Toxic Endothelial Necrolysis, creating a consistent care package across health disciplines

Victorian Adult Burns Service AT THE ALFRED

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Introduction:

During 2014 there were 13 admissions to the Alfred Hospital Intensive Care Unit, Melbourne for patients with significant Toxic Endothelial Necrolysis (TEN) ranging from 20-90% TBSA. The increase in admissions highlighted a need for a multi-disciplinary guideline to model clinical decision making and support patient care. The guideline has been developed collaboratively with input from specialist medical teams and allied health. The guideline provides timely, multi-faceted, up-to date care practices essential to this patient group from admission to daily management, healing and recovery.

Background:

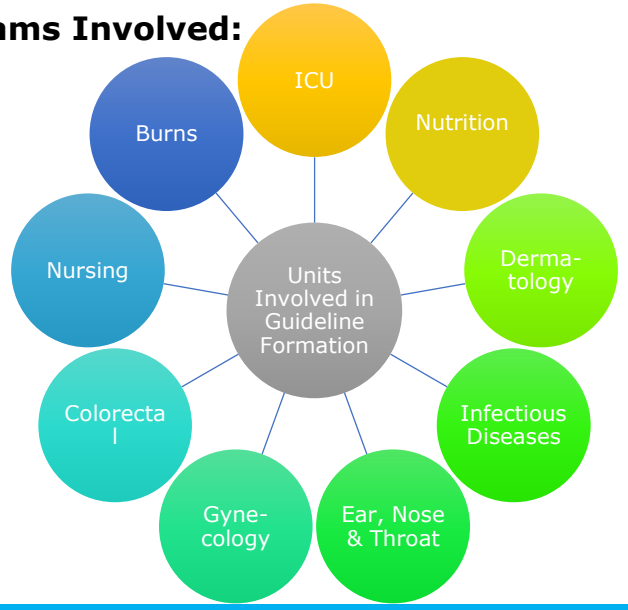
Steven-Johnson Syndrome (SJS) and TEN are as a consequence of a severe drug reactions resulting in both epithelial and mucosal blistering and sloughing. On a continuum of severity SJS and TEN are the same syndrome as a sequence. The incidence of SJS/TEN is approximately 1-2 cases per million, therefore given Victoria's population we will continue to have these approximate number of admissions.

UK National Guideline – Gold Standard:

The U.K guideline aids clinical decision making and standardises practice. A group of clinicians conducted a review of literature and methodologies to develop a best practice guideline. This was reviewed and consulted upon by associations throughout the U.K prior to revision and publication in 2016.
Our guideline cites the UK national guideline.

Creamer, D.,et al. (2016). UK guideline for the management of Steven Johnson Syndrome/ Toxic Epidermal Necrolysis in Adults 2016. *Journal of Plastics, Reconstructive and Aesthetic Surgery, 69*, 119-153

Teams Involved:



Timeline of Development:

Key Contributor: The ICU Burns Resource Nurse (Gr 3B) led both guideline and checklist development. Total project time was 3 years.

Lessons Learnt:

Time: Balancing clinical demand throughout the development was difficult. Future projects of this size should be managed by non-clinical staff members.
Number of Stakeholders: The range of medical disciplines contributed to the lengthy complete time, bringing each team's specialist knowledge together presented its own challenges. A dedicated liaison between teams would benefit future undertakings.

Conclusion:

The project was a huge undertaking, we are very pleased with both the multidisciplinary guideline and checklist, enabling safe and consistent care.