



# Physician's Order Form

(JTS Burn Care CPG Appendix A)

1. **Diagnosis:** \_\_\_\_\_
2. **Condition:** VSI SI NSI Category: Nation/Service (e.g., US/USA, HN/IA)
3. **Allergies:** Unknown NKDA Other
4. **Monitoring**
  - 4.1. Vital signs: Q \_\_\_\_\_ hrs
  - 4.2. Urine output: Q \_\_\_\_\_ hrs
  - 4.3. Transduce bladder pressure Q \_\_\_\_\_ hrs
  - 4.4. Neurovascular/Doppler pulse checks Q \_\_\_\_\_ hrs
  - 4.5. Transduce: \_\_\_\_\_ CVP \_\_\_\_\_ A-line \_\_\_\_\_ Ventriculostomy
  - 4.6. Neuro checks: Q \_\_\_\_\_ hrs
  - 4.7. Cardiac monitor: Yes / No
5. **Activity**
  - 5.1. \_\_\_\_\_ Bedrest \_\_\_\_\_ Chair Q shift \_\_\_\_\_ Ad lib \_\_\_\_\_ Roll Q 2 hrs
  - 5.2. \_\_\_\_\_ Passive ROM to UE and LE Q shift
  - 5.3. Spine precautions: \_\_\_\_\_ C-Collar /C-Spine \_\_\_\_\_ TLS Spine
6. **Wound Care**
  - 6.1. \_\_\_\_\_ NS wet to dry BID to: \_\_\_\_\_
  - 6.2. \_\_\_\_\_ Dakin's wet to dry BID to: \_\_\_\_\_
  - 6.3. \_\_\_\_\_ VAC dressing to \_\_\_\_\_ 75 mm Hg \_\_\_\_\_ 125 mm Hg
  - 6.4. \_\_\_\_\_ Abdominal closure drains to LWS
  - 6.5. \_\_\_\_\_ Other: \_\_\_\_\_
7. **Tubes/Drains**
  - 7.1. \_\_\_\_\_ NGT to LCWS or \_\_\_\_\_ OGT to LCWS
  - 7.2. \_\_\_\_\_ Place DHT \_\_\_\_\_ Nasal \_\_\_\_\_ Oral and confirm via KUB
  - 7.3. \_\_\_\_\_ Foley to gravity
  - 7.4. \_\_\_\_\_ Flush feeding tube Q shift with 30 mL water
  - 7.5. \_\_\_\_\_ JP(s) to bulb suction; strip tubing Q 4 hrs and PRN
  - 7.6. \_\_\_\_\_ Chest tube to: \_\_\_\_\_ 20 cm H<sub>2</sub>O suction (circle: R L Both) or \_\_\_\_\_ Water seal: (circle: R L Both)
8. **Nursing**
  - 8.1. Strict I & O and document on the JTTS Burn Resuscitation Flow Sheet Q 1 hr for burn > 20% TBSA
  - 8.2. \_\_\_\_\_ Clear dressing to Art Line/CVC, change Q 7D and prn
  - 8.3. \_\_\_\_\_ Bair Hugger until temperature > 36° C
  - 8.4. \_\_\_\_\_ Lacri-lube OU Q 6 hrs while sedated
  - 8.5. \_\_\_\_\_ Oral care Q 4 hrs; with toothbrush Q 12 hrs
  - 8.6. \_\_\_\_\_ Maintain HOB elevated 45°
  - 8.7. \_\_\_\_\_ Finger stick glucose Q \_\_\_\_\_ hrs
  - 8.8. \_\_\_\_\_ Routine ostomy care
  - 8.9. \_\_\_\_\_ Ext fix pin site care
  - 8.10. \_\_\_\_\_ Trach site care Q shift
  - 8.11. \_\_\_\_\_ Incentive spirometry Q 1 hrs while awake; cough & deep breath Q 1 hr while awake
9. **Diet**
  - 9.1. \_\_\_\_\_ NPO
  - 9.2. \_\_\_\_\_ PO diet
  - 9.3. \_\_\_\_\_ TPN per Nutrition orders
  - 9.4. \_\_\_\_\_ Tube Feeding: \_\_\_\_\_ @ \_\_\_\_\_ mL/hr OR \_\_\_\_\_ Advance per protocol
10. **Burn Resuscitation (%TBSA > 20%)**
  - 10.1. If available, initiate Burn Navigator™ computer decision support system and follow prompts on screen. System will provide recommendations for burn fluid resuscitation, provider should use clinical judgment and consider entire clinical scenario when interpreting recommendations.

