BURN RESUSCITATION PROTOCOL – INITIAL 48 HOURS

Patient presents with severe burn (greater than 25% TBSA)
Resuscitation fluid initiated per physician’s orders (Lactated Ringer’s)
Fluid boluses avoided at all times

- Vitals within age appropriate range (see table)
  - Yes
  - No

Assess previous hour’s urine output

Inform attending ICU physician

No

- Bladder scan to assess residual volume
  - Increase resuscitation fluid rate by 20% (of initial calculated rate)

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Inform attending ICU physician. Measure bladder pressure. Start 5% albumin to replace 1/3 current resuscitation fluid rate. Avoid fluid boluses.

Yes

- Continue resuscitation fluid at current rate

List of Abbreviations:
UOP: urine output
TBSA: total body surface area
MAP: mean arterial pressure
ml/kg/hr: milliliter/kilogram/hour
mcg/kg/min: microgram/kilogram/minute

Decrease resuscitation fluid rate by 20% (of initial calculated rate). Assess vital signs, blood sugar, lactate.

Current rate same for 2 hrs and pt 24 hours post burn?

No

- UOP below 0.5 ml/kg/hr for more than 2 hrs or pt requiring greater than 1.5 times calculated resuscitation fluids or complications related to edema (increasing ventilator pressures etc)?

- 0.5 – 1 ml/kg/hr

- 1 – 2 ml/kg/hr

- Above 2 ml/kg/hr

- Yes

Decrease resuscitation fluid rate by 20% (of initial calculated rate). Assess vital signs, blood sugar, lactate.

Fluid resuscitation complete, exit protocol

Assess previous hour’s urine output

No

- Bladder scan to assess residual volume
  - Increase Albumin rate by 20% (of initial calculated resuscitation fluid rate)

- Continue resuscitation fluids at current rates

- Decrease Albumin rate by 20% (of initial calculated resuscitation fluid rate)

- Decrease resuscitation fluid rate by 20% (of initial calculated resuscitation fluid rate). Assess vital signs, blood sugar, lactate

Albumin rate decreased to zero?

Yes

NOTE: For hypotensive patients, consider initiating Norepinephrine at 0.05 mcg/kg/min and titrate to maintain MAP greater than 55 mmHg