



ISBI Burn Center Assessment Program

The Pre-Review Questionnaire - PRQ

(updated Jan 2026)

Name of Burn Center: _____

Location of Burn Center: _____

Burn center director (MD):

Name _____

Email address _____

Lead/head Burn Nurse:

Name _____

Email address _____

Lead/head Rehabilitation:

Name _____

Email address _____

Physician in charge of adult ICU:

Name _____

Email address _____

Physician in charge of pediatric ICU:

Name _____

Email address _____

Physician in charge of Emergency Department:

Name _____

Email address _____

Physician in charge of Anesthesia (adult):

Name _____

Email address _____

Physician in charge of Anesthesia (pediatric):

Name _____

Email address _____

FOR ISBI REVIEWER'S USE

Organization and Delivery of Burn Care

1. Describe the system of care for acute burn injured persons in your country/region. For example: emergency medical stabilization and transportation, cooperation between burn centers, presence of a regional or national burn system. (R 1) (150 words or less)

2. Does your hospital or region or country have a burn mass casualty plan? Please describe if any of these exist (R 1) (150 words or less)

3. Describe the system of care for burn care follow-up and rehabilitative care for burn patients in your region or country. (R 1) (150 words or less)

First Aid

1. Is there a method to educate the public and the initial responder at the accident site in first aid principles? (R 2)

Yes () No ()

If yes, please describe (150 words or less)

2. Are there governmental policies regarding the safe transportation of burn patients to the nearest medical or burn facility. Are there treatment guidelines to ensure that the patient receives good burn care during transportation? (R 5)

Yes () No ()

If yes, please describe. (150 words or less)

Initial Assessment and Stabilization

1. How is the burn patient initially cared for in the emergency room or burn in-take area? Do you follow a process of a primary and a secondary survey? Please describe. (R 6) (150 words or less)

2. Is an estimated total body surface area (TBSA) utilizing a standardized method obtained on each patient? (R 7)

Yes () No ()

If so when is this obtained: (circle all that apply)

on admission

at discharge

other: _____

3. Are your patients screened for Tetanus immunization status? (R 6)

Yes () No ()

4. How do you handle absent or incomplete vaccination? (R 6) (75 words or less)

5. Does your burn center screen for child abuse/neglect, domestic violence, and/or elder abuse?

YES () NO ()

If you suspect or detect abuse who do you report the event to? (R 7)

Please describe the process of screening and reporting. (150 words or less)

Smoke Inhalation Injury: Diagnosis and Treatment

1. How does your center assess for smoke inhalation injury? (R 9) (150 words or less)

2. How does your center treat a confirmed smoke inhalation injury? Carbon monoxide? Hydrogen cyanide? Please explain. (R 9) (150 words or less)

3. Does your center have the ability to deliver high-flow supplemental oxygen for at least 6 hours for patients with CO poisoning? (R 9)

Yes () No ()

4. How does your center treat HCN- poisoning? (R 9) (150 words or less)

5. Does your center have protocol for mechanical ventilatory management? (R 9)

Yes () No ()

If yes, please describe. (150 words or less)

Burn Shock Resuscitation

1. At what percentage TBSA does your burn center utilize intravenous resuscitation? Is there a different threshold for IV resuscitation for adults and children? (R 12)

Please describe. (150 words or less)

2. Does your center have a protocol for IV resuscitation? (R 11)

Yes () No ()

If yes describe. (150 words or less)

3. How do you assess the adequacy of resuscitation in the first 24-48 hours after burn injury? (R 11) (150 words or less)

4. Do you see incidences of over-resuscitation in your burn center? (R 11)

Yes () No ()

If yes please describe the steps you are doing to prevent it.(150 words or less)

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Escharotomy and Fasciotomy in Burn Care

1.How does your burn center assess for the development of increased tissue pressure during resuscitation and the need for escharotomies of the limbs, trunk or neck? (R 13) (150 words or less)

2. How does your burn center assess for the development of intra-abdominal hypertension and abdominal compartment syndrome? How does your center determine the need for abdominal compartment release? (R 13) (150 words or less)

3. Who preforms escharotomies in your burn center? (R 13) (25 words or less)

4. Do your patients (excluding patients with electrical injury) ever require fasciotomies? (R 14)
Yes () No ()

If yes, please describe your usual protocol for fasciotomies in patients with non-electrical injury (150 words or less).

