CMC
PCC

COMBAT MEDIC/CORPSMAN

PROLONGED CASUALTY CARE

MODULE 12:

BURN MANAGEMENT

FLUID RESUSCITATION PLAN WORKSHEET

Committee on Tactical Combat Casualty Care (CoTCCC)

01 JUNE 2024

PCC BURN FLUID RESUSCITATION PLAN WORKSHEET

01 Initiate AFTER completion of trauma assessment and interventions (FULL **MARCH** sequence).

Contact **AD**vanced **VI**rtual **S**upport for **O**pe**R**ational Forces (**ADVISOR**) line OR higher medical authority for teleconsultation as soon as practical. Use Virtual Critical Care Consultation (VC3) reference sheet if available

02 Estimated Pre-burn Weight (wt.): _____kg (Average Service Members are 82 ± 15 kg)

03 Estimate Total Burn Surface Area (TBSA) using Rule of Nines (refine with Lund-Browder after wounds are cleansed)
Partial thickness (2nd)_____% + Full thickness (3rd)_____% = TBSA_____%
- IF TBSA >40%: consider cricothyroidotomy (use 6.0 Fr tube if possible)
- IF TBSA <15%: formal resuscitation may not be required, provide maintenance and/or oral fluids

04 Standard Burn Resuscitation Fluid: Lactated Ringers (LR) IV/IO, or Normal Saline IV/IO.
Coached oral fluids with oral rehydration solution may be used as an alternative if IV/IO fluids are not available.
("Coached" is actively telling a casualty how much to drink over time and monitoring their intake).
Rectal administration of fluids with oral rehydration solution may also be an alternative.

05 Calculate INITIAL Fluid Rate using Rule of 10 (adults):
- IF wt < 40kg: 2mL x % TBSA x wt. (kg) ÷ 16 = mL/hr.
- IF wt. ≥ 40kg: %TBSA_____ x 10 = _____mL/hr.
- IF wt. > 80kg: add 100mL/hr. to initial rate for every 10 kg>80: adjusted initial fluid rate = _____mL/hr.
- (Example: 100kg patient with 50% TBSA burn = 50% x 10 = 500 mL + 200 mL = 700 mL for first hour)

06 Titrate Resuscitation Fluid: maintain target UOP 30-50mL/hr. (Q 1 hour)
- Goals: UOP >30mL/hr., but <50mL/hr.; adequate tissue perfusion (capillary refill <3 seconds, normal mental status); SBP > 100
- Minimum fluid rate should be maintained at 125mL/hr., which is the goal MAINTENANCE rate.
- **NOTE:** Avoid fluid boluses (don't "catch up" on missed fluid if the IV fluid administration is delayed. Start at the calculated rate per hour).
- **WARNING:** Too much fluid can be as dangerous as too little fluid.

****Reference: Burn Care CPG, published 11 May 2016, Revised 1 Sep 2023**