- 10.2. Start initial infusion of Lactated Ringers (LR) at \_\_\_\_\_ ml/hr IV (10 x % TBSA >40 kg <80 kg) (Add 100 ml/hr for every 10 kg > 80 Kg)
- 10.3. Titrate resuscitation IVF as follows to maintain target UOP (Adult: 30-50 mL/hr; Children: 1.0 mL/kg/hr)
  - Decrease rate of LR by 20% if UOP is greater than 50 mL/hr for 2 consecutive hrs
  - Increase rate of LR by 20% if UOP is less than 30 mL/hr (adults) or pediatric target UOP for 2 consecutive hrs
- 10.4. If CVP > 10 cm H<sub>2</sub>O and patient still hypotensive (SBP < 90 mm Hg), begin vasopressin gtt at 0.02 – 0.04 Units/min
- 10.5. Post burn day #2 (Check all that apply)
  - \_\_\_\_\_ Continue LR at \_\_\_\_\_ mL/hr IV
  - \_\_\_\_\_ Begin \_\_\_\_\_ @ \_\_\_\_\_ mL/hr IV for insensible losses
  - \_\_\_\_\_ Start Albumin 5% at \_\_\_\_\_ mL/hr IV ((0.3 – 0.5 x %TBSA x wt in kg) / 24) for 24 hrs

**11. IVF (% TBSA ≤ 20%):** \_\_\_\_\_ LR \_\_\_\_\_ NS \_\_\_\_\_ D5NS \_\_\_\_\_ D5LR \_\_\_\_\_ D5 .45NS \_\_\_\_\_ + KCl 20 meq/L @ \_\_\_\_\_ mL/hr

**12. Laboratory Studies & Radiology**

- 12.1. \_\_\_\_\_ CBC, Chem-7, Ca/Mg/Phos: \_\_\_\_\_ ON ADMIT \_\_\_\_\_ DAILY @ 0300
- 12.2. \_\_\_\_\_ PT/INR \_\_\_\_\_ TEG \_\_\_\_\_ Lactate: \_\_\_\_\_ ON ADMIT \_\_\_\_\_ DAILY @ 0300
- 12.3. \_\_\_\_\_ LFTs \_\_\_\_\_ Amylase \_\_\_\_\_ Lipase: \_\_\_\_\_ ON ADMIT \_\_\_\_\_ DAILY @ 0300
- 12.4. \_\_\_\_\_ ABG: \_\_\_\_\_ ON ADMIT \_\_\_\_\_ 30 mins after ventilator change \_\_\_\_\_ Q AM (while on ventilator)
- 12.5. \_\_\_\_\_ Triglyceride levels after 48 hours on Propofol
- 12.6. \_\_\_\_\_ Portable AP CXR on admission
- 12.7. \_\_\_\_\_ Portable AP CXR Q AM

**13. Prophylaxis**

- 13.1. \_\_\_\_\_ Protonix 40 mg IV Q day
- 13.2. \_\_\_\_\_ Lovenox 30 mg SQ BID OR \_\_\_\_\_ Heparin 5000 U SQ TID starting \_\_\_\_\_
- 13.3. \_\_\_\_\_ Pneumatic compression boots

