

Fluid Resuscitation Order for the Adult Burn Patient > 30kg

STEP ONE

Use the Fluid Resuscitation Calculation Sheet for initial LR rate

Begin fluid resuscitation

LR @ _____ ml/hr

Then measure urine output hourly

Vital Signs Stable: HR<140, MAP >60

Vitals unstable:HR>140 or MAP < 60

CALL ATTENDING

Patients Admit Wt: _____ KG

Urine Output < 15 ml
(If < 15cc/hr for 2 hrs see 3 boxes down)

Urine Output 15-29 ml

Urine Output 30-50 ml

Urine Output > 50 ml

Urine Output > 200 ml

Increase IV rate by 20% or 200 cc/hr (which ever is greater)

Increase IV rate by 10% or 100 cc/hr (which ever is greater)

Leave IV at current rate

Decrease IV rate by 10% or 100 cc/hr (which ever is greater)

Consider decreasing IV rate every 1/2 hr by 10% Be sure to assess patients Blood Sugar, BP, HR, Lactic Acid, Hemoglobin, **before** decreasing IV Rate. CALL M.D./ CONSIDER BURN CENTER CONSULT

REPEAT STEP ONE EVERY HOUR UNTIL:

Urine Output < 15cc/hr for two hours despite an increase in fluid

Calculated Maintenance Rate _____ ml/hr is reached and held for two hours AND the pt. is at least 24 hours post burn

ALBUMIN PROTOCOL

If patient requires > Calculated Maintenance Rate or has complications related to edema consider albumin protocol

Patient may need colloid resuscitation: **Call M.D./consider Burn Center Consultation** to discuss starting 5% albumin at one-third current hourly rate, LR at two-thirds current rate. Example (If Current Rate of LR is 900 cc/hr, it should be changed to 600 cc/hr LR, and 300 cc/hr 5% Albumin.

Repeat step one until patient maintains Calculated Maintenance Rate with Urine output Greater than 30 cc/hr

When combined LR and Albumin rates reach the Calculated Maintenance Rate change to LR for two hours

If patient maintained Urine Output for two hours on LR and is 24 hrs post burn **FLUID RESUSCITATION IS COMPLETE** Change to **D5 0.45 NS with 20 mEq KCL/L At Calculated Maintenance Rate**

CALL M.D./CONSIDER BURN CENTER CONSULT and discuss beginning **ALBUMIN PROTOCOL**

Fluid resuscitation is **COMPLETE:**

Switch to **D5 0.45 NS with 20 mEq KCL** Run IV @ Calculated maintenance rate

GOAL RATE =ALL FLUIDS/HR (INCLUDING TUBE FEEDS)

If patient again develops oliguria or hemodynamic instability **CALL MD/CONSIDER BURN CENTER CONSULT** And restart patient on LR Repeat **STEP ONE**

M.D. Signature _____

Date _____

RN Co-Sign _____

Date _____