

PCIS LABEL

MAJOR BURN FLUID RESUSCITATION FLOWSHEET

Date: _____ Signature: _____

Refer to the Major Burn Initial 24 Hours Fluid Resuscitation Orders: VCH # 1005

Estimated 24 hour total IV fluids: _____ mL/24 hours Date of Burn: _____

First 8 hrs: Initial IV Rate: _____ mL/hour Time of Burn: _____

Second 16 hours: Estimated IV Rate: _____ mL/hour

Titrate according to urine output

Time	Hours Since Burn	Crystalloid IV Rate	Colloid IV Rate	Enteral Total	Total	Urine Output	Lactate	MAP	Signature
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
8 Hour Totals <small>Complete the 8 hour reassessment calculations on the back of the form</small>									
	9								
	10								
	11								
	12								
	13								
	14								
	15								
	16								
	17								
	18								
	19								
	20								
	21								
	22								
	23								
	24								
First 24 Hour Totals									

8 HOUR FLUID RESUSCITATION RE-ASSESSMENT:

1. Multiply the 8 hour total fluids administered by 2

8 hour total fluids X 2 = _____mL

2. If the product is greater than the estimated 24 hour total IV fluids, contact the physician.

The following interventions are recommended:

- a) Consider initiating 5% albumin infusion
- b) Assess for signs of intra-abdominal hypertension
 - a. Bladder pressure \geq 15 mmHg
 - b. Increased airway pressures
 - c. Decreased urine output
 - d. Hypotension
- c) Assess for signs of extremity compartment syndrome:
 - a. Pulses that are diminishing or absent on Doppler serial exams Q30-60 mins