Upstate Medical University

Clark Burn Center

Protocol: Adult Burn Nutrition Protocol

Objective: Provide guidelines describing the appropriate treatment for adult patients with burns.

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.

Upon Admission:
- All burn patients will be seen by nutrition within 24 hours of admission.
- Post-pyloric feeding is recommended in patients that fail nasogastric feeding due to gastric stasis or persistent vomiting. Of note, a soft silastic tube should be placed in awake patients, not a regular NGT. The following patients should receive a feeding tube:
  - All intubated patients
  - Patient’s with >30% TBSA burns
- Patient’s with inhalation or upper airway injury and/or any burns to face/oropharynx:
  - PO intake will be assessed after 24 hours to determine whether a feeding tube will be placed.
- Confirm placement of feeding tube and start tube feeds ASAP:
  - Start feeds of Pivot 1.5 at 10 ml/hr, advancing 10-20 ml/hr Q4-8 hours toward goal rate provided by the dietitian.

Nutrition Assessment:
• RD will follow ASPEN (American Society for Parenteral and Enteral Nutrition) recommendations when assessing the burn patient.
  o Calorie and protein needs will be assessed using a variety of validated formulas, depending on the degree of burns: such formulas include Curreri, XIE, Toronto Formula, and Ireton-Jones.
  o Indirect Calorimetry should be performed on all burn patients with >40% TBSA burns.

Nutrition Supplementation:
The dietitian will assess the need for additional protein/calorie supplementation.

Diet Orders:
All patients, including those receiving enteral nutrition, will be ordered a high calorie, high protein diet unless NPO or contraindicated.

Dietary Intake:
All patients on a diet will be started on calorie counts.
• Nursing personnel is responsible for documenting all PO intake in the flowsheet under I&O’s: documentation should include the type of food consumed, as well as percentage of that food consumed. Nutrition supplements consumed should be documented accordingly in the flowsheet I&O’s under Diet Supplements.
• Calorie count orders are active for 3 days; the dietitian will calculate calorie and protein intake after 3 full days of PO documentation, unless otherwise indicated. The dietitian will put in their recommendations. The physician will then place/co-sign the orders.
• The dietitian will follow the patient throughout the entire hospital admission.

Pre-Operatively: Volume-based Feeding:
Patients receiving enteral feeding prior to surgery will receive volume-based feedings until NPO. The dietitian will be notified the day before the OR procedure is scheduled, and advised on the approximate length of time tube feeds will be held that day in order for the volume base to be determined. This can be completed by the physician or dietitian. The volume base can be put in as a free text order. This will ensure patients are continually receiving their goal volume per day.

Post-Operatively:
Upon return to the unit from surgery, restart diet order or tube feedings as soon as possible. For large burns this with extensive OR cases, TFs should be restarted when the pH is >7.25. Tube feeding should be restarted at previously tolerated rate.

Dressing Changes:
Tube feedings should only be held for non-intubated patients who are going to receive conscious sedation for their dressing change.