Wound Care

1.In your burn center do you de-roof burn blisters? (R 16)

Yes () No ()

If yes, how is the underlying wound then treated? (75 words or less)

2. Do you have an initial regimen for burn wound cleansing? (R 15)

Yes () No () If yes, please describe. (75 words or less)

3. Do you have a regimen for burn wound cleansing in your center? (R 15)

Yes () No ()

If yes, please describe. (75 words or less)

4. Does your center use whirlpool or burn tanks for wound care? (R 15)

Yes () No ()

If yes, how do you clean those devices between uses? (75 words or less)

Topical Agents

1. What is your center's preferred treatment of superficial partial thickness burns? (R 17) (75 words or less)

2. What is your center's preferred treatment of donor sites? (R 17) (75 words or less)

3. What is your center's preferred treatment of mid and deep dermal wounds? (R 17) (75 words or less)

4. What is your center's preferred treatment of full thickness burns? (R17) (75 words or less)

5. Does your center treat any burn wounds with an open technique? (R 17)

Yes () No ()

If yes, which areas: _____

6. Does your center treat burn wounds with a closed technique? (R 17)

Yes () No ()

Infection Prevention and Control

1. Does your hospital or burn center have protocols for infection prevention and control? (R 19)

Yes () No ()

If yes, do you track how frequently are those protocols followed?

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Yes () No ()

2. What equipment/techniques are available at your burn center for hand hygiene? (R 19) (check one)

- () Sinks with antibacterial soap on the unit
- () Alcohol/Chlorhexidine hand sanitizer
- () Other - please explain

3. Does your burn center have a protocol or standard practice concerning personal protective equipment (PPE) around your burn patients? (R 19)

Yes () No ()

If yes, please describe. (75 words or less)

Antibiotic Stewardship

1. Are prophylactic systemic antibiotics used for acute burn admissions in your burn center? (R 20)

Yes () No ()

If yes, how frequently? (circle one)

- 100% of patients
- 75% of patients
- 50% of patients
- 25% or less of patients

It depends – if check this please explain. (75 words or less)

2. Are prophylactic systemic antibiotics used peri-operatively for burn excisions? (R 20)

Yes () No ()

3. Does your burn center have a local antibiotic stewardship program? (R 20)

Yes () No ()

If yes, please describe. (75 words or less)

Infection – Sepsis

1. How does your burn center diagnose sepsis? (R 21) (150 words or less)

2. Does your burn center have a protocol or guideline for treating sepsis in your burn patients. (R22) (150 words or less)

Infection – Pneumonia

1. Do you track your center’s rate of ventilator associated pneumonia or ARDS? (R23)

Yes () No ()

2. How do you diagnose pneumonia in your burn center? (R 23) (75 words or less)

3. Do you use a ventilator-associated pneumonia (VAP) prevention bundle in your burn center? (R 23)

Yes () No ()

If yes, please describe the components of the bundle. (75 words or less)

Infection – UTI

1. Do you track your center’s rate of catheter associated urinary tract infection (CAUTI)? (R 24)

Yes () No ()

2. Do you use a CAUTHI prevention bundle in your burn center? (R 24)

Yes () No ()

If yes, please describe the components of the bundle. (75 words or less)

3. Does your burn center track the use of foley catheters? (R 24)

Yes () No ()

4. Does your burn center have a policy for the appropriate use of a foley catheter? (R 24)

Yes () No ()

If yes , please describe the policy. (75 words or less)

Infection – Wound

1. Do you track your center’s rate of burn wound infection? (R 25)

Yes () No ()

2. How do you diagnose burn wound infection in your burn center? (R 25) (75 words or less)

3. Do you have access to the microbial profiles of burn wound colonization, the antimicrobial susceptibility of implicated microorganisms, and trends in the nosocomial spread of these pathogens in your burn center? (R 25)

Yes () No ()

4. Do you see fungal infections in your burn center? (R 25)

Yes () No ()

If yes, how does your burn center try to prevent and treat fungal burn wound infection? (150 words or less)

Management of indwelling venous catheters

1. Do you track your center's rate of venous catheter infections (central venous catheters, mid-line catheters, PICCs)? (R 27)

Yes () No ()

2. Do you use a prevention bundle to reduce venous catheter infections in your burn center? (R 27)

Yes () No ()

