

Major Burn Clinical Practice Guidelines (Adult)

Addressograph

# Resuscitation Flow Sheet

<b>Date:</b> _____	Initial Treatment Facility: _____
Injury Date: _____ & Time: _____	Initial Treatment Time: _____

Burn Estimations		Estimated Fluid Volume Patient Should Receive		
Weight (kg): _____	% TBSA: _____	1 <sup>st</sup> 8hrs: _____	2 <sup>nd</sup> 16hrs: _____	Est. Total 24hrs: _____

Tx Site/Team	After Burn	Local Time	Crystalloid	Colloid	TOTAL	Urine Output	Lactate	MAP	Initial
	1 <sup>st</sup> hr								
	2 <sup>nd</sup> hr								
	3 <sup>rd</sup> hr								
	4 <sup>th</sup> hr								
	5 <sup>th</sup> hr								
	6 <sup>th</sup> hr								
	7 <sup>th</sup> hr								
	8 <sup>th</sup> hr								
	9 <sup>th</sup> hr								
	10 <sup>th</sup> hr								
	11 <sup>th</sup> hr								
	12 <sup>th</sup> hr								

			<b>Total Fluid:</b>	<b>Total Urine:</b>	<b>Total Urine:</b>				
	13 <sup>th</sup> hr								
	14 <sup>th</sup> hr								
	15 <sup>th</sup> hr								
	16 <sup>th</sup> hr								
	17 <sup>th</sup> hr								
	18 <sup>th</sup> hr								
	19 <sup>th</sup> hr								
	20 <sup>th</sup> hr								
	21 <sup>st</sup> hr								
	22 <sup>nd</sup> hr								
	23 <sup>rd</sup> hr								
	24 <sup>th</sup> hr								
			<b>Total Fluid:</b>	<b>Total Urine:</b>	<b>Fluid Balance:</b>				