)

Burn depth

- Superficial
 Partial thickness
 Deep dermal
 Full thickness
 Mixed depth
-

If mixed depth, what was the most predominant within that?

- Superficial
 Partial thickness
 Deep dermal
 Full thickness
-

Q3. Referral Pathway

How was the patient referred?

- Accident & Emergency
 General Practice
 Urgent care centre
 Established telemedicine system e.g. TRIPS
 Other
-

Other method of referral

Was this the usual pathway for referral?

- Yes (usual pathway)
 No (alternative pathway due to COVID-19)
-

What was different from the usual pathway?

Q4. Delays in presentation

Was there a delay in patient presentation for initial medical assessment (e.g. at A&E, UCC, GP)?

- Yes
 No

Was this COVID-19 related?

- Yes
 No

What was the specific reason for delayed presentation?

- Concern about catching COVID-19
 Concern about hospital resources
 Difficulty in accessing hospital
 Self isolating/shielding
 COVID-19 symptoms
 Unknown
 Other

If "Other", please specify

Was there subsequent delay in onwards referral to burns service?

- Yes
 No

Did the delay adversely affect the burn at presentation?

- Yes
 No

How did the delay adversely affect the burn?

- Infection
 Burn progression
 Other

If "Other", please specify

Q5. Patient management

If the first presentation was pre-COVID, how would you have managed this?

- Expectantly (trial of conservative management but discussion that patient may require surgery)
 Non-operatively
 Operatively

At first presentation, how did you decide to manage this burn?

- Expectantly (trial of conservative management but discussion that patient may require surgery)
 Non-operatively
 Operatively

Was there a delay from the decision for surgical management to getting to theatre?

- Yes
 No

Was the delay to theatre COVID-19 related?

- Yes
 No

Was this reason for delay affecting:

- Theatre availability
 Staff availability
 Post-operative support
 Other

If "Other", please specify

Would you have managed this patient as an inpatient or outpatient at first presentation pre-COVID?

- In-patient
 Outpatient

Was this patient managed as an in-patient or outpatient at first presentation?

- In-patient
 Outpatient

If your management decision was different from pre-COVID management, which factors influenced your decision?

- Bed availability
 Patient refusal
 Operative capacity
 Patient had COVID-19 symptoms
 Reduced HDU/ITU availability
 Other

If "Other", please specify

Q6. Outpatient management

Has your outpatient management for this patient changed because of COVID-19?

- Yes
 No

How was the outpatient management changed?

- Increased patient education
 Dressings at home/district nurse/GP
 Telemedicine follow-up
 Reduced outpatient appointments
 Other

If "Other", please specify the outpatient management change

If Telemedicine follow-up was one of the changes, what modality was used?

- Telephone
 Video Call
 Email
 Other

If "Other", please specify the telemedicine modality used