If yes, please describe the components of the bundle. (75 words or less)

3. Does your burn center have a policy for the appropriate use of a venous catheter (central venous catheters, mid-line catheters, PICCs)? (R 27)

Yes () No ()

If yes, please describe the policy. (75 words or less)

Electrical Injury

1. Does your burn center have a protocol for management of high-voltage electrical injuries? (R 28)

Yes () No ()

If yes, please describe (management of pigmenturia, indications for and the timing of fasciotomies, timing of amputations, etc). (150 words or less)

Chemical Injury

1. Do you have a written protocol for chemical injuries in your burn center? (R 29)

Yes () No ()

2. Describe your center's management of an alkalia (liquefactive necrosis) injury. (R 29) (150 words or less)

3. Describe your center's management of an acid (coagulative necrosis) burn. (R 29) (150 words or less)

Surgical Management of the Burn Wound

1. Please describe each group of burn center personnel in terms availability. (R 30)

Anesthetists (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Surgeons (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Burn ward medical staff (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Burn ward nursing staff (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Burn theater nurses (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Physical therapists (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Occupational therapists (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Dieticians (circle one)

Excellent Very good Good Sufficient Insufficient Not available

2. Please describe the burn center's resources. (R 30)

Monitoring equipment for safe post-operative care (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Bed-lifts (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Skin graft knives, dermatomes, electrocautery, tourniquets, skin graft mesher (circle one)

Excellent Very good Good Sufficient Insufficient Not available

IV fluids and administration equipment, dressings, bandages, antiseptics (circle one).

Excellent Very good Good Sufficient Insufficient Not available

Pharmacy - Anesthetics, analgesics, antibiotics, hemostatic agents (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Blood transfusion (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Microbiology Services (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Skin banking: Allograft, xenograft, human amniotic membrane (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Biosynthetic skin substitutes (circle one)

Excellent Very good Good Sufficient Insufficient Not available

3. Please describe your burn center's physical plant. (R 30)

Burn wards (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Intensive care units (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Operating theater(s) (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Outpatient Clinic (circle one)

Excellent Very good Good Sufficient Insufficient Not available

Rehabilitation space (circle one)

Excellent Very good Good Sufficient Insufficient Not available

4. In your burn center do you have a post burn day GOAL for doing the **first** excision of a full thickness burn eschar? (R 31)
Yes () No ()
If yes, what day post-burn: _____
5. Which type of approach does your burn center follow for escharectomy? (R 31) (check one)
() A "Immediate"/very early total burn excision approach (all full thickness burn eschar off in the first 24-72)
() An early excision approach (all burn eschar off in the first 10 days post burn injury)
() A delayed approach (allow eschar to separate and the wounds to have a granulating bed before grafting – usually 3-4 weeks post-burn) ?
6. What is the average %TBSA burn that is excised during one surgical episode in your burn center? (R 31) (circle one)
10% 15% 20% 25% 30% >30%
7. What is the largest or the maximal %TBSA burn that is excised during one surgical episode in your burn center? (R 31) (circle one)
10% 15% 20% 25% 30% >30%
8. Do you always mesh your skin grafts? (R 31)
Yes () No ()
If no, what areas of the body do not receive meshed skin? Describe. (75 words or less)

9. Scald burn may have areas of mid-dermal and deep dermal burn. Does your center have a specific approach to these types of burns? (R 31)
Yes () No ()
If yes, please describe. (150 words or less)

10. Do you use a laser Doppler or other technology for determining the depth of a burn in your center? (R 31)
Yes () No ()
If yes, which one: _____
11. On what post-operative day do you begin range of motion for the hands and feet after split-thickness skin grafting of the hands/feet. (R 31) (circle one)
POD 1-2
POD 3-4
POD 5-7
POD 8-14
POD 15 or greater
No fixed time
12. On what post-operative day do you begin range of motion of the arms and legs after split-thickness skin grafting of the arms/legs. (R 31) (circle one)
POD 1-2

- POD 3-4
- POD 5-7
- POD 8-14
- POD 15 or greater
- No fixed time

13. On what post-operative day do you begin range of motion of the trunk after split-thickness skin grafting of the trunk. (R 31) (circle one)

