

Applies To: UNMH

Responsible Department: TSI

Revised: 6/2015

Title: <b>Burn Resuscitation:</b> Patients > 30kg and >20% TBSA				Guideline		
Patient Age Group:	() N/A	() All Ages	() Newborns	() Pediatric	(x) Adult	

### **DESCRIPTION/OVERVIEW**

This is a nurse-driven and physician referenced guideline for the acute resuscitation of the adult burn patient weighing more than 30kg and burn greater than 20% TBSA.

## REFERENCES

- Ennis, J., Chung, K., Renz, E., Barillo, D., Albrecht, M., Jones, J., . . . Holcomb, J. (2008). Joint Theater Trauma System Implementation of Burn Resuscitation Guidelines Improves Outcomes in Severely Burned Military Casualties. The Journal of Trauma: Injury, Infection, and Critical Care, S146-S152. doi:10.1097/TA.0b013e318160b44c
- Fahlstrom, K., Boyle, C., & Makic, M. (2013). Implementation of a Nurse-Driven Burn Resuscitation Protocol: A Quality Improvement Project. *Critical Care Nurse*, *33*(1), 25-35. http://dx.doi.org/10.4037/ccn2013385
- Park, S., Hemmila, M., & Wahl, W. (2012). Early albumin use improves mortality in difficult to resuscitate burn patients. Journal of Trauma and Acute Care Surgery, 73(5), 1294-1297. doi:10.1097/TA.0b013e31827019b1

### AREAS OF RESPONSIBILITY

Medical and Nursing staff caring for the burn patients weighing more than 30kg and burn greater than 20% TBSA.

#### **GUIDELINE PROCEDURES**

For Patients > 30kg and >20% TBSA

Time, Date, & Type of	Admission	%TBSA	Total LR for 24 hours
Injury	Weight(kg)		

## Calculation for Resuscitation:

- 1. Ascertain the type of burn injury:
  - Thermal and Chemical burn injury without suspected inhalation injury:
    - i. 2cc x admit weight(kg) x % TBSA  $2^{nd}$  and  $3^{rd}$  degree burns = LR fluid total for 24 hrs
  - Thermal or Chemical burn injury with suspected inhalation injury:

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- i.  $3cc \ x \ admit \ weight(kg) \ x \% \ TBSA \ 2^{nd} \ and \ 3^{rd} \ degree \ burns = LR \ fluid total \ for \ 24 \ hrs$
- High Voltage Electrical, with evidence of deep tissue injury or hemochromogens in the urine, without regard the to the presence of an inhalational injury:
  - i. 4cc x admit weight(kg) x % TBSA  $2^{nd}$  and  $3^{rd}$  degree burns = LR fluid total for 24 hrs
- 2. Divide fluid total in half.
- 3. Give first half of fluid in first 8 hours and second half of fluid in remaining 16 hours post injury (\*note: hourage is determined from the onset of injury **NOT** the arrival time to hospital).
- 4. **Take the first 8 hr fluid goal and divide by 8 to get hourly rate for IVF**. Remember to incorporate the pre-hospital and ER fluid administration into the first 8 hr calculation. (Example: If the patient received 2L crystalloid in the ER prior to arrival to the unit, subtract 2L from the 8 hour total, divide the remaining by 8 to get your hourly rate.)
- 5. LR maintenance fluid:
  - 4cc/hr for the first 10kg of body weight
  - 2cc/hr for the second 10kg of body weight
  - 1cc/hr for the remaining body weight
  - Maintenance rate=\_\_\_\_ cc/hr
    - -Run maintenance fluid at set rate during resuscitation. This is independent from resuscitation fluids.
- 6. Urine output goal:  $0.5-1cc \times weight (kg) = cc/hr$ 
  - UOP goal: \_\_\_\_\_ cc/hr
- 7. Titrate fluids hourly based on Urine output.
  - If the UOP < goal, increase IVF rate by 20%.
  - If UOP continues to be below goal in the next hour, increase IVF by 20% and notify Burn Attending.
  - If UOP > than 1-2cc/kg/hr for 2 consecutive hours: decrease IVF rate by 10% but do not drop below calculated maintenance rate.
- 8. If unable to meet UOP goal after 2 hours add: Albumin 5% gtt for 18hrs (0.3cc x weight (kg) x %TBSA/18 = cc/hr (not titrated))
  - Albumin 5% gtt rate (not titrated): \_\_\_\_\_ cc/hr

