ADULT

Trauma NB

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

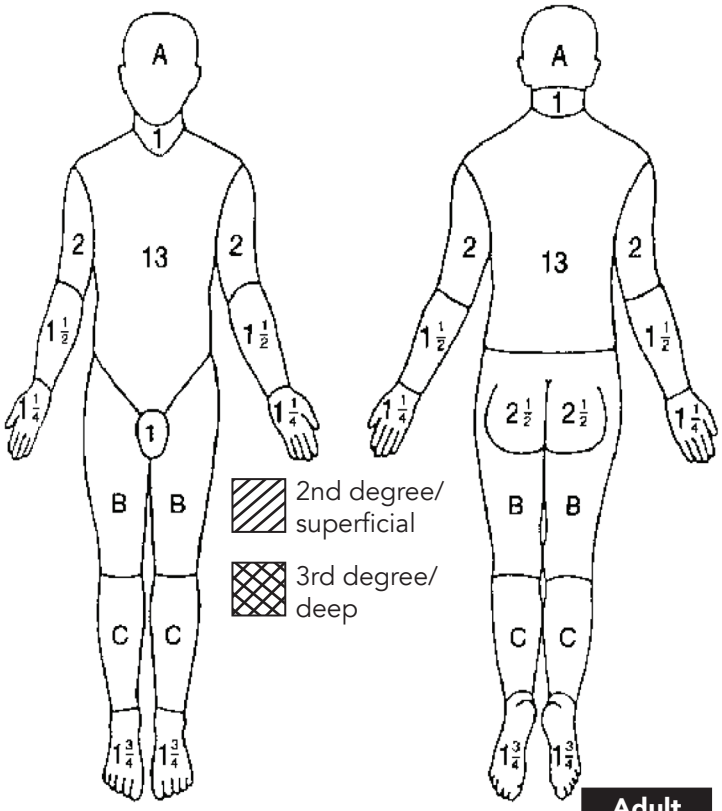
PATIENT LABEL

Date of burn: Month_____ / DD_____ / YYYY_____

Time of burn: _____ **Weight in kg:** _____
Estimated/Actual

REGION - 2nd and 3rd 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	
Total Burn Surface Area % (TBSA)		

Date: Month / DD / YYYY / /	**Time of assessment:**
Name and Signature of Physician:	



	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

Adults: 2mL Lactated Ringers x _____ kg x _____% TBSA = _____mL Total 24 hrs

Electrical injury: 4mL Lactated Ringers x _____ kg x _____% TBSA = _____mL Total 24 hrs

TOTAL 24 hr volume	1st 8hrs from time of burn* infuse ½ of 24 hr volume	Next 16 hours is ½ of the 24-hr volume	Hourly re-evaluation of patient progress through 24 hours is essential.
TOTAL 24 HOURS: _____mL	½ volume =_____mL _____mL /_____hrs =_____mL/hr	½ volume= _____mL/ 16 hrs = _____mL /hr	Adjust IV rate according to urine output** & clinical parameters

*** If initial resuscitation is delayed, the first half of the volume is given over the # of hours remaining in the 1st 8 hours post burn injury.**

**** Expected hourly urinary output: 30-50mL/hr / ** Electrical injury: 75-100mL/hr**

Tetanus given? ☐ **Yes** ☐ **Up to date**

Burn consultation criteria met? ☐ **Yes** ☐ **No** **Trauma Line called?** ☐ **Yes** ☐ **No**
(Refer to Burn Consensus Statement)

Date: _____ **Time:** _____ **Signature:** _____

PERMANENT RECORD

HHN-1130 (12/20)