- POD 1-2
- POD 3-4
- POD 5-7
- POD 8-14
- POD 15 or greater
- No fixed time

14. Does your burn center do fascial excisions? (R 31)

Yes () No ()

If yes, please describe the indications for a fascial excision. (75 words or less)

15. Does your center use biological dressings such as homograft, xenograft or amnionic membranes? (R 31)

Yes () No ()

If yes, please describe their use. (75 words or less)

Nutrition

1. How does your burn center provide nutritional support during the initial acute burn admission? (R 33). Circle all that apply:

- Oral diet
- Oral supplements
- Feeding tubes
- Family provides nutrition
- TPN
- Other - please describe:

2. How soon after injury does your burn center start oral or other enteral feeding? (R 33) (circle one)

- Immediately
- 1-2 days after admission
- 3-5 days after admission
- >5 days after admission

It depends - please explain:

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3. Does your burn center routinely assess nutritional status of your patients at the time of admission? (R 33)

Yes () No ()

If yes, please describe. (75 words or less)

4. Does your burn center routinely evaluate and monitor patients' nutritional status throughout their hospitalization? (R 33)

Yes () No ()

If yes, please describe. (75 words or less)

5. What are the goals for the nutritional support of your burn patients? (R 33)

() Maintain weight

() Provide calculated calorie requirements and specific macronutrients (protein, fats, carbohydrates)

() Other - please describe: (75 words or less)

6. How does your burn center estimate the nutritional requirements for your major burns (>20 TBSA burns)? Describe. (R 33) (75 words or less)

7. Does your burn center have a nutritionist? (R 33)

Yes () No ()

If yes, please describe the role of the nutritionist in your burn center. (150 words or less)

Metabolic Control

1. Does your burn center have access to temperature controlled rooms? (R 34)

Yes () No ()

If yes, do you use these temperature controlled rooms to control your patient's hypermetabolism?

Yes () No ()

If yes, please describe how the process works in your burn center. (75 words or less)

2. Does your burn center have a target blood glucose level in your diabetic patients? (R 34)

Yes () No ()

If yes, what is the target? _____

3. Does your burn center use a nonselective beta-blocker to lower heart rate and control hypermetabolism? (R 34)

Yes () No ()

Pain Control

1. How to you assess patient's pain in your burn center? (R 35) (150 words or less)

2. Describe how your managed the different types of pain - background, breakthrough, procedural, perioperative, and chronic. (R 36) (150 words or less)

3. Do you use a multimodal approach to pain control? (R 36)

Yes () No ()

If yes, please describe your multimodal approach to pain. (150 words or less)

Sedation

1. How does your burn center manage anxiety and agitation? Do you have a protocol that helps you with anxiety and agitation? (R 37) (150 words or less)

2. How do you prevent and manage delirium. (R 37) (150 words or less)

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Blood Transfusion

1. Describe your burn center’s access to packed red cells, fresh frozen plasma, and platelets? (R 38) (circle one)

- No limit to access
- Some/Occasional limits
- Frequent limits
- Very little access

2. Does your burn center follow a strategy to reduce blood loss during excision and grafting? (R 39)

Yes () No ()

If yes, please describe. (75 words or less)

3. What is your center’s transfusion threshold? Is this a universal threshold? Describe. (R 38) (75 words or less)

Deep vein thrombosis / Pulmonary Embolism

1. Does your burn center give prophylaxis for deep vein thrombosis and pulmonary embolism? (R 40)

Yes () No ()

2. Who receives prophylaxis? How do you deliver prophylaxis? Describe your process. (R 40) (150 words or less)

Management of Burn Scars

1. Does your burn center have a protocol for the management of healed burns and healed grafts? (R 41)

Yes () No ()

If yes, which types of management are provided? (circle all that apply)

- Compression garments
- Scar massage
- Topical therapy - if yes please describe

Other - please describe:

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2. Do patients with healed burns or skin grafts regularly follow up with physiotherapy after discharge? (R 41)

Yes () No ()

If yes, please describe the frequency and role for physiotherapy after discharge. (75 words or less)

3. What other therapies does your center employ to reduce hypertrophic scarring? (R 41) (circle all that apply)

Compression garments

Gels

Silicone sheets

Scar massage

Steroid injections

Laser (CO2, IPL, etc.) therapy

None

Other - please describe:

Management of established burn scar

1. Does your burn center have a protocol for the management of established hypertrophic burn scar and burn scar contracture? (R 42)

