

LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH YYYY-MM-DD	SEX

## Division of Paediatric Emergency Medicine Burn Order Set

Children with acute burn injuries

WEIGHT (kg)	ALLERGIES <input type="checkbox"/> NKDA
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PROVIDER SIGNATURE & TIME	ORDERS	NOTED BY RN SIGNATURE & TIME
	<p><b>INITIAL ASSESSMENT AND COMMUNICATION</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> full vital signs    <input type="checkbox"/> cardiopulmonary monitors for HR, RR, O<sub>2</sub> sat monitoring</li> <li><input checked="" type="checkbox"/> assess and document pain score: _____</li> <li><input checked="" type="checkbox"/> ensure appropriate temporary dressings using sterile Vaseline Gauze</li> <li><input checked="" type="checkbox"/> capture photos prior to application of dressings and send to burn.cases@sickkids.ca</li> <li><input checked="" type="checkbox"/> cover with warm dry blankets to keep patient warm</li> <li><input checked="" type="checkbox"/> advise NPO status</li> <li><input checked="" type="checkbox"/> if Plastics service involved in transfer, then notify them now of patient's arrival</li> </ul>	
	<p><b>PAIN</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> acetaminophen _____ mg PO now (15 mg/kg/dose, max 75 mg/kg/day or 4 g/day)</li> <li><input type="checkbox"/> ibuprofen _____ mg PO now (10 mg/kg/dose, max 400 mg/dose)</li> <li><input type="checkbox"/> morphine _____ mg PO now (0.3 - 0.5 mg/kg/dose, max 15 mg/dose)</li> </ul> <p><b>PAIN – MODERATE TO SEVERE</b></p> <p>Consider:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> fentaNYL _____ mcg intranasal x 1 now for immediate relief (1.5 mcg/kg/dose) (max 50 mcg (1 mL) per nostril for children, or 25 mcg (0.5 mL) per nostril for infants)</li> </ul> <p><b>AND select <u>one</u>: ideal body weight recommended for opioid dosing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> morphine _____ mg IV x 1 dose now (0.1 mg/kg/dose, max 5 mg/dose, may repeat every 2 hours as needed)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> HYDROmorphine _____ mg IV x 1 dose now (0.02 mg/kg/dose, max 1 mg/dose, may repeat every 2 hours as needed)</li> </ul>	
	<p><b>PAIN – inadequate relief after <u>IV</u> bolus opiates, or BSA &gt;20%</b></p> <ul style="list-style-type: none"> <li>▪ select <u>one</u> and use online infusion calculator; ideal body weight recommended for dosing</li> <li><input type="checkbox"/> morphine infusion _____ mcg/kg/hr IV (recommended rate 20 – 40 mcg/kg/hr)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> HYDROmorphine infusion _____ mcg/kg/hr IV (recommended rate 4 – 6 mcg/kg/hr)</li> </ul>	
	<p><b>BLOODWORK</b> (for moderate to severe burns – BSA &gt;15%)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CBC, diff, Na, K, Cr, glucose</li> <li><input type="checkbox"/> VBG    <input type="checkbox"/> lactate</li> <li><input type="checkbox"/> trauma panel (if trauma activation)</li> <li><input type="checkbox"/> Other:</li> </ul>	

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	<p><b>FLUIDS</b></p> <p><b>Parkland formula:</b></p> <p><input type="checkbox"/> 4 mL x _____ kg x _____ %BSA = _____ mL of Lactated Ringer's IV over 24 hr  give ½ = _____ mL IV over first 8 hours  give ½ = _____ mL IV over next 16 hours</p> <p><b>Maintenance:</b></p> <p><input type="checkbox"/> add IV D5NS run at _____ mL/hour (4-2-1 rule), for infants &lt; 12 months old</p> <p><input type="checkbox"/> add KCl 20 mmol/L to IV maintenance</p> <p><input type="checkbox"/> indwelling Foley catheter, monitor urine output</p> <p><input type="checkbox"/> NG tube insertion during sedation for debridement if burn BSA ≥ 15%</p>	
	<p><b>PROCEDURAL SEDATION OPTIONS FOR DEBRIDEMENT</b> (duration &lt; 20 min)</p> <p><b>Intranasal</b></p> <p><input type="checkbox"/> midazolam _____ mg intranasal x 1 dose (0.2 – 0.5 mg/kg) (max 5 mg (1 mL) per nostril)</p> <p><input type="checkbox"/> fentaNYL – 1<sup>st</sup> dose _____ mcg intranasal (1.5 mcg/kg/dose) (max 50 mcg (1 mL) per nostril for children, or 25 mcg (0.5 mL) per nostril for infants)</p> <p><input type="checkbox"/> fentaNYL – 2<sup>nd</sup> dose _____ mcg intranasal (1.5 mcg/kg/dose, max as above)</p> <p><b>Intravenous</b></p> <p><input type="checkbox"/> ketAMINE – 1<sup>st</sup> dose _____ mg IV (1 – 1.5 mg/kg/dose, max 100 mg/dose)</p> <p><input type="checkbox"/> ketAMINE – 2<sup>nd</sup> dose _____ mg IV (0.5 mg/kg/dose, max 100 mg/dose)</p> <p><input type="checkbox"/> ketAMINE – 3<sup>rd</sup> dose _____ mg IV (0.5 mg/kg/dose, max 100 mg/dose)</p> <p><input type="checkbox"/> ketAMINE – 4<sup>th</sup> dose _____ mg IV (0.5 mg/kg/dose, max 100 mg/dose)</p> <p><input type="checkbox"/> midazolam – 1<sup>st</sup> dose _____ mg IV (0.05 – 0.1 mg/kg/dose)</p> <p><input type="checkbox"/> midazolam – 2<sup>nd</sup> dose _____ mg IV (0.05 mg/kg/dose)</p>	
	<p><b>DISCHARGE PLANNING</b></p> <p><input type="checkbox"/> Plastic Surgery service, if involved, to arrange follow-up in clinic</p> <p><input type="checkbox"/> review discharge wound care / dressing changes with family (keep dry, do not remove)</p> <p><input type="checkbox"/> review discharge pain medication plan with family</p> <p><input type="checkbox"/> provide prescription for opioid medication (morphine) as indicated</p>	
	<p><b>ADDITIONAL ORDERS</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	