

## 7. Tubes/Drains

- 7.1. \_\_\_\_ NGT to LCWS or \_\_\_\_ OGT to LCWS
- 7.2. \_\_\_\_ Place DHT \_\_\_\_ Nasal \_\_\_\_ Oral and confirm via KUB
- 7.3. \_\_\_\_ Foley to gravity
- 7.4. \_\_\_\_ Flush feeding tube Q shift with 30 mL water
- 7.5. \_\_\_\_ JP(s) to bulb suction; strip tubing Q 4 hrs and PRN
- 7.6. \_\_\_\_ Chest tube to: \_\_\_\_ 20 cm H<sub>2</sub>O suction (circle: R L Both) or \_\_\_\_ Water seal: (circle: R L Both)

## 8. Nursing

- 8.1. Strict I & O and document on the JTTS Burn Resuscitation Flow Sheet Q 1 hr for burn > 20% TBSA
- 8.2. \_\_\_\_ Clear dressing to Art Line/CVC, change Q 7D and prn
- 8.3. \_\_\_\_ Bair Hugger until temperature > 36° C
- 8.4. \_\_\_\_ Lacrilube OU Q 6 hrs while sedated
- 8.5. \_\_\_\_ Oral care Q 4 hrs; with toothbrush Q 12 hrs
- 8.6. \_\_\_\_ Maintain HOB elevated 45°
- 8.7. \_\_\_\_ Fingerstick glucose Q \_\_\_\_ hrs
- 8.8. \_\_\_\_ Routine ostomy care
- 8.9. \_\_\_\_ Ext fix pin site care
- 8.10. \_\_\_\_ Trach site care Q shift
- 8.11. \_\_\_\_ Incentive spirometry Q 1 hrs while awake; cough & deep breath Q 1 hr while awake

## 9. Diet

- 9.1. \_\_\_\_ NPO
- 9.2. \_\_\_\_ PO diet
- 9.3. \_\_\_\_ TPN per Nutrition orders
- 9.4. \_\_\_\_ Tube Feeding: \_\_\_\_ @ \_\_\_\_ mL/hr OR \_\_\_\_ Advance per protocol

## 10. Burn Resuscitation (%TBSA &gt; 20%)

- 10.1. If available, initiate [Burn Navigator computer decision support system](#) and follow prompts on screen. System will provide recommendations for burn fluid resuscitation; provider should use clinical judgment and consider entire clinical scenario when interpreting recommendations.
- 10.2. Start initial infusion of Lactated Ringers (LR) at \_\_\_\_ mL/hr IV (10 x % TBSA >40 kg <80 kg) (Add 100 mL/hr for every 10 kg > 80 Kg)
- 10.3. Titrate resuscitation IVF as follows to maintain target UOP (Adult: 30-50 mL/hr; Children: 1.0 mL/kg/hr)
  - Decrease rate of LR by 20% if UOP is greater than 50 mL/hr for 2 consecutive hrs
  - Increase rate of LR by 20% if UOP is less than 30 mL/hr (adults) or pediatric target UOP for 2 consecutive hrs
- 10.4. If patient still hypotensive (SBP < 90 mm Hg), begin vasopressin gtt at 0.04 Units/min
- 10.5. Post burn day #2 (Check all that apply)

\_\_\_\_ Continue LR at \_\_\_\_ mL/hr IV

\_\_\_\_ Begin \_\_\_\_ @ \_\_\_\_ mL/hr IV for insensible losses

\_\_\_\_ Start Albumin 5% at \_\_\_\_ mL/hr IV ((0.3 – 0.5 x %TBSA x wt in kg) / 24) for 24 hrs

## 11. IVF (% TBSA ≤ 20%): \_\_\_\_ LR \_\_\_\_ NS \_\_\_\_ D5NS \_\_\_\_ D5LR \_\_\_\_ D5 .45NS \_\_\_\_ + KCl 20 mEq/L @ \_\_\_\_ mL/hr

## 12. Laboratory Studies &amp; Radiology

- 12.1. \_\_\_\_ CBC, Chem-7, Ca/Mg/Phos: \_\_\_\_ ON ADMIT \_\_\_\_ DAILY @ 0300
- 12.2. \_\_\_\_ PT/INR \_\_\_\_ TEG \_\_\_\_ Lactate: \_\_\_\_ ON ADMIT \_\_\_\_ DAILY @ 0300
- 12.3. \_\_\_\_ LFTs \_\_\_\_ Amylase \_\_\_\_ Lipase: \_\_\_\_ ON ADMIT \_\_\_\_ DAILY @ 0300
- 12.4. \_\_\_\_ ABG: \_\_\_\_ ON ADMIT \_\_\_\_ 30 mins after ventilator change \_\_\_\_ Q AM (while on ventilator)
- 12.5. \_\_\_\_ Triglyceride levels after 48 hours on Propofol
- 12.6. \_\_\_\_ Portable AP CXR on admission
- 12.7. \_\_\_\_ Portable AP CXR Q AM