

12 Hour Assessment

Date and Time: _____ @ _____

To be completed 12 hours post burn. Please note that this is a guideline only, not a substitute for clinical judgement.

Calculate total fluid given in the first **12** hours (since time of burn):

Equals [A] _____ ml

Multiply [A] X 2
For projected fluid administration
In 24 hours:

Equals [B] _____ ml

Calculate projected fluid Administration for 6ml/kg/TBSA:

Equals [C] _____ ml

If [B] is larger than [C]:

- Alert Trauma Team Lead/ICU Physician
- Consider albumin
- Check bladder pressure q4h
- If urine output > 50ml/hr, decrease IV fluid administration rate by 20% (measure q1h)

If [B] is less than [C]: continue resuscitation according to Major Burn CPG.

Physician Name

Physician Signature