THE UNIVERSITY OF KANSAS HOSPITAL
KUMED
3901 Rainbow Boulevard
Kansas City, Kansas 66160

PHYSICIAN'S ORDER FORM

PATIENT LABEL

Room

DATE & TIME	#	ORDERS **ADULT BURN FLUID RESUSCITATION: >20% TOTAL BODY SURFACE AREA (TBSA)**
		Reference: Herndon, D. (2002) *Total Burn Care.* 2nd. Ed. St. Louis: Elsevier Saunders
		Wt:_____ kg Ht:_____ cm BSA:_____ m² (square root of: Ht x Wt/3600)
		Urine Output Goal:
	1.	☐ 30 mL/hr ☐ 75 - 100 mL/hr, in presence of pigmentation (darker than light pink) urine. Resume 30mL/hr after pigmentation clears
	2.	**American Burn Association (ABA) Consensus Formula Estimation of Fluid Needs:** Lactated Ringers: ☐ 2mL ☐ 3mL ☐ 4mL x _____ kg x _____ %TBSA = _____ mL (24 hr estimated volume) ***•1st 8 hrs:(time of burn thru 8 hours post burn) :_____ thru _____*** [_____mL (½ of 24 hr estimated volume) - _____ mL (infused prior to Burn Center) = _____*mL (total to be infused)]* **Infuse**: LR_____ mL/hr until: date_____time ***•next 16 hrs post burn:_____thru_____*** (_____mL (½ of 24 hr estimated volume) /16 hrs = _____ mL/hr) **Infuse**: LR_____ mL/hr Start: date_____time_____End: date_____time_____ **Trigger Volume *:** 6 mL x _____kg x _____% TBSA = _____
	3.	**IV Fluid Titration Orders (To maintain Urine Output at Goal):** ▪ Hourly Urine Output. ▪ If UO does not meet goal for 2 consecutive hours, increase IVF by 10% of present rate and notify physician ▪ Continue to increase IVF rate in 10% increments q 2 hrs if UO does not meet goal ▪ Once UO goal is reached and is maintained for one hour, begin to titrate fluids down by 10% per hr as long as UO remains at or above goal ▪ At 12 hours post burn, assess the projected resuscitation volume & notify Physician if projected volume will exceed the Trigger Volume * (6mLx kg x %TBSA) during the first 24 hours.
	4.	**Colloids:** For burns > 20 %: Beginning with second day fluids administer: ☐ Albumin **5%** 0.3-0.5 mL x kg x %TBSA (whole number) =_____ mL (24 hour total) Infuse: _____mL/hr x 24 hours **OR** ☐ Hetastarch 6% 15mL/kg over24 hr: _____mL over 24hr = _____mL/hr x 24 hrs **Not To Exceed 1500 ml / 24 hr**
	5.	**Hemoglobinuria or Myoglobinuria Management:** **Orders:** ☐ Hourly Urine pH POCT (point of care testing) ☐ 1 Liter D5W with 150 mEq NaHCO3 at 50 mL/hr • Titrate by 20 mL/hr to maintain Urine pH ≥ 8.0 • Do not exceed 150 mL/hr • Decrease LR infusion by the amount of the NaHCO3 infusion ☐ Hourly CVP ☐ Mannitol 0.25 gm/kg IV bolus, then 0.05 gm/kg/hr until urine is clear • 0.25 gm x _____kg = _____ gm bolus • 0.05 gm/kg = _____ gm/hr infusion until urine clear **Rationale for Orders:** **Maintain Urine pH ≥ 8.0** • Titrate D5W with NaHCO3 to alkanalize urine. • Maintain pH ≥ 8 **If CVP ≥ 12 and Urine Output < 75mL/hr** • Initiate Mannitol in the presence of Hemoglobinuria or Myoglobinuria
	6.	**2nd Day Fluids:** Begin 24 hours post burn (basal + evaporative water loss = total maintenance fluid) • ½ NS + 20 mEq. KCl per Liter (not to exceed 120 mEq KCl per day): (1500mL / _____ m²) + [(25 + _____% TBSA) x_____ m² X 24hr] = _____mL (24 hour total) **Infuse**: _____mL/hr X 24 hours

Physician Signature: _____ Pager: _____