

# Burns Checklist for Anaesthetists

## A

- Use **UNCUT ETT**
- Document distance **AT TEETH**
- Expect difficulty in head and neck burn – have plan A, videolaryngoscope, smaller sized tubes and front of neck access available.
- Have a plan for accidental displacement of ETT
- Sux is safe to use only in the 1<sup>st</sup> 24 hours. Other NMBs OK at anytime.
- Ensure tube tie adjusted regularly to allow for face swelling without tube dislodgement

## B

- Use lung-protective ventilation
- Check if carbon monoxide level high in acute burn
- Cyanide might be a cause of persistent lactic acidosis

## C

- Large bore IV access – in unburnt skin if possible (often femoral)
- Ensure blood products available
- Fluid warmer
- Catheter with urometer, input/output monitoring (aim 0.5ml/kg/hr)
- Consider tranexamic acid if bleeding
- Large fluid shifts and 3<sup>rd</sup> space losses are common. Consider albumin
- Parkland is a **GUIDE**, may need more fluid, vasopressors won't work well if vessels are hypovolaemic (is there hidden blood loss?)

## D

- Analgesia – painful ++
- Consider inserting feeding tube or saving CVC port for TPN.

## E

- Warm theatre
- Under body warming and bair huggers where able.
- Temperature monitoring (patients will reset baseline temp to ~38.5° c)
- Ask about antibiotics
- Ensure secondary survey complete and burn BSA accurate

## Post- op plan and people

- Location
- Analgesia
- Antibiotics
- Fluids
- Thromboprophylaxis
- Communication is crucial
- Ask ICU team for help if needed