



Hands-on experience during simulated exercise

AURORA LEADERS GET CLOSE LOOK AT BURN UNIT CARE



The badly burned patient was groaning in pain as nurses wheeled him into a therapy room in University of Colorado Hospital's Burn /Trauma ICU on the 3rd floor of the Anschutz Inpatient Pavilion. Providers immediately began preparing to give him the care that could save his life.

It's a scene that plays out often on the unit, accredited for 10 years by the American Burn Association, and the Rocky Mountain region's leading provider of burn care.

The big difference on this recent February afternoon was the "victim" was a graduate nurse in training who was part of an exercise to demonstrate the skilled care the unit dispenses on a regular basis.

Seeing how it works. About a dozen fully gowned members of Leadership Aurora, a Chamber of Commerce-sponsored group completing a 10-month class (*see accompanying story*), were crowded in the room to watch the exercise, but they quickly became participants: a goal of the day-long session at UCH and The Medical Center of Aurora was to give them hands-on experience in how health care actually works.

Life support coordinator Kristin Paston, RN, quickly enlisted several of them to help her roll the victim onto a slide board so he could be moved from a gurney to a special area for treatment.

"I'm so cold," the victim moaned.

"That's because he has lost

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so much skin,” Paston told the group. “He is burned over 40 percent of his body.”

New actor. After the group had simulated moving the flesh-and-blood victim, a new actor took the stage: a computerized mannequin programmed for the scenario by the Wells Center. Veronica Baiamonte of the center, which is a UCH partner organization that provides health care training and education, stood nearby with a computer, watching the action. In the hours before, she had programmed the mannequin’s responses to the trauma, including changes to oxygen saturation, respiration rate, heart rate and blood pressure.

Mark Longshore, RN, MSN, the Wells Center’s patient safety coordinator, also looked on, guiding Baiomonte as she increased the patient’s “oxygen levels” or altered his “heart rate” as the providers worked on him.

Over the next several minutes, members of the Leadership Aurora group worked directly with Paston and Burn Unit clinical nurse Marty Slate, RN, to hook the patient up to an IV to stabilize fluids and deliver pain meds. They also inserted breathing and feeding tubes and a Foley catheter. Meanwhile, clinical nurse educator Cameron Boyle, RN, explained the procedures.

“It’s important to give him nutrition,” she advised as a member helped to insert the feeding tube. “He’ll get protein to help heal the wounds.”

Losing the patient? Suddenly, the patient’s vital signs, displayed on a monitor, began to diminish, then disappear.

Paston called for a defibrillator; a code cart was wheeled into the room. She showed the observers how to attach electrodes to the body before the device delivered an electric shock. Two-minutes of CPR by a group member followed, with an administration of epinephrine (adrenaline) to aid in resuscitation. As the drug circulated, Vivienne Smith, RN, nurse informatics specialist for Professional Resources, who was charting the patient, timed the pulse and other vital signs.

“Nice save,” Paston called out as the patient’s heart rate and oxygen saturation rate reappeared on the monitor. “He’s not out of the woods, though,” she added quickly. “He can still go into respiratory arrest because he inhaled a lot of smoke into his lungs and

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has throat swelling.”

Challenging work. As the event drew to a close, Slate, a nurse in the Burn Unit since 1990, talked to the group about some of the difficulties the Burn Unit confronts in the cases it treats.

“We have a large rural catchment area,” she told them. “It could be hours before they arrive here and get an IV. They can also suffer irregular heart rhythms.”

Nurse manager Mary Holden, RN, who also debriefed the group, was asked about the sometimes difficult environment, which includes bright, hot lights, a necessary element for patients who have lost skin and need to be warmed.

“Sometimes nurses will work under those lights for up to three hours,” Holden said.

“It takes a special breed of nurse to work in the Burn Unit,” Paston added. “The patients are very sick and the care is extremely labor-intensive.”

Members of the group echoed that sentiment during a post-demonstration meeting, said Keith Peterson. Peterson, UCH director of Guest Services and a Leadership Aurora board member, helped organize the event.

“They made the most meaningful presentation to the rest of the class,” he noted. “They were blown away by the technology, but also touched by the experience. Many said it takes a special person to do the job, that they had no idea the Burn /Trauma ICU was available and that we are lucky to have it here in Aurora.”

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