

MEDICAL CENTER

Guideline: Burn Family Meeting Guideline Revised Date: May 2025

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Content Experts

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I. Indications:

Severely injured burn patients have a high risk of complications leading to morbidity and mortality and long hospital stays. This guideline is to assist with clear ongoing communication of these risks and their modifiable factors amongst multiple specialist teams and with the patient and their support network.

II. Population:

This practice management guideline applies to all patients admitted to the Burn Surgery Service. All patients will be screened for inclusion in weekly multidisciplinary family meetings.

III. Inclusion Criteria:

Clinical triggers and inclusion criteria:

- Automatic if Age >65
- Modified Baux Score > 100
- 3rd Degree Burns ≥10% TBSA
- Frailty Index (FIFE Score) ≥4
- Canadian Study on Health Frailty score on admission ≥ 5
- Expected or Actual Length of Stay >30 days
- Expected change in level of Mobility or Independence
- Goals of care are conflictual, unclear or unarticulated (patient or family has difficulty expressing themselves, conflict between family, patient, and or providers regarding goals of care)
- Patient or family members request palliative care
- SJS/TEN patients with a SCORTEN ≥4
- Modified Baux score ≥ 70 and 2 or more of the following:
 - Impending or likely decisions to escalate intervention or treatment (e.g., amputation, tracheostomy, PEG, hemodialysis, CPR, vasopressors, further surgeries)
 - o Family is unclear about treatment options
 - Discord among family
 - o Issues with health care literacy among family members
 - Patients ≥ 60 years of age
 - o Lack of congruence between the medical plans with the patient's values
 - High burden of medical comorbidities impacting person's life (e.g., COPD, CHF, DM, dementia)
 - No longer meeting milestones with healing, engraftment, or therapy, Unclear treatment goals or goals of care poorly congruent with the patient's values

IV. Coordinating Team:

The Burn Provider team will be primarily responsible for screening patients and activating the case management/social work team for family coordination and scheduling.

The case management and social work team will coordinate the weekly date, time and location (inperson or virtual)

V. Expected Participants:

- The Patient as able
- Patient Family/Social Support Network (with patient permission)
- Rounding Burn Surgeon when available, or Burn provider representative (APP, Resident)
- BICU Attending for BICU patients, or ICU Fellow
- Burn APP
- Burn Resident
- Bedside Nurse/Charge Nurse or Nurse Manager
- Social Worker
- Case Manager
- PT/OT
- Spiritual Care (per patient/family request)
- Palliative Care when consulted/actively assisting
- Consultant Services as needed

VI. General Scheduling Guidelines:

Recommended Dates and Times:

Duration: 15-30min

Frequency: Within the first week of admission and then weekly

VII. Family Meeting Process

The Multidisciplinary team will pre-meet before formal family meetings to ensure all members are:

- Updated on the salient medical issues
- Aware of the purpose of the meeting
- Agree with what treatments will/will not be ordered
- Understand prognosis (best- and worst-case outcomes)
- Determine who is leading the meeting (who will address what topics)
 - o Default Meeting Leader is the representative of the Burn Provider primary team
 - Other representatives may act as the leader given situational meeting goals

The meetings may follow the SPIKES communication tool as a recommended guideline for communicating bad news.

- S Setting, choose a private setting
- P Perception, uncover what the patient or family is thinking
- I Invitation, ask what information the patient and family would like to know
- K Knowledge, explain the disease and care options in plain language
- E Emotion, respect feelings and respond with empathy
- S Summarize, recap and decide what is next

Recommended Meeting Agenda:

- Introductions
- Agenda Setting (Perception/Invitation)

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- Patient/Family Questions
- Updates in hospital Course including (Knowledge):
 - o Operative plan
 - Physiological status/prognosis
 - o Pain management
 - o PT/OT plan/difficulties with participation
 - Nutritional plan/difficulties
 - Anticipated discharge date and location
- Unit Expectations/Rules/Boundaries behavior issues
- Summary/Recap

VIII. References:

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