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- 9. If Albumin does not help after 2 hours add FFP (1 unit over 1 hour) monitor Hct 1 hour post infusion and q4 hours thereafter until resuscitation complete.
- 10. When the patient is able to maintain UOP and had completed their 24 hour fluid goal and time goal, then fluid can be changed to D5  $^{1}/_{2}$  NS.
- 11. Vitamin C infusion ordered for burns > 30% TBSA. Used only until patient reaches the end of the resuscitation time or 18hrs of Vitamin C infusion, whichever is sooner.
  - (66 x weight (kg)) / 25 = cc/hr (do not titrate)
  - This amount is in addition to the maintenance fluid rate. (Vit. C alters accucheck reads, USE LAB DRAWS while the patient is receiving Vit C).

#### 12. Labs:

- Admission:
  - Type & Cross
  - o CBC
  - Full set of labs (including Chem 7, LFTs, Mg, Phos, Ionized Ca, Lactate, Coags)
  - ABG if intubated
  - o HCG (if Female)
  - Carboxyhemoglobin if inhalation injury is suspected
  - Urine Myoglobin, CK, if electrical injury is suspected
- During resuscitation initial 48 hours:
  - o CBC q6hr, Hct & Hgb q6 hour (drawing one q 3 hours)
  - Glucose q1hr
  - o Chem 7, lactate, Ionized Ca, Mg, Phos: q6hr
  - o ABG if intubated q6hr
- Routine Labs after resuscitation:
  - Q3 days: Type & Screen
  - Complete every Monday and Thursday:
    - Prealbumin, Amalyse, Lipase, LFTs, Cortisol, CBC, TSH,
       CRP, Chem 7, Mag, Phos, PT/PTT, Copper, Zinc, Selenium.

## Example:

100kg patient with 30% TBSA without a suspected inhalation injury:

2cc x 30(%TBSA) x 100kg= 6L resuscitation fluid

- half in first 8 hours : 3L
  - $\circ$  3000cc/8hr = 375cc per hour LR
- half over following 16hrs: 3L
  - $\circ$  3000cc/16hr = 187.5cc per hour LR

#### Maintenance rate calculation:

4cc/hr for the first 10kg of body weight = 4cc/hr x 10kg = 40cc/hr

2cc/hr for the second 10kg of body weight = 2cc/hr x 10kg = 20cc/hr

1cc/hr for the remaining body weight = 1cc/hr x 80kg = 80cc/hr

Maintenance rate total =  $\underline{140cc/hr}$  (at no point in the resus does the IVF rate drop below this)

When you add the Resus + Maintenance = 515cc/hr (goal for the first 8 hours)

- -This may be increased or decreased based on the UOP goal of 0.5-1cc/hr
- -But, do not drop rate below the Total Maintenance = 140cc/hr

The Vitamin C is a separate calculation that is used for 18 hours or resuscitation is over.

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# RESOURCES/TRAINING

Training for nursing and medical staff to be done by Unit Based Educators, Charge Nurses, and Attending Physicians in the Trauma, Surgical, and Burn Intensive Care Unit.

