## A Guide to Prescribing Resuscitation Fluids in Major Burns

The goal of fluid resuscitation in the major burns patient is **management of burns shock**, through the optimal replacement of fluid losses to **maximise wound and body perfusion** whilst **minimsing wound and body oedema** and their associated adverse effects.



**From this starting rate**, **ongoing** changes in resuscitation IV fluid rate are not determined by the Modified Parkland Formula, but by the burn patient's **urine output** and **fluid status**, which is re-evaluated after 1-2 hours during the first 24 hours post severe burn injury.

Use these targets for **optimal** urine output to guide/adjust resuscitation fluid rates:

```
Paediatric patient target= 1 ml/kg/hr
Adult patient target = 0.5-1 ml/kg/hr (or 30-50 ml/hr)
```

If urine output is **below** target, **increase** rate by 10-20% and **monitor** fluid status response. If urine output is **above** target, **decrease** rate by 10-20% and **monitor** fluid status response.