

Nursing Standard of Practice: Assessment & Assistance with Bedside Escharotomy

Lyndsay Adkinson, BSN, RN, CCRN, Mary Theis, BSN, RN, & Malorie Witmer, BSN, RN

Introduction

An escharotomy is an emergent procedure to treat circumferential, full-thickness burns. If left untreated, the following may occur:

- distal ischemia
- compartment syndrome
- respiratory failure
- tissue necrosis
- death

This procedure involves an incision through areas of eschar to release pressure within the affected compartment. An escharotomy may be performed at the bedside under sterile conditions by an experienced provider with the assistance of the registered nurse.

Statement of Significance

Development of a standard bedside escharotomy nursing procedure has the potential to improve level of knowledge, consistency in practice, and patient outcomes. Continued utilization and evaluation of this standard of practice supports the need for a consensus among U.S. burn centers.

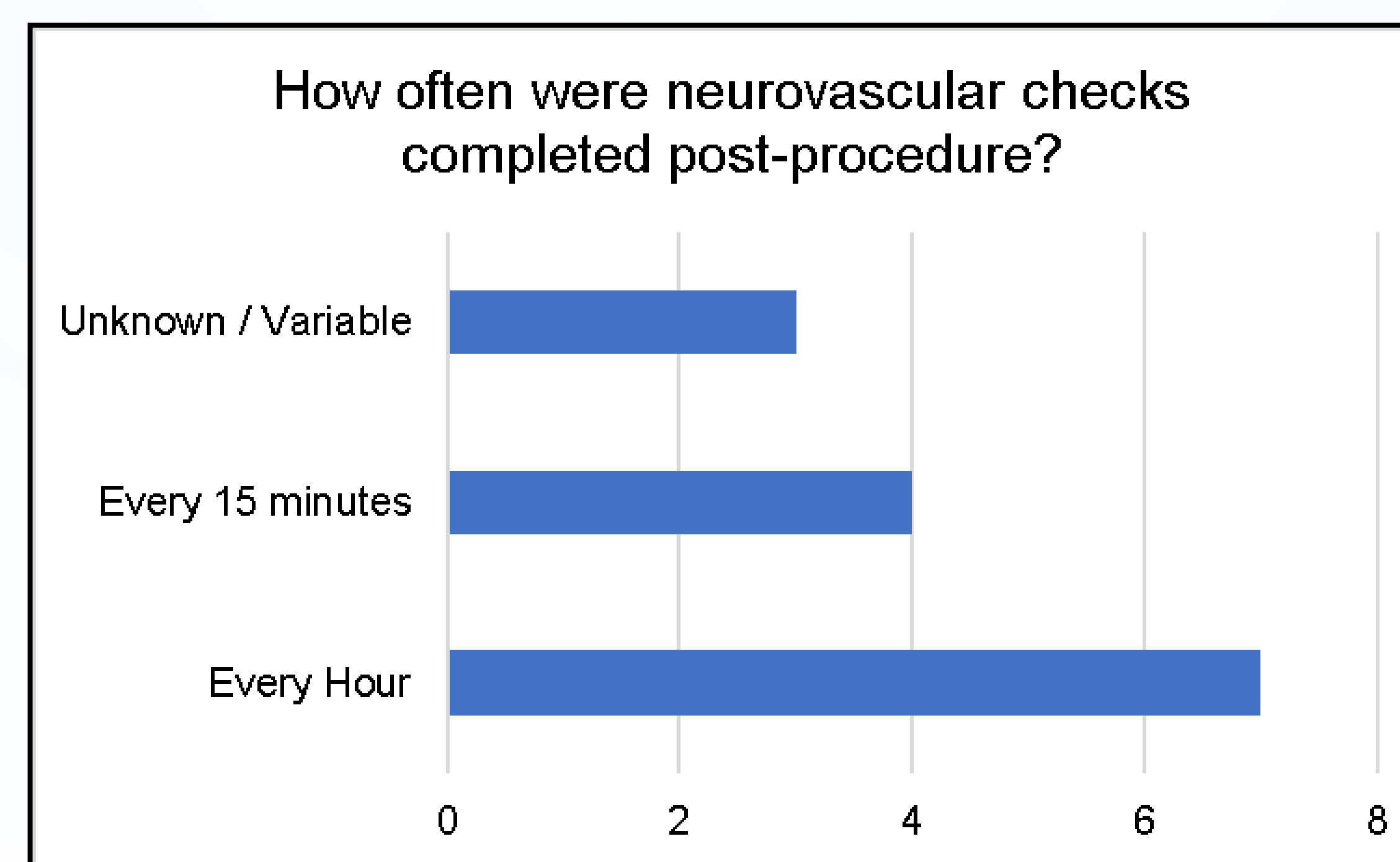
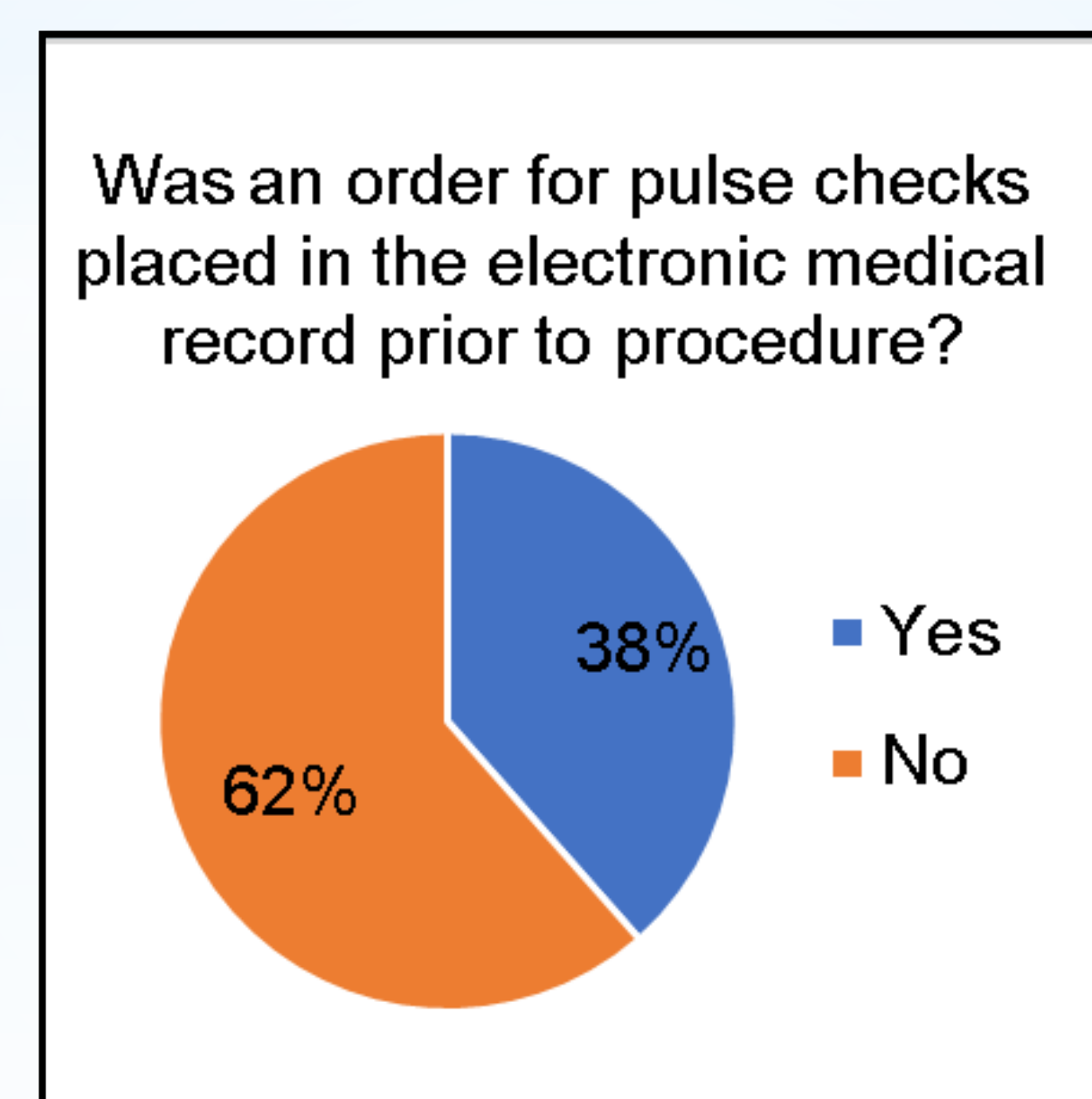
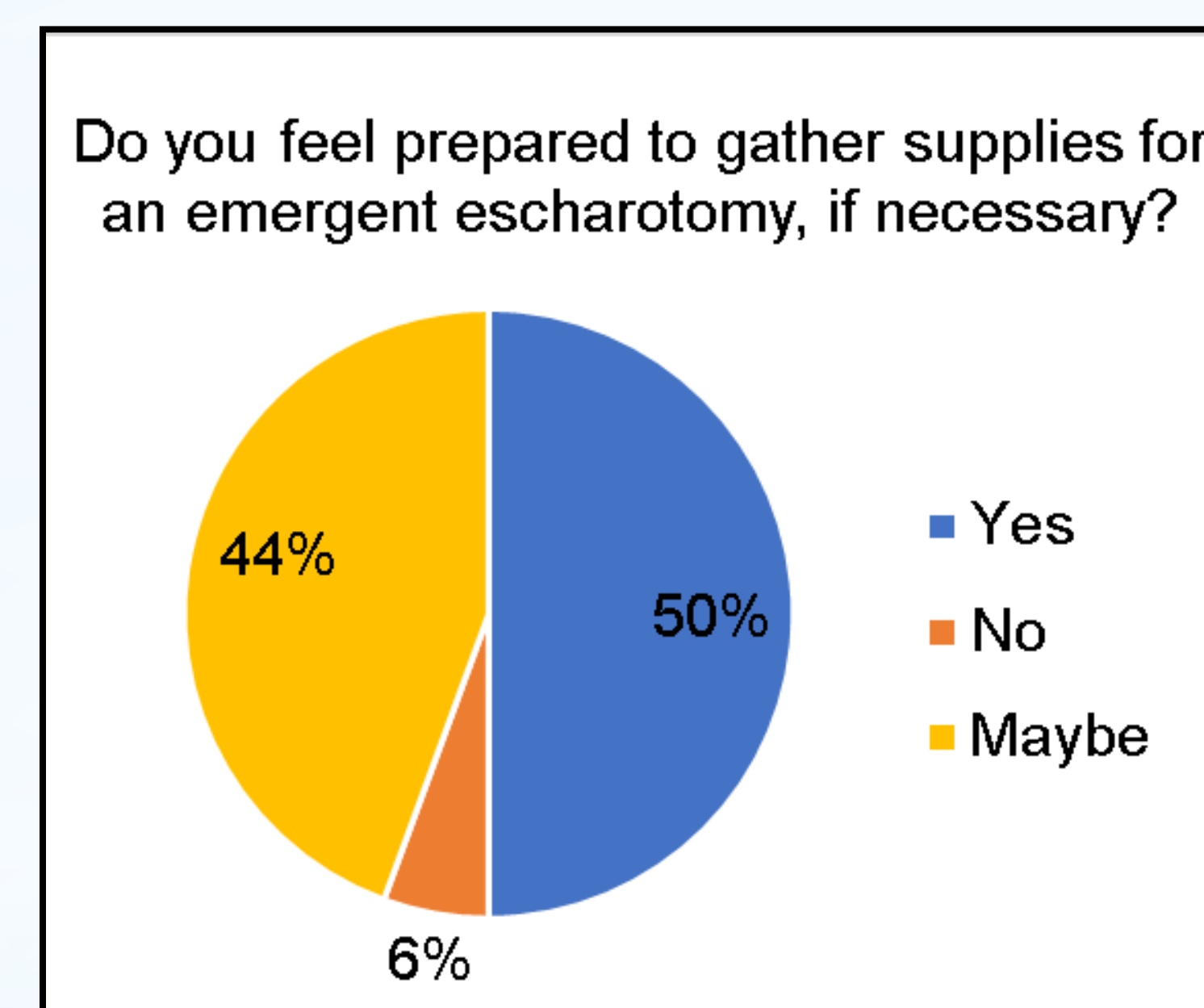
Methods