Resource/Dept	Contact Information
Crystal Sanchez, RN, MSN-TSBICU	
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# **DOCUMENT APPROVAL & TRACKING**

Item	Contact	Date	Approval
Owner	[Title, Department/Area]		
Consultant(s)	[Name, Title]		
Committee(s)	[Committee Name(s)]		[Y or N/A]
Nursing Officer	[Name], Chief Nursing Officer		[Y or N/A]
Burn Director	[Name, Department (or Chief Medical Officer)]		[Y or N/A]
Medical Director	[Name, Department (or Chief Medical Officer)]		[Y or N/A]
Human Resources	[Name], HR Administrator, [UNMH or UNM]		[Y or N/A]
Finance	[Name, Title], [UNMH or HSC]		[Y or N/A]
Official Approver	[Name, Title, Area]	_	Y
Official Signature		Date:	
Effective Date		[Day/Mo/Year]	
Origination Date		[Month/Year]	
Issue Date	Clinical Operations Policy Coordinator		

# **ATTACHMENTS**

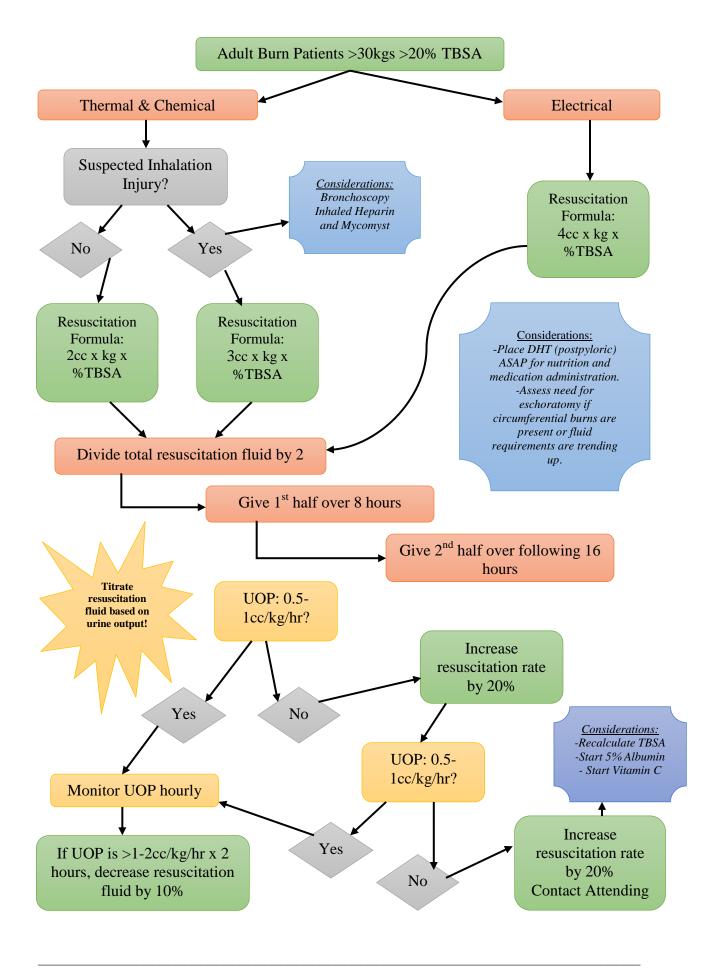
- 1. Adult Burn Resuscitation Flowsheet
- 2. Adult Burn Resuscitation Care Map

# Adult Burn Resuscitation Protocol Flowsheet

# For Patients > 30kg and >20% TBSA

				,						
Fluid Calculation Used			2cc x kg x TBSA 3cc x kg x TBSA 4cc x kg x TBSA							
(Circle one)				olume Patient Should Receive  2 <sup>nd</sup> 16 hours Est. Total 24 ho						
Name		Weight(	kg)	%TBSA	I" 8 ho	urs	2 <sup>nd</sup> 16 hours	Est.	Total 24	hours
		FI 115								
	Maintenance				Ca	llculated	Urine output g	oal:	cc/hr	
	VF Pre-hosp					r •				
	H= Pre-hos			-			DD	MAD	CVID	l p
Site	Hour	Time	Crsyt	/Colloid	Total	UOP	BP	MAP	CVP	Pressors (Y/N)
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	Goal:									
	Actual:									
+Overa	ge/-Shortag	e:								
Site	Hour	Time	Crsyt	/Colloid	Total	UOP	BP	MAP	CVP	Pressors (Y/N)
	9									
	10									
	11									
	12									
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	r Goal:									
24 Hou	r Actual:									
24 Hou	r +Overage/	-Shortage:								
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