

ADULT

≥ 13 years



BURN RESUSCITATION FLUIDS GREATER THAN 20% 2ND AND 3RD DEGREE TBSA BURN WORKSHEET

Date of burn: Month ___ / DD ___ / YYYY ___

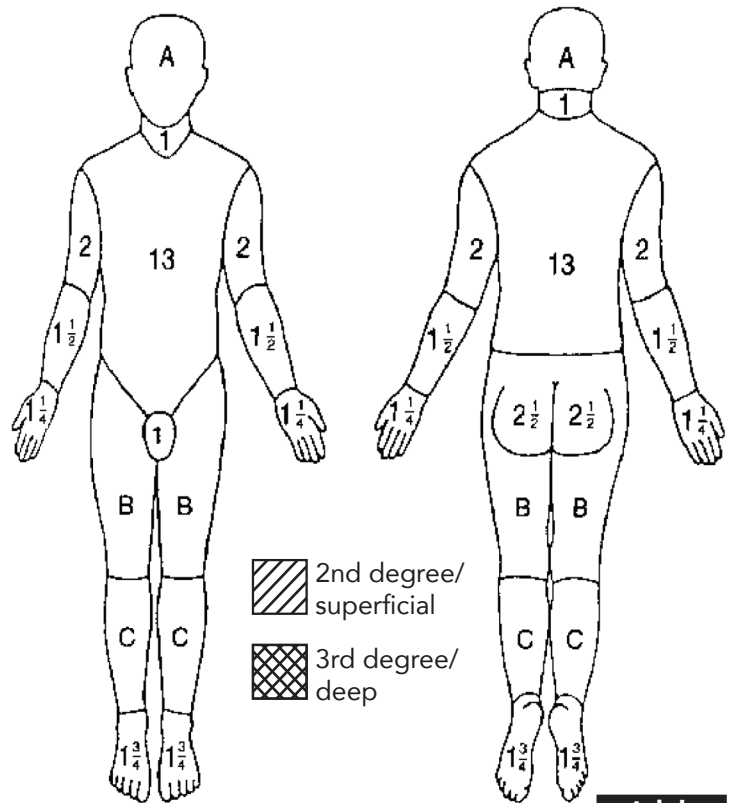
Time of burn: _____ Weight in kg: _____

Estimated/Actual

PATIENT LABEL

LUND & BROWDER CHART

REGION - 2 nd and 3 rd degree ONLY	Total %	Sub total %
Head	7	
Neck	2	
Anterior trunk	13	
Posterior Trunk	13	
Right buttock	2.5	
Left buttock	2.5	
Genitalia	1	
Right upper arm	4	
Left upper arm	4	
Right lower arm	3	
Left lower arm	3	
Right hand	2.5	
Left hand	2.5	
Right thigh	9.5	
Left thigh	9.5	
Right lower leg	7	
Left lower leg	7	
Right foot	3.5	
Left foot	3.5	



	Adult
A - 1/2 of head	3.5
B - 1/2 of one thigh	4.75
C - 1/2 of one lower leg	3.5

Total Burn Surface Area % (TBSA)

Date: Month / DD / YYYY Time of assessment:

/ /

Name and Signature of Physician:

THIS IS NOT A PHYSICIAN ORDER RECORD

Fluid of choice: Warmed Lactated Ringers (LR). No adjustment for fluid initially given. If fluid resuscitation is delayed there is "no catching up". If significantly delayed ≥ 6 hours post burn contact Trauma Line for guidance.

THERMAL & CHEMICAL:

Step A: Total Fluid Calculation

2 mL LR x _____ kg x _____ % TBSA = _____ Total mL

Step B: Infusion Starting Rate

Total mL _____ ÷ 16 = _____ mL/hr

ELECTRICAL INJURY:

Step A: Total Fluid Calculation

4 mL LR x _____ kg x _____ % TBSA = _____ Total mL

Step B: Infusion Starting Rate

Total mL _____ ÷ 16 = _____ mL/hr

CRITICAL EVALUATION: ADJUST IV RATE ACCORDING TO HOURLY URINE OUTPUT & CLINICAL RESPONSE.

Expected hourly urinary output – Thermal & Chemical: 30-50mL/hr / Electrical injury: 75-100mL/hr

Tetanus given? Yes Up to date (Tetanus considered UTD if within last 5 years)

Burn consultation criteria met? Yes No Trauma Line called? Yes No

(Refer to Burn Consensus Statement)

Date: _____ Time: _____ Signature: _____

PERMANENT RECORD

HHN-1130 (04/26)

