

Call a Burn Attending If...

- Identifying our key communications for strategic adjustments in care in order to protect tissue, function, limb and life

COMPLEX Mechanisms

- Large burns >20% TBSA
- Electrical injury
- Housefires with inhalation
- Age extremes with real burns

COMPLEX Dispositions

- Unclear if needs ICU
- BICU Overflow to other ICUs
- Consultant recommendations that alter current course
- Needs End of Life / DNR
- Needs OR?

ESCALATING Sedation Requirement

- High risk airways and/or patients with significant cardiopulmonary disease
- >250mcg Fentanyl, >2mg Versed

COMPLEX Resuscitation

- IV fluids >> protocol prediction (>50% predicted over 2 hours)
- Oliguria <0.5ml/kg/hr
- Increase pulmonary stress during resuscitation (third spacing in lungs)

THREATENED Limb or Compartment

- Tight or leathery skin
- Loss of distal arterial signals by doppler
- Change of pulse exam by palpation
- Near/complete circumferential DPT / FT burns
- Increased pulmonary pressures

ANEMIA Management

- Consideration for PRBC transfusions
- Consideration for shifts in volume status manifesting in Hgb value

COMPLEX or New Infections

New:

- Neutropenia
- Hypovolemia
- Hyperglycemia
- Pressor use
- Burn conversion
- Intolerance of feeds

COMPLEX Wound Care

- Instructions don't make sense
- Unfamiliar product care
- Grafts or donors that don't look right