OPERATIONAL GUIDELINES: Nutrition for Adult Burn Patients

OBJECTIVE:
Provide guidelines describing the appropriate treatment for Adult patients with burns.

GUIDELINES:

Planning:
The nutrition plan must be compatible with other treatment requirements in the recovery period, from admission to scar maturation. The time to treatment in collaboration with nutrition is a significant factor in the determination of the patient’s overall healing and outcome.

Procedure:
1. Patients that are mechanically ventilated will need an NJ/OG for nutrition.
2. Patients who are not mechanically ventilated, greater than 30%TBSA, and unable to consume the required amount of nutrition necessary for healing may require the placement of an NJ tube.
3. All burn patients are to receive a nutrition consult within 24 hours of admission.
4. Dietitians follow the ASPEN guidelines to calculate the patient’s dietary requirements.
5. Patients eating by mouth will have calorie counts completed for all food and beverages consumed. All intake is documented in EPIC under the I/O’s.
6. Nursing personnel are responsible for observing and recording the food item, portion size and the intake of the food for all meals and snacks consumed.
7. Orders for calorie counts must be entered into the hospital information system. All patients with a TBSA <3 will require calorie counts ordered and monitored daily.
8. Dietitian will calculate the calorie and/or nutrient intake and put in the recommendations for the patient’s diet. The physician then updates or places the orders.
9. Calorie count will start as soon as the patient arrives.
10. Water should be avoided as it provides empty calories to the patient.
11. Patients will have a prealbumin on admission and then every Monday and Thursday thereafter.

Pre-operatively
Patients receiving enteral feeding prior to surgery will receive volume based feedings until NPO. Physician can notify the dietician the day prior of pending OR case and approximate length of time in order for the volume base to be determined. This can be completed be the physician or dietician. The volume base can be put in as a free text order. This will ensure patients are continually receiving the appropriate nutritional intake.

Post-operatively
Upon return to the unit from surgery, tube feeds can resume at the patient’s initial rate prior to the volume based feed.