

# NUTRITION BURN

## Guideline:

acb 6.3.2020

“no calorie left behind”

### New Burn Patient

- NUTRITION SCREEN
- PreAlbumin
- Nutrition consult
- Patient weight

- “DOK” the patient
- **DUO** access
  - **Observe** location via KUB
  - **Kinetic** agent if not post pyloric in 24 hours
- \* Use bridle if at risk for dislodgement

+ Screen

#### Risk for healing delay:

- >20% TBSA
- Low weight / BMI <22
- Elderly
- Immobilized
- Uncooperative
- Diabetes
- Immuno- compromise

Neg Screen

Rx Diet,  
TID ensures or  
glucernas  
+Juven x1  
(PO/duo) BID

If eating poorly

#### Choose TF

Jevity (go-to) 1.5 cal/ml  
Nepro (Renal) 1.8 cal/ml  
Glucerna (glu up) 1.5 cal/ml

#### Calculate TF 24 Goal

$25 * Kg + 40 * TBSA$   
Divide by the cal/ml

#### Micronutrients:

Zn 220mg PO/duo day  
MVI daily: has trace elements,  
Folate, B12  
Nephrovite if renal (vs MVI)

#### Feeding problems

- KUB – gastric distension, duo position
- check EKG QTc
- EES and/or reglan

#### Vitamin C

500mg BID  
If renal, 250mg Qd

#### Protein Supplements

Beneprotein x2 (duo) TID +  
Juven x1 (PO/duo) BID  
After PO starts, Prostat x1  
(PO/duo) TID (vs Beneprotein)

#### Oxandrolone

10mg BID

#### Glutamine Study

Candidate ?  
>10% TBSA  
<72 hours from admission  
Call Kate Ledbetter at  
251-604-2503

### DAILY

TFs tolerance; nursing to report % of daily volume

### Each WC

reassess wound healing

### BIWEEKLY

PreAlbumins, Weights

### WEEKLY

calc TBSA open areas

