OCCUPATIONAL ENGLISH TEST

Sample Test 3

READING SUB-TEST – TEXT BOOKLET: PART A

CANDIDATE NUMBER:

LAST NAME:

FIRST NAME:

OTHER NAMES:

PROFESSION:

VENUE:

TEST DATE:

CANDIDATE SIGNATURE:

Your details and photo will be printed here.

Passport Photo

Text A

Burn depth

Burn injuries are classified according to how much tissue damage is present.

1 Superficial partial thickness burns (also known as first and second degree)

Present in most burn wounds. Injuries do not extend through all the layers of skin.

2 Full thickness burns (also known as third degree)

- Burn extends into the subcutaneous tissues
- Underlying tissue may appear pale or blackened
- Remaining skin may be dry and white, brown or black with no blisters
- Healing associated with considerable contraction and scarring.

3 Mixed depth burns

Burns are frequently of mixed depth. The clinician should estimate the average depth by the appearance and the presence of sensation.

Resuscitation should be based on the total of second and third degree burns, and local treatment should be based on the burn thickness at any specific site.

Text B

Fluid resuscitation

If the burn area is over 15% of the TBSA (Total Body Surface Area) in adults or 10% in children, intravenous fluids should be started as soon as possible on scene, although transfer should not be delayed by more than two cannulation attempts. For physiological reasons the threshold is closer to 10% in the elderly (>60 years).

Suggested regimen for fluid resuscitation

Adults

Resuscitation fluid alone (first 24 hours)

- Give 3–4ml Hartmann's solution (3ml in superficial and partial thickness burns/4ml in full thickness burns or those with associated inhalation injury) per kg body weight/% TBSA burned. Half of this volume is given in the first 8 hours after injury and the remaining half in the second 16-hour period

Children

Resuscitation fluid as above plus maintenance (0.45% saline with 5% dextrose):

- Give 100ml/kg for the first 10kg body weight plus 50ml/kg for the next 10kg body weight plus 20ml/kg for each extra kg

Text C

Management for Burns

1. Assess the patient status: airway, breathing, circulation, IV access.
2. Assess the burn depth and extent. A sheet can be placed on burns during this time.
3. Cooling: Remove jewellery or hot clothing. Limit inflammation and pain by using cool water, cool saline soaked gauze or a large sheet in the case of a large wound. Cool the wound not the patient, taking care not to cause hypothermia.
4. Pain Control: Acetaminophen usually helpful but may need to use opiates such as codeine.
5. Check immunization status and update tetanus if necessary.
6. If possible, begin fluid resuscitation.
7. Debridement of blisters – there are some differences of opinion regarding breaking of blisters.
    a. Some suggest leaving intact because the blister acts as a barrier to infection and others debride all blisters.
    b. Most agree that necrotic skin should be removed following blister ruptures.
8. Application of antibiotics in the form of ointment. Should always be used to prevent infection in any non-superficial burns.
9. Apply suitable dressing to the wound area.

Text D

Adult Analgesic Guidelines

The following table provides recommended short term (<72 hours) oral analgesia guidelines for the management of burn injuries. Aim for pain scores of 4 or less at rest. Analgesia should be reviewed after 72 hours and adjusted according to pain scores. Patient management should be guided by individual case and clinical judgement.

Pain score elicited from patient (Scale 1 – 10)		
Mild Pain **Pain Score 1 - 3**	**Moderate Pain** **Pain Score 4 - 6**	**Severe Pain** **Pain Score 7 - 10**
Recommended analgesia:	Recommended analgesia in addition to column 1:	Recommended analgesia in addition to column 1 & 2:
Paracetamol 1g 4 x daily	Tramadol 50 – 100mg 4 x daily	Strong opioids Oxycontin SR 10mg (2 x daily)
And if needed: Naproxen 250mg 2 x daily	**If above unsuccessful:** Endone (immediate release oxycodone) 5 – 10mg (2 - 4 hourly)	Endone, 2 - 4 hourly as needed
	Review in 72 hours	Review in 72 hours If pain cannot be controlled with oral medications, consider admission to burns unit.

Paediatric Analgesia Guidelines

- **Paracetamol** (15 mg/kg (max 90 mg/kg/day) orally or per rectum (PR))
- **Non Steroidal Anti-Inflammatory Drugs**
    - naproxen 5 - 10 mg/kg (max 500 mg) 12-hrly orally or PR
    - ibuprofen 2.5 - 10 mg/kg (max 600 mg) 6-8hrly orally
- **Opioids** (codeine 0.5 - 1 mg/kg orally)

END OF PART A
THIS TEXT BOOKLET WILL BE COLLECTED

Any answers recorded here will not be marked.