**14. Ventilator Settings**

- 14.1. Mode: \_\_\_\_\_ SIMV \_\_\_\_\_ CMV \_\_\_\_\_ AC \_\_\_\_\_ CPAP
- 14.2. FiO<sub>2</sub>: \_\_\_\_\_ %
- 14.3. Rate: \_\_\_\_\_
- 14.4. Tidal Volume: \_\_\_\_\_ cc
- 14.5. PEEP: \_\_\_\_\_
- 14.6. Pressure Support: \_\_\_\_\_
- 14.7. Insp Pressure: \_\_\_\_\_
- 14.8. I/E Ratio: \_\_\_\_\_
- 14.9. \_\_\_\_\_ APRV: Phi \_\_\_\_\_ Plow \_\_\_\_\_ Thi \_\_\_\_\_ Tlow \_\_\_\_\_ FiO<sub>2</sub>: \_\_\_\_\_ %
- 14.10. \_\_\_\_\_ Maintain patient in soft restraints while on ventilator
- 14.11. \_\_\_\_\_ Wean FiO<sub>2</sub> to keep SpO<sub>2</sub> > 92% or PaO<sub>2</sub> > 70 mmHg
- 14.12. \_\_\_\_\_ nebulizer/MDIs: \_\_\_\_\_ Albuterol \_\_\_\_\_ Atrovent \_\_\_\_\_ Xopenex Unit Dose Q 4 hrs

**15. Analgesia/Sedation/PRN Medications**

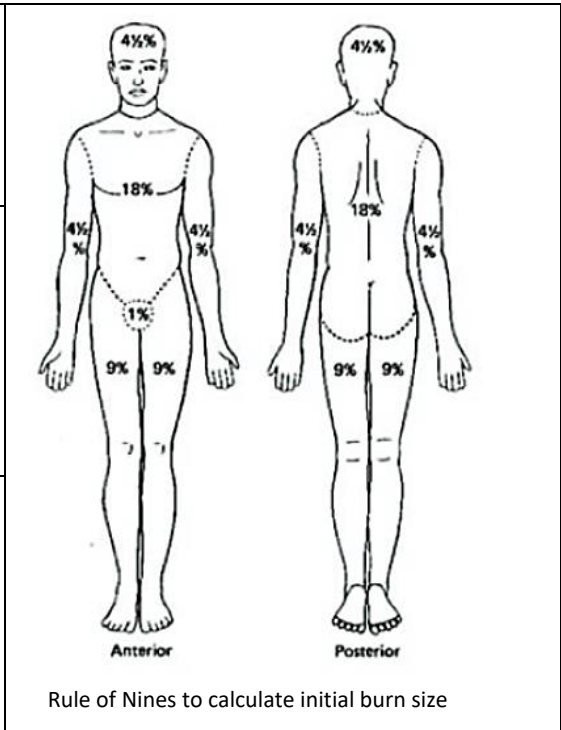
- 15.1. Analgesia/sedation goal is Richmond Agitation Sedation Scale (RASS), scale below, of 0 (alert and calm) to -3 (moderate sedation). Hold continuous infusion for RASS of -4 (deep sedation) or higher.
- 15.2. \_\_\_\_\_ Propofol gtt at \_\_\_\_\_ mcg/kg/min, titrate up to 50 mcg/kg/min.
- 15.3. \_\_\_\_\_ Fentanyl gtt at \_\_\_\_\_ mcg/hr titrate up to 250 mcg/hr; for analgesia may give 25-100 mcg IVP Q 15 minutes for acute pain or burn wound care.
- 15.4. \_\_\_\_\_ Morphine gtt at \_\_\_\_\_ mg/hr, titrate up to 10 mg/hr, for analgesia may give 2-10 mg IVP Q 15 minutes for pain or burn wound care.
- 15.5. \_\_\_\_\_ Versed gtt at \_\_\_\_\_ mg/hr, titrate up to 10 mg/hr ; may give 2-5 mg IVP Q 15 minutes for acute agitation or burn wound care.
- 15.6. \_\_\_\_\_ Ativan gtt at \_\_\_\_\_ mg/hr, titrate up to 10 mg/hr; may give 1-4 mg IVP Q 2-4 hours for acute agitation.
- 15.7. Important: Hold continuous IV analgesia/sedation at 0600 hrs for a RASS of -4 or -5. If further analgesia/sedation is indicated, start medications at ½ of previous dose and titrate for target RASS.
- 15.8. \_\_\_\_\_ Morphine 1-5 mg IV Q 15 minutes prn pain
- 15.9. \_\_\_\_\_ Fentanyl 25-100 mcg IV Q 15 minutes prn pain
- 15.10. \_\_\_\_\_ Ativan 1-5 mg IV Q 2-4 hrs prn agitation
- 15.11. \_\_\_\_\_ Percocet 1-2 tablets po Q 4 hrs prn pain
- 15.12. \_\_\_\_\_ Tylenol \_\_\_\_\_ mg / Gm PO / NGT / PR Q \_\_\_\_\_ hrs PRN for fever or pain
- 15.13. \_\_\_\_\_ Morphine PCA; Program (circle one): 1 2 3 4