LUND & BROWDER CHART

THIS IS NOT A PHYSICIAN ORDER RECORD

PEDIATRIC

Trauma NB

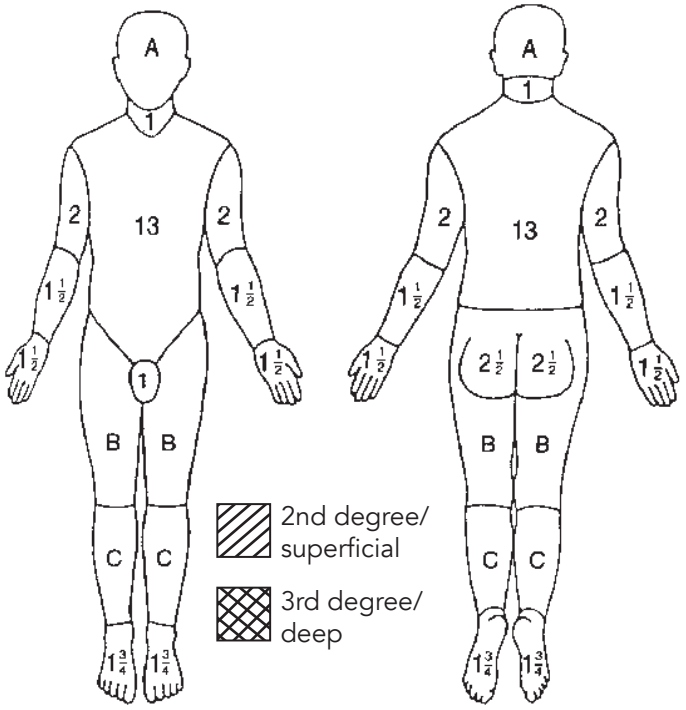
BURN RESUSCITATION FLUIDS GREATER THAN 15% 2ND AND 3RD DEGREE TBSA BURN WORKSHEET

PATIENT LABEL

Date of burn: Month_____ / DD_____ / YYYY_____

Time of burn: _____ **Weight in kg:** _____
Estimated/Actual

REGION 2nd and 3rd degree ONLY	Total % by Age (years)					Sub total %
	Birth-1	1-4	5-9	10-14	15	
Head	19	17	13	11	9	
Neck	2	2	2	2	2	
Anterior trunk	13	13	13	13	13	
Posterior Trunk	13	13	13	13	13	
Right buttock	2.5	2.5	2.5	2.5	2.5	
Left buttock	2.5	2.5	2.5	2.5	2.5	
Genitalia	1	1	1	1	1	
Right upper arm	4	4	4	4	4	
Left upper arm	4	4	4	4	4	
Right lower arm	3	3	3	3	3	
Left lower arm	3	3	3	3	3	
Right hand	2.5	2.5	2.5	2.5	2.5	
Left hand	2.5	2.5	2.5	2.5	2.5	
Right thigh	5.5	6.5	8	8.5	9	
Left thigh	5.5	6.5	8	8.5	9	
Right lower leg	5	5	5.5	6	6.5	
Left lower leg	5	5	5.5	6	6.5	
Right foot	3.5	3.5	3.5	3.5	3.5	
Left foot	3.5	3.5	3.5	3.5	3.5	
Total Burn Surface Area % (TBSA)						



Age (years)	Birth-1	1-4	5-9	10-14	15
A - 1/2 of head	9.5	8.5	6.5	5.5	4.5
B - 1/2 of one thigh	2.75	3.25	4	4.25	4.5
C - 1/2 of one lower leg	2.5	2.5	2.75	3	3.25

Date: Month / DD / YYYY ___/___/___ **Time of assessment:**

Name and Signature of Physician:

Pediatric: 3mL Lactated Ringers x _____ kg x _____% TBSA = _____mL Total 24 hrs

Electrical injury: 4mL Lactated Ringers x _____ kg x _____% TBSA = _____mL Total 24 hrs

TOTAL 24 hr volume	1st 8hrs from time of burn* infuse ½ of 24 hr volume	Next 16 hours is ½ of the 24-hr volume	Hourly re-evaluation of patient progress through 24 hours is essential
TOTAL 24 HOURS: _____mL	½ volume =_____mL _____mL /_____hrs =_____mL/hr	½ volume= _____mL/ 16 hrs = _____mL /hr	Adjust IV rate according to urine output** & clinical parameters

*** If initial resuscitation is delayed, the first half of the volume is given over the # of hours remaining in the 1st 8 hours post burn.**

**** Expected hourly urinary output: ≤ 30kg 1 mL/kg/hr / > 30kg 0.5mL/kg/hr up to 50mL/hr / Electrical injury > 30kg: 75-100mL/hr**

Tetanus given? ☐ **Yes** ☐ **Up to date**

Burn consultation criteria met? *(Refer to Burn Consensus Statement)* ☐ **Yes** ☐ **No** **Trauma Line called?** ☐ **Yes** ☐ **No**

≤ 30kg Add maintenance fluid: D5W Lactated Ringers or D5W NaCl 4-2-1 Formula	Volume calculated	Total mL/hr
4 mL/kg per hour for the 1st 10 kg body weight		
+ 2 mL/kg per hour for the 2nd 10kg body weight		
+ 1 mL/kg per hour for each additional kg over 20 kilograms		

≤ : Weight less than or equal to 30kg

Date: _____ **Time:** _____ **Signature:** _____

PERMANENT RECORD

LUND & BROWDER CHART

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