Extensive literature review was conducted to identify the existence of nursing standards of practice regarding assessment and assistance with bedside escharotomy. A 20-question survey was sent to burn center nursing staff to evaluate their nursing knowledge and practice during bedside escharotomy. [Scan QR code to access survey completed by staff.](#)



Results

Information gathered via literature review revealed no consensus among U.S. burn centers in nursing standard of practice for bedside escharotomy. Survey results further demonstrated inconsistencies in nursing knowledge and practice. Notable results from the survey included variance in post-procedure assessments, provider presence and skill level, dressing intervention, & obtaining informed consent prior to procedure.



Conclusion

A procedure was developed to standardize nursing practice during bedside escharotomy. This procedure outlines required supplies and preparation of equipment, implementation of nursing assessment and assistance, special considerations & complications, patient teaching, and required documentation. Images were included in the procedure for reference. Nursing staff received education regarding the purpose and utilization of the procedure. The procedure is available electronically to all health system employees. Future plans include reevaluation of staff knowledge and utilization of the procedure.



Figure 1. Abdominal escharotomy with incision noted longitudinally along the midaxillary line.



Figure 2. Circumferential hand burn with escharotomy incisions.

Figure 3. Circumferential burns over the entire lower extremity with escharotomy incision on the medial aspect of leg and foot.



References

Scan QR to access the complete *Escharotomy, assisting* – TUKH nursing procedure and references.

