First 8 Hours Post Burn  Adult Major Burns Clinical Practice Guidelines

Please note that this is a guideline only, not a substitute for clinical judgement.

Referral for major burn* identified

Fax "VCH Major Burn CPG" (MB-CPG) to referring physician or paramedics

Initial assessment and interventions according to ATLS guidelines

Instructions to referring physician or Critical Care flight paramedics:
1. Assess TBSA using VCH MB-CPG
2. IV x 2, foley catheter
3. Ringers Lactate 3ml/kg/%TBSA: first 50% of calculated volume in initial 8 hours post burn

Stable:
- ABCs stable
- SpO₂ ≥ 92%
- MAP ≥ 65mmHg
- HR ≤ 130bpm

Unstable:
- ABCs unstable or ANY concern for patient stability
- MAP ≤ 65mmHg and/or HR ≥ 130bpm

Urine Output:
- ≤ 30ml/hr**: Increase IV rate by 20%
- 30-50ml/hr**: No change
- ≥ 50ml/hr**: Decrease IV rate by 20%

Continue urine output assessments and RL fluid titration q1h for 8 hours
Repeat hourly IV rate changes based on urine output
**For high-voltage electrical burns, adjust U/O per goal of 50-100ml/hr, < 50cc/hr, or > 100ml/hr, respectively

* Major Burn:
- > 20% TBSA partial and/or full thickness any age
- ≥10% TBSA partial and/or full thickness age ≥ 65
- Burns to hands, face, feet, genitalia, joints
- Full thickness burns ≥ 5% TBSA any age
- Electrical burns
- Chemical burns
- Inhalation injury
- Burns associated with major trauma