- 15.14. \_\_\_\_\_ Zofran 4-8 mg IVP Q 4 hrs PRN for nausea/vomiting
- 15.15. \_\_\_\_\_ Dulcolax 5 mg PO / PR Q day PRN for constipation

**16. Specific Burn Wound Care**

- 16.1. Cleanse and debride facial burn wounds with Sterile Water or (0.9% NaCl) Normal Saline Q 12 hrs, use a washcloth or 4x4s to remove drainage/eschar
- 16.2. Cleanse and debride trunk and extremities with chlorhexidine gluconate 4% solution (Hibiclens) and Sterile Water or Normal Saline, before prescribed dressing changes
- 16.3. Change fasciotomy dressings and outer gauze dressings daily and as needed; moisten with sterile water Q 6 hours and as needed to keep damp, not soaking wet.

<p>Face &amp; Ears</p> <p>_____ Bacitracin ointment BID &amp; PRN</p> <p>_____ Sulfamylon cream to ears BID &amp; PRN</p> <p>_____ 5% Sulfamylon solution dressing changes Q AM &amp; moisten every 6 hrs</p> <p>_____ Bacitracin ophthalmic ointment: apply OU Q 6 hrs</p>
<p>BUEs &amp; Hands, BLEs, Chest, Abdomen &amp; Perineum</p> <p>_____ Silvadene cream Q AM &amp; PRN (<i>deep partial &amp; full thickness</i>)</p> <p>_____ Sulfamylon cream Q PM &amp; PRN (<i>deep partial &amp; full thickness</i>)</p> <p>_____ 5% Sulfamylon solution – change Q AM &amp; moisten Q 6 hrs (<i>superficial burns</i>)</p> <p>_____ Silver nylon dressing and moisten with sterile water approximately every 6 hrs PRN; dressings may be left in place for 72 hrs)</p>
<p>Back</p> <p>_____ Silvadene cream Q AM &amp; PRN (<i>deep partial &amp; full thickness burns</i>)</p> <p>_____ Sulfamylon cream Q PM &amp; PRN (<i>deep partial &amp; full thickness burns</i>)</p> <p>_____ 5% Sulfamylon solution dressings changed Q AM and moisten Q 6 hrs</p> <p>_____ Silver nylon dressing and moisten with sterile water approximately every 6 hrs PRN; dressings may be left in place for 72 hrs)</p>



**17. Other Orders**

- 17.1. \_\_\_\_\_
- 17.2. \_\_\_\_\_

**18. Notify Physician if:** SBP < \_\_\_\_\_, MAP < \_\_\_\_\_, HR < \_\_\_\_\_ or > \_\_\_\_\_, SaO<sub>2</sub> < \_\_\_\_\_%, T > \_\_\_\_\_, UOP < 30 mL/hour for 2 consecutive hours

Score	Classification	RASS
4	Combative	Overly combative or violent; immediate danger to staff
3	Very agitated	Pulls on or removes tube(s) or catheter(s) or has aggressive behavior toward staff
2	Agitated	Frequent non-purposeful movement or patient – ventilator dyssynchrony
1	Restless	Anxious or apprehensive but movements not aggressive or vigorous
0	Alert and calm	
-1	Drowsy	Not fully alert, but has sustained (more than 10 secs) awakening, with eye contact, to voice.
-2	Light sedation	Briefly (less than 10 secs) awakens with eye contact to voice
-3	Moderate sedation	Any movement (but no eye contact) to voice
-4	Deep sedation	No response to voice, but any movement to physical stimulation
-5	Unarousable	No response to voice or physical stimulation