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**746 Nurse Driven Fluid Resuscitation in the Burn Center**

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**Introduction:** The prior practice of the burn center was to resuscitate burn injuries over 20% total body surface area (TBSA) using a provider led modified Brooke fluid resuscitation formula. In that model of fluid resuscitation, the burn center provider ordered an initial fluid rate and adjusted hourly, where appropriate based on nurse recorded outputs. In Q4 2020 a nurse-driven fluid resuscitation was implemented in the adult Burn Intensive Care Unit (BICU). The primary purpose of the survey research is to evaluate the effect of the nurse-driven fluid resuscitation on nurse and physician communication.

**Methods:** Survey research was initiated in Q3 2020 with a pre-practice change survey for BICU staff. The 3-part survey included 10 questions. The post survey will be repeated in August and remain open through October or until 70% of participants have completed the survey, whichever comes first.

**Results:** Paired t-tests will be used compare survey research results pre and post-protocol implementation. In the pre-implementation survey there was a response rate of 44% (11/25). The average years of experience in the burn center was 11.64 years (median 7, SD 10.66). All survey questions were asked based on a 5-point Likert scale with anchors of 1 “strongly disagree” and 5 “strongly agree.” Question 1 the average score was 3.67. Question 2 the average score was 3.5. Question 3 the average score was 3.58. Question 4 the average score was 3.33. Question 5 the average score was 3.5. Content analysis was used to explore responses to open-ended questions. Three themes were identified: training, lack of communication, and over-resuscitation.

**Conclusions:** The pre-implementation survey revealed highest scores on nurses and physicians having a good map of each other’s skills and lowest on providers and nurses discussing ways to prevent errors. Content analysis also revealed common concerns about miscommunication and lack of resuscitation training leading to over resuscitation. Upon completion of the post-implementation survey, we anticipate reporting changes in low scoring questions. We look forward to reporting these results as part of this abstract.

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**747 Standardization of Upper Extremity Elevation**

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**Introduction:** Elevation of burn-injured extremities is crucial to preserve function, prevent contracture and scar formation. Limited data leading to various techniques utilized across burn centers has resulted in no local, national, or international standard of practice. The absence of standardized documentation of these interventions prevents data tracking and outcome analysis.

**Methods:** A literature review was conducted to assess the various methods of upper extremity elevation in burn patients. A request was sent to ABA verified burn centers to collect feedback on elevation practices. The interdisciplinary team was consulted for their professional expertise and opinion. The unit practice council reviewed all data to establish a standard of practice for upper extremity elevation. A procedure was written explaining the purpose, proper implementation, and potential complications. Documentation in the electronic medical record (EMR) was updated to reflect the practice change. Education will be disseminated to bedside staff. Return demonstration will be required, completed with a trained validator to ensure staff competency. Data will be collected and analyzed through EMR audits.

**Results:** Information gathered via literature review proves there is inconsistent practice of upper extremity elevation post-burn injury. ABA verified burn center survey results support the current literature findings, and the importance elevation plays in preserving function and quality of life in burn survivors.

**Conclusions:** Upper extremities are frequently impacted by burn injury, potentially resulting in significant disability. A common physical complication of burn injury is contracture of major joints, leading to further surgical intervention and/or permanent disability. Standardizing the practice of upper extremity elevation has the potential to preserve joint function and range-of-motion. A procedure has been written and published hospital-wide. Staff compliance and documentation audits will assist in evaluating the efficacy of the upper extremity elevation. Barriers to optimal outcomes include staff compliance, documentation inconsistencies, and limited sample size.