Burns Guide for Anaesthetists

A

- Use UNCUT ETT
- Document distance AT TEETH
- Expect difficulty in head and neck burn – have plan A, videolayngoscope, 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 1st 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 3rd space losses are common. Consider albumin
- Muir and Barclay formula 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

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