APPENDIX A: PHYSICIAN'S ORDER

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_2O 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. _____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 CVP > 10 cm H_2O 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_2: _____%

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_2: _____%

14.10. _____Maintain patient in soft restraints while on ventilator

14.11. _____Wean FiO_2 to keep SpO_2 > 92% or PaO_2 > 70 mmHg

14.12. _____nebulizer/MDIs: _____Albuterol _____Atrovent _____Xopenex Unit Dose Q 4 hrs

15. Analgesia/Sedation/PRN Medications

15.1. Anagesia/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.

Face & Ears

_____Bacitracin ointment BID &PRN

_____Sulfamylon cream to ears BID & PRN

_____5% Sulfamylon solution dressing changes Q AM and moisten every 6 hrs

_____Bacitracin ophth ointment: apply OU Q 6 hrs

BUEs & Hands, BLEs, Chest, Abdomen & Perineum

_____Silvadine cream Q AM & PRN (*deep partial & full thickness*)

_____Sulfamylon cream Q PM & PRN (*deep partial & full thickness*)

_____5% Sulfamylon solution – change Q AM & moisten Q 6 hrs (*superficial burns)*

_____Silver nylon dressing and moisten with sterile water approximately every 6 hrs PRN; dressings may be left in place for 72 hrs)

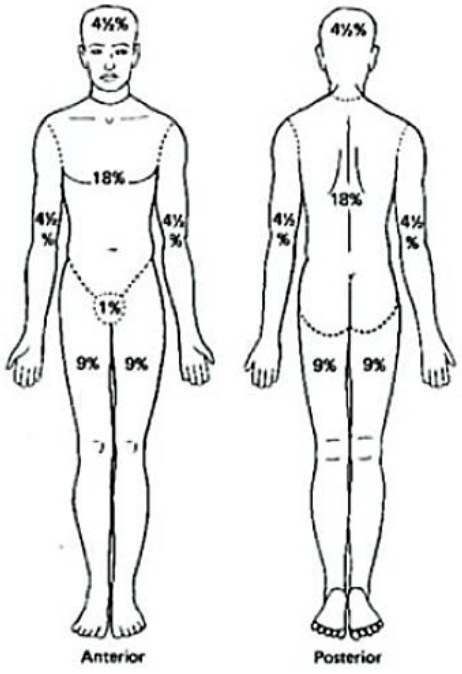
Back

_____Silvadine cream Q AM & PRN (*deep partial & full thickness burns*)

_____Sulfamylon cream Q PM & PRN (*deep partial & full thickness burns*)

_____5% Sulfamylon solution dressings changed Q AM and moisten Q 6 hrs

_____ Silver nylon dressing and moisten with sterile water approximately every 6 hrs PRN; dressings may be left in place for 72 hrs)



Rule of Nines to calculate initial burn size

17. Other Orders

17.1. _____

17.2. _____

18. Notify Physician if: SBP < _____, MAP < _____, HR <_____ or > _____, SaO_2 < _____%, T > _____, UOP < 30 mL/hour for 2 consecutive hours

RICHMOND AGITATION SEDATION SCALE (RASS)

SCORE	CLASSIFICATION	RASS
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	
-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