Daily Check List for Burns

- Patient Problems must be updated daily to reflect new diagnoses (see "Common Diagnoses for Burns"); do this before the daily progress notes in order to capture new diagnoses.
- Daily Progress Notes are completed each day and should be done *after* updating problem list
  - For Floor Patients, use "Surgical Progress Note"
  - For ICU Patients, use "Critical Care Progress Note"
- Burn Surgery Guidelines shall be used to guide all care decisions in the Burn Center.
- The Burn Attending must be notified of any changes in patient scope of treatment (DNR, Comfort Care, transfers) or any acute clinical deteriorations to include physiologic changes.
- The Burn Pager (582-0135) is the responsibility of the resident on service for the month. The non-operative APPs will cover/ hold the pager during surgical cases and will help collaborate with the resident regarding consult and/ or concerns with patient admitted to the Burns.
- The Kolkin List is used to manage patients are admitted to burns. This is updated by the surgical resident on service and burn service practitioners. Any specific concerns or items needed follow-up should be clearly listed and addressed during transitions of care.
- A DAILY Check List must be completed for every patient in collaboration with nursing.

Daily Check List

Events Overnight

- Nurse and resident reports clinical issues, abnormal vitals, events overnight referencing medical record
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Neurologic

- We try to avoid continuous sedation. Multimodal pain control. Assess for need for procedural pain medications- (wound care changes/ debridement)
- Wean pain medications / sedation if able. Maximize adjuncts in order to reduce opioids
- Discontinue IV opioids as soon as possible

Cardiovascular

- Assessment of tachycardia/ hypertension daily
- Initiation of beta blocker if indicated, usually on Day 2 or 3, Greater than 20% TBSA
- Review home medications and restart as appropriate
- Assess need for central lines, discontinue if able
- Daily labs, if indicated

Respiratory

- HOB elevated
- Wean screen- Extubation/ trach collar trials daily
- Airway clearance/ RT Consult
- Incentive Spirometry postoperatively
- Inhalation injury screening

Gastrointestinal/ Nutrition

- Initiate nutrition consult ASAP / order diet vs. tube feedings
- Follow enteral feeding guidelines, start early if indicated
- Monitor Pre-Albumins Wednesday/ Sunday
- Order nutritional supplements/ vitamins/ etc, if indicated
- Check nutritional labs, if indicated
- Bowel regimen

Renal

- Monitor electrolytes, replace if indicated
- Assess Foley need, discontinue if able
- Monitor urine output

Hematologic/ ID

- Chemical DVT prophylaxis, SCDS unless contraindicated
- Assess antibiotic need and de-escalation when possible
- Obtain and follow up wound cultures
- Infectious work-up, if needed

Musculoskeletal

- PT/ OT orders daily, or restrictions if specified. Post-operative orders.

Endocrine

- Tight glycemic control, blood sugar less than 180
- Oxandrolone if indicated, usually greater than 20% TBSA, monitor LFT weekly
- Initiate insulin drip when BG >200 more than twice, (transfer to ICU)
- Avoid oral diabetic medications for surgical patients
- Discontinue all glycemic protocols when no longer needed

Integumentary

- Document TBSA, depth of burn, re-assess after 48- 72 hrs and update
- Daily photographs/ assessment of wounds during wound care/ OR planning
- Remove staples/sutures in an appropriate time frame
- Ensure appropriate orders for wound care- (topicals, dressings, frequency of wound care)

Disposition/ Prevention

- Early involvement of social services for patients who will need assistance after discharge
- Communicate discharge needs ASAP and establish discharge plan
- Family updated/ shared decision making in plan of care

- Remove all Foley catheters/lines once there is no longer an indication
- Discuss removal of drains with the team daily
- Order restraints every 24 hours, if indicated. Remove when not needed.