Yes () No ()

If yes, please describe the components of your burn scar management: (75 words or less)

2. Does your burn center provide reconstructive surgery for burn scar contractures? (R 42)

Yes () No ()

3. What are your burn center's indications for surgical intervention for hypertrophic scar? (R 42) (circle all that apply)

Functional limitation

Pain

Aesthetics

Other - please explain:

When are these reconstructive operations typically done post-burn injury?

within 1 year post-injury

1-2 years post-injury

3 or more years post-injury

It depends - please explain:

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Rehabilitation

1. In your burn center, during the acute phase who is responsible for physical/occupational therapy for burn patients? (R 43) (circle all that apply)

Nursing

Physiotherapy

Physicians

Family

Other - please describe:

2. Describe the plan for rehabilitation in your burn center to include positioning, splinting, range of motion, and exercise. Please include the post-burn day when this begins and the typical frequency of rehabilitative therapy. (R 43) (150 words or less)

3. How are orthotics used and who is responsible for making, monitoring, and progressing them? (R 43) (150 words or less)

Puritis Management

1. Does your burn center have a protocol for the approach to post-burn puritis? (R 44)

Yes () No ()

If yes, please describe (75 words or less)

2. Does your burn center track the occurrence of postburn itching (pruritus)? (R 44)

Yes () No ()

Ethical Issues

1. Does your burn center practice informed consent for care?

Yes () No ()

2. Does your burn center provide burn care services regardless of ethnicity, gender, beliefs, or socioeconomic class to all those with evidence of need?

Yes () No ()

If yes, please explain: (75 words or less)

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3. Are there circumstances when a patient may be denied care?

Yes () No ()

If yes, please describe: (75 words or less)

4. If your burn center has limited resources, do you have a process for using your center's assets fairly amongst all your patients?

Yes () No ()

5. Is palliative care available at your center?

Yes () No ()

Mobility and Exercise

1. Does your burn center have assistive devices to enhance safety, feasibility, and independence of your patients? (R 45)

Yes () No ()

2. Do you have an exercise program for your patients? (R 45)

Yes () No ()

When do you start your exercise program. (circle one)

Early (within the first week of admission)

In the 2nd-3rd week of admission

After grafting has been completed

Other: please explain (75 words or less)

Psychiatric

1. Do you screen for psychiatric and social risk factors affecting your patients. (R 46)

Yes () No ()

If yes, please describe your process (75 words or less)

2. For patients who screen positive for psychiatric disorders what resources does your burn center have for them. (R 47) (75 words or less)

Outpatient Burn Care

1. What percentage of your acute burn in-patients do you follow as outpatients? (R 48) (circle one)

25%

50%

75%

90%

100%

2. How long do you follow the patients in your outpatient clinic? (R 48) (circle one)

One visit only

Until wounds completely healed

Until burn scars are quiescent (6 months – 2 years)

Other (please explain): (75 words or less)

3. Is your outpatient burn clinic interdisciplinary (MD, Nurse, rehabilitation (PT/OT), Nutrition)? (R 48)

Yes () No ()

4. Do you have a burn reconstructive program? (R 48)

Yes () No ()

If yes, please describe it. (150 words or less)

The Burn Team

1. Interdisciplinary care is important. Please describe how you ensure good interdisciplinary communication. Has the burn service created patient care protocols with other services? If so please describe the collaboration and/or examples of co-management. (R 49) (150 words or less)

2. What is the nurse staffing ratio in the intensive care unit and on the acute care wards? Please describe. (R 49) (150 words or less):

3. How does the burn center ensure measureable ongoing nursing competency.(R 49) (150 words or less):

4. Please describe the educational opportunities for MDs, nurses, and therapists in your burn center. Examples would be: attend conferences, do research, or have other professional development activities. (R 49) (150 words or less).

Quality Improvement

1.Does your burn center have a regularly scheduled morbidity and mortality conference? (R 50)

Yes () No ()

2. Does your burn center have an internal Quality Improvement Program? (R 50)

Yes () No ()

If yes, please describe. (150 words or less)

3. Please provide an example of a recent burn QI project conducted at your center (R 50) (150 words or less)

4. Does your burn center have a registry collecting data on burn admissions? (R 50)

Yes () No ()

If yes, list the variables that are collected
