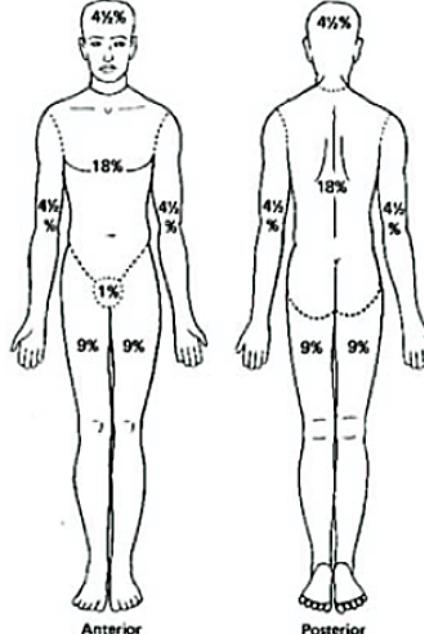


Physician's Order Set

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: _____

Face & Ears ____ Bacitracin ointment BID & PRN ____ Sulfamylon cream to ears BID & PRN ____ Bacitracin ophth ointment: apply OU Q 6 hrs	 <p>Rule of Nines to calculate initial burn</p>
BUEs & Hands, BLEs, Chest, Abdomen & Perineum ____ Silvadine cream Q AM & PRN (deep partial & full thickness) ____ Sulfamylon cream Q PM & PRN (deep partial & full thickness) ____ Silver nylon dressing and moisten with sterile water approximately every 6 hrs PRN; dressings may be left in place for 72 hrs)	
Back ____ Silvadine cream Q AM & PRN (deep partial & full thickness burns) ____ Sulfamylon cream Q PM & PRN (deep partial & full thickness burns) ____ Silver nylon dressing and moisten with sterile water approximately every 6 hrs PRN; dressings may be left in place for 72 hrs)	

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 H₂O suction (circle: R L Both) or _____ Water seal: (circle: R L Both)

Physician's Order Set

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. _____ Lacrilube 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. _____ Fingerstick 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 patient still hypotensive (SBP < 90 mm Hg), begin vasopressin gtt at 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

Physician's Order Set

14. Ventilator Settings

14.1. Mode: _____ SIMV _____ CMV _____ AC _____ CPAP
14.2. FiO₂: _____ %
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 _____ FiO₂: _____ %
14.10. _____ Maintain patient in soft restraints while on ventilator
14.11. _____ Wean FiO₂ to keep SpO₂ > 90-96% or PaO₂ 60-100 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.

17. Other Orders

17.1. _____
17.2. _____

18. Notify Physician if: SBP < _____, MAP < _____, HR < _____ or > _____, SaO₂ < _____ %, T > _____, UOP < 30 mL/hour for 2 consecutive hours

Physician's Order Set

Richmond Agitation Sedation Scale (RASS)

Score	Term	Description
+4	Combative	Overtly 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 nonpurposeful movement or patient–ventilator dyssynchrony
+1	Restless	Anxious or apprehensive but movements not aggressive or vigorous
0	Alert and calm	Spontaneously pays attention to caregiver
-1	Drowsy	Not fully alert, but has sustained (more than 10 seconds) awakening, with eye contact, to voice
-2	Light sedation	Briefly (less than 10 seconds) 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