

## JTS BURN RESUSCITATION WORK SHEET

Initiate **AFTER** completion of trauma assessment and interventions.

**Adults only:** Refer to [Additional Considerations for Pediatric Burn Patients](#) in the Burn Care CPG.

**1. Contact USAISR Burn Center** (DSN 312-429-2876) or email: usarmy.jbsa.medcom-aisr.list.armyburncenter@health.mil

Date/Time contact: \_\_\_\_\_ POC: \_\_\_\_\_ by: \_\_\_\_\_

**2. Estimated Pre-burn Weight (wt):** \_\_\_\_\_ kg (Average Service Members are 82 ± 15 kg)

**3. Estimate Total Burn Surface Area (TBSA) using Rule of Nines** (refine with Lund-Browder after wounds are cleansed)

Partial thickness (2nd) \_\_\_\_\_ % + Full thickness (3rd) \_\_\_\_\_ % = **TBSA** \_\_\_\_\_ %

**IF TBSA >40%:** intubate (use ETT ≥ 7.5 fr to facilitate bronchoscopy)

**IF TBSA <15%:** formal resuscitation may not be required, provide maintenance and/or oral fluids

**4. Standard Burn Resuscitation Fluid: Lactated Ringers (LR) or Plasmalyte**

**5. Calculate INITIAL Fluid Rate using Rule of 10 (adults):**

- IF wt < 40kg: 2ml x %TBSA \_\_\_\_\_ x wt(kg) \_\_\_\_\_ ÷ 16 = \_\_\_\_\_ ml/hr
- IF wt ≥ 40kg: %TBSA \_\_\_\_\_ x 10 = \_\_\_\_\_ ml/hr
- IF wt > 80kg: add 100ml/hr to initial rate for every 10 kg>80: adjusted initial fluid rate = \_\_\_\_\_ ml/hr
- (Example: 100kg patient with 50% TBSA burn = 50% x 10 = 500 ml + 200 ml = 700 ml for first hour)

**6. If Inhalation Injury Present:** administer aerosolized heparin in albuterol (5,000 units Q4 hours)

**7. Titrate Resuscitation Fluid: maintain target UOP 30-50ml/hr (Q 1 hour)**

- If rhabdomyolysis present: use target UOP 75-100 ml/hr (Contact USAISR Burn Center DSN 312-429-2876)
- Goals: UOP >30 but <50ml/hr; adequate tissue perfusion (normalized lactate/base deficit), MAP >65 mmHg
- Minimum fluid rate 125mL/hr LR
- \* Avoid fluid boluses
- \*\* Too much fluid as dangerous as too little

**High risk for over resuscitation/abdominal compartment syndrome:**

- If hourly rate >1500 mL/hr x 2 hrs OR
- If total 24 hr volume exceeds: wt (kg) x 250 ml = \_\_\_\_\_ ml (includes all infused fluids)
- Contact USAISR Burn Center (DSN 312-429-2876)
- Consider adjuncts (below)
- Check bladder pressures Q4hrs (>20 mmHg notify physician)
- Avoid surgical decompression (significant mortality risk in burns).

**Adjuncts:**

1. Colloids: 5% albumin/FFP (Use hextend only if others unavailable; Hextend, as a resuscitation fluid, is no longer recommended.)

- \* Colloids not preferred until hour 8-12; can consider earlier in difficult resuscitation
- Infuse at ml/hr according to chart below based on adult patient weight and burn size.

5% Albumin Infusion (ml/hr)	30-49%TBSA	50-69% TBSA	70-100%TBSA
<70 kg	30	70	110
70-90 kg	40	80	140
>90 kg	50	90	160

2. Vasopressors: Contact USAISR Burn Center (DSN 312-429-2876)