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**781 Multimodal Virtual Reality Encouragement**

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**Introduction:** Burn units' nurses develop creative methods to mitigate unpleasant experiences. Peer reviewed research has affirmed that non-pharmacological stimuli can distract patients from noxious procedures. Therefore, novel virtual reality was introduced as a nurse-driven modality to improve patient care. Multiple approaches encouraged staff utilization of this exciting, yet unfamiliar, technology.

**Methods:** A needs assessment concluded that patients experience moderate pain and some anxiety during wound care - indicating an opportunity to explore virtual reality. The virtual reality headset was introduced to nurses via in-services to encourage hands-on experience. The following month, an interactive "VR Superstars" poster was developed as a visual cue to motivate nurses to attempt the new product. Whenever a nurse used the device with a patient, a star sticker was applied next to his/her name. Next, a resource binder was created: This binder included the device protocol, patient inclusion criteria, educational handouts to assist staff with introduction to patients, and surveys. Biweekly emails encouraged virtual reality use and acknowledged staff members who proactively utilized it. The multidisciplinary team also discussed virtual reality at daily rounds.

**Results:** To assess virtual reality's effectiveness, patients completed surveys after each use. At the end of the first month, staff implemented virtual reality only three times - as identified by the number of surveys. Upon completion of the multi-modal staff encouragement, virtual reality use doubled. By the third month, nurses implemented the technology on six occasions within the month.

**Conclusions:** The multi-modal approach ultimately familiarized nurses. These techniques contributed to increasing staff experience, thereby improving staff confidence to utilize a new product. As exposure increased, nurses reported more excitement to introduce the product to patients. Due to the implementation of multiple motivators, nurses are more readily implementing an intervention to benefit a patient's experience.

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**782 Achieving Optimal Care in Burns Using Enhanced Recovery After Surgery Guidelines**

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**Introduction:** Burns are a major cause of accidental injury and death in the United States. Based on reports from the Centers for Disease Control and Prevention (CDC), approximately 1.1 million burn injuries require medical care each year. Even though 96.7% of individuals treated at burn centers will survive, many of the more extensive injuries require multiple surgical procedures, extensive pain control regimens, and prolonged intubation and hospitalization. We aim to establish a set of guidelines addressing the pre-, intra- and post-operative care of our burn patients.

**Methods:** Over the years, there has been a profound interest in developing and implementing an Enhanced Recovery after Surgery (ERAS) protocol, such as those already in place across a range of surgical subspecialties. Since its initial development in 1997 by Henrik Kehlet for colorectal surgery, ERAS has evolved into a multidisciplinary approach involving surgeons, anesthesiologists, pharmacists, nutritionists, and nursing staff. It is an evidence-based multimodal protocol focused on lowering recovery time and post-operative complications while also addressing the entire patient journey from admission to discharge. An ERAS protocol for Burn Surgery has yet to be created and will need to focus on some of the major challenges involved in the care of burn patients including fluid management, pain control, nutritional status, potential prolonged ventilation, and long-term rehabilitation.

**Results:** This set of guidelines will address the pre-operative care of our burn patients (e.g., acetaminophen and pregabalin/gabapentin on-call to the operating room), as well as the intra- and post-operative care (e.g., periodic lactate levels, operating room temperature at 85 degrees Fahrenheit, continued ketamine infusion for burns > 30% TBSA). These guidelines will be further evaluated in a clinical setting via a feasibility study to determine whether they would improve the overall outcome of our burn patients.

**Conclusions:** An ERAS protocol in Burn Surgery needs to address the challenges and complexities of treating burn patients, and should be aimed at the pre-, intra-, and post-operative care of this patient population.