















First 8 Hours Post Burn Major Burns Clinical Practice Guidelines

Pease note that this is a guideline only, not a substitute for clinical judgement. Referral for major burn1 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 paramedics to: 1. Assess BSA using Provincial MG-CPG 2. IV x 2, Foley catheter If burns > 15% TBSA, initiate IVF resuscitation: Ringers Lactate 2ml/kg/BSA: first ½ of calculated volume in the initial 8 hrs post burn Unstable: Stable: ☐ ABCs unstable or ANY ☐ ABCs stable concern for patient stability \square SpO₂ > 92% ☐ MAP < 65 mmHg and/or ☐ MAP > 65 mmHq ☐ HR > 130 bpm ☐ HR < 130 bpm ☐ Lactate² > 8 mmol/L U/O U/O U/O ☐ Call Physician < 30 ml/hr* > 50 ml/hr* 30-50 ml/hr* (for 2 consecutive hrs) (for 2 consecutive hrs) ☐ Reassess ABCs ☐ Consider fluid bolus ☐ Test: ABG, VBG² & lactate Increase Decrease No change IV rate by 1/3 IV rate by 1/3

Repeat IV rate changes based on U/O

*For high-voltage electrical burns, adjust U/O per goal of 50-100 ml/hr, <50 ml/hr, or > 100 ml/hr, respectively

Continue U/O assessments, and RL fluid titration $$\operatorname{q}{1}{\rm h}$ for 8 hrs$

- 20% BSA partial and/or full thickness any age
 - 10% BSA partial and/or full thickness age < 10 or > 50
 - Burns to hands, face, feet, genitalia, joints
 - Full thickness burns > 5% BSA any age

- electrical burns
- chemical burns
- inhalation injury
- burns associated with major trauma

²Cyanide toxicity:

¹Major Burn:

Consider with enclosed-space fire, lactate > 8-10 mmol/L, or narrowing of PaO₂ gradient on ABG vs VBG