

Burn Injuries in the ICU: A Critical Care Nursing Perspective Resources

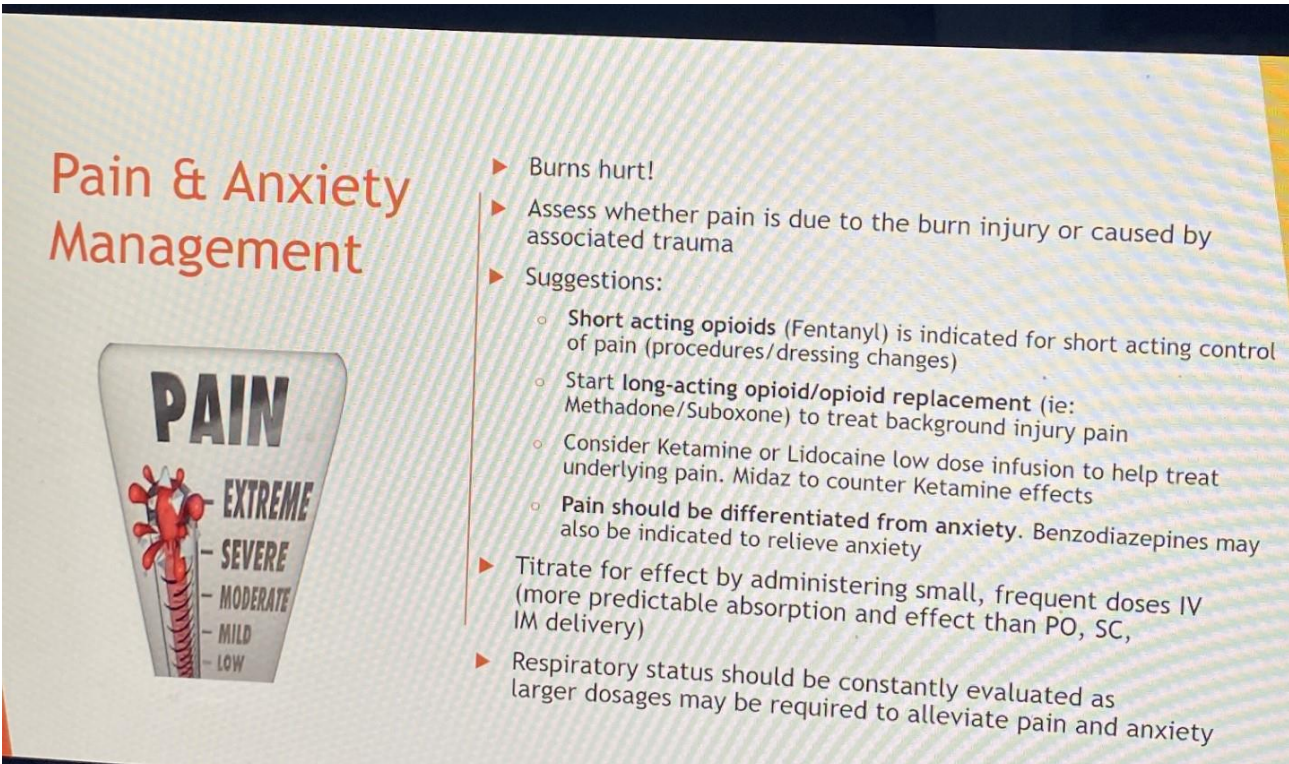
American Burn Association: <https://ameriburn.org/resources/>

American Burn Association: Advanced Burn Life Support® (ABLS):
<https://ameriburn.org/education/advanced-burn-life-support-abls/>

Rule of Nines: Alberta MyHealth:
<https://myhealth.alberta.ca/Health/pages/conditions.aspx?hwid=hw262650#:~:text=The%20size%20of%20a%20burn,of%20the%20body's%20surface%20area.>

Lund-Browder Chart

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6895471/>



Pain & Anxiety Management

PAIN

- EXTREME
- SEVERE
- MODERATE
- MILD
- LOW

- ▶ Burns hurt!
- ▶ Assess whether pain is due to the burn injury or caused by associated trauma
- ▶ Suggestions:
 - Short acting opioids (Fentanyl) is indicated for short acting control of pain (procedures/dressing changes)
 - Start long-acting opioid/opioid replacement (ie: Methadone/Suboxone) to treat background injury pain
 - Consider Ketamine or Lidocaine low dose infusion to help treat underlying pain. Midaz to counter Ketamine effects
 - Pain should be differentiated from anxiety. Benzodiazepines may also be indicated to relieve anxiety
- ▶ Titrate for effect by administering small, frequent doses IV (more predictable absorption and effect than PO, SC, IM delivery)
- ▶ Respiratory status should be constantly evaluated as larger dosages may be required to alleviate pain and anxiety

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