Wound Healing

Southern Africa

CPD Questionnaire: Wound Healing Vol 11 No 2

Please select only one answer for each question. For every five questions, one must achieve a minimum of four correct answers to obtain one CPD point. You can only obtain a maximum of three points for each CPD article.

Burn Care: An overview of current approaches to its optimal delivery (Alan Rogers, Heinz Rode)

- Which of the following formulae is the most commonly utilised for fluid resuscitation after major burn injury:
- b Parkland
- С Voluven
- Vitamin C as the preferred fluid
- The following are reasons for centralising the care of patients with major burn injury in major academic hospitals:
- Receive and manage patients who meet the criteria for referral, so that their outcomes are improved
- Develop the skills and experience of the interdisciplinary team required (e.g. therapists, surgeons, intensivists, nurses, social workers, dieticians)
- Serve as centres of excellence for training and research, and undergo regular audit to ensure a process of quality improvement and assurance
- All of the above
- Which leading South African burn surgeon spearheaded the development of South Africa's first cadaver skin bank and is currently the African representative of the International Society for Burn Injuries:
- Rachel Donaldson
- Heinz Rode
- Adelin Muganza
- Meek micrografting is an effective method of:
- A spray on skin epithelial autograft strategy
- A method of applying skin to a skin substitute for a major burn
- A method of dividing autograft into islands by the cutting and spreading on prefolded paper
- None of the above
- The advantages of cadaver skin grafts include all but the following:
- A permanent alternative to autograft in selected patients
- A useful cover of widely meshed autograft, a technique referred to as the Alexander or 'sandwich' technique
- A temporary cover of excised burns where there is a shortage of donor sites during staged debridement in major burns
- A useful means of 'testing the wound bed' for infected wounds after excision but prior to autografting
- Negative pressure wound therapy is most commonly used in the context of burn injury to:
- a To stabilise suture lines
- b To manage oedema in superficial partial thickness burns
- c As a temporary alternative to cadaver skin
- Bolster skin grafts to prevent shear and optimise 'take'
- The American Burn Association's verification process does all except the following:
- Suggests areas for improvement in terms of clinical protocols and
- b Closes down poorly performing burn centres

- Reviews the credentials and activities of interdisciplinary staff
- Reviews processes in place like quality improvement, patient safety and morbidity and mortality meetings
- All but the following include antiseptic dressings:
- Acticoat
- Jelonet
- С Inadine
- Dakin's solution
- Biobrane is a skin substitute that should not be used in the following way:
 - As a temporary coverage strategy after the excision of large burns
- As a daily dressing in the management of superficial partial thickness burns and exfoliative skin conditions like Toxic Epidermal Necrolysis
- As the definitive dressing in the management of superficial partial thickness burns and exfoliative skin conditions like Toxic Epidermal Necrolysis
- As the definitive management of deep burn injuries like Integra
- 10. On initial assessment of a burn injury, the following should be performed:
- Tetanus toxoid should not be given
- b Antibiotics are routinely administered for all deep burns
- С pH testing should be undertaken for all suspected chemical burns
- Patients with major burn injuries should never be intubated on the scene
- 11. Silver sulfadiazine, although used for decades in the management of burn injuries, may not be the ideal dressing choice as a result of the following:
- The formation of pseudoeschar
- The need to change the dressing twice daily
- Its inability to penetrate eschar
- All of the above
- 12. Propronolol is increasingly used during the management of patients with burn injury during their hospital course in order to:
- Increase insulin resistance
- Reduce peripheral muscle mass b
- Control the hyper-metabolic state, assessed by lowering the heart rate C
- Cause mesenteric ischaemia
- 13. The Baux score, and revised versions thereof, may still be used for all of the following except to:
- Inform discussions about goals of care with family of elderly patients with severe burns
- Triage multiple patients with severe burn injuries in the context of a burn b
- Withhold care in the context of a young child with significant burn injuries
- Triage scarce resources like dialysis and mechanical ventilators in developing centres
- 14. The appropriate transfusion trigger in the management of burn injuries was shown to be the following during the TRIBE trial:
- 8 g/dl a
- 10 g/dl h
- c 7 g/dl
- d 6 g/dl

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