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Admission Criteria for the Blocker Burn Unit (BBU)

Audience

This document is intended for all healthcare providers caring for patients with burns.

Policy

The Medical Director or on-call designee, in collaboration with the charge nurse, is accountable for overseeing the admission process to the Blocker Burn Unit (BBU).

Patients being evaluated in the tub room shall have a BBU bed placed on temporary hold until a final admission decision is made.

All BBU unit patients shall have an Admission Burn order set initiated.

Pediatric patients under 15 years of age or less than 50 kg's shall be referred to the Shriner's Burn Hospital or will be considered for admission to the UTMB Pediatric Intensive Care Unit (PICU).

Admission to the BBU is determined after an outpatient evaluation in the BBU tub room.

1. Pediatric patients under 15 years of age or less than 50 kg's shall only be brought to the tub room for evaluation when nurses with pediatric competencies are available to assist the BBU nurse.
2. Age specific resuscitation equipment shall be brought to the tub room during the procedure.

After a tub room evaluation, an acuity appropriate patient may be admitted to our designated overflow unit when all BBU beds are occupied.

Admission directly to the tub room for off service patients shall be approved by the BBU Medical Director or designee.

A Memorandum of Transfer (MOT) shall accompany all patients transferred from another hospital to the BBU.

The MOT shall be reviewed and signed by the admitting nurse and physician upon admission to the BBU and then placed in the patients' chart.

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Only the BBU physicians shall write orders on BBU patients.

Consultants shall communicate their recommendations utilizing progress notes and/or consult forms, however after reviewing the recommendations, the BBU physician will determines the course of action.

Patients admitted to the BBU shall be designated one of three acuity levels for the purposes of staffing based on physical, social, mental and spiritual needs.

The BBU is an acuity adaptable unit where staffing decisions are made based on the understanding that patients' needs fluctuate dramatically over short period's time.

The primary physician or designee shall determine the patient's acuity level on admission and adjust the level as needed. Patients may move from one level to another in either direction during their stay in the BBU or the floor.

An accommodation code will be assigned based on documentation in the medical record meeting the Interqual Criteria.

The Utilization Review nurse shall enter the accommodation code assignment in the EMR census report on admission and when the accommodation code changes.

The charge nurse shall determine the patient's acuity level daily for purposes of staffing based on documentation in the medical record and guided by the nurse manager or designee's recommendation.

The acuity levels are as follows:

1. LEVEL I - Extra Care

“LEVEL I” - Extra Care patients require 1:1 nursing care and shall be admitted to the BBU.

(Defined as a burn patient with a burn greater than 40% of total body surface area [TBSA] that has one to two abnormal findings requiring intense observation and complex interventions such as periodic adjustments to mechanical ventilation, fluid resuscitation in the first 24-48 hours, continuous hemodynamic monitoring to titrate vasoactive drips, hemodynamic monitoring to manage unstable pulmonary/fluid status, complex/extensive

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dressing changes at least every 4 hours and/or continuous renal replacement therapy requiring hourly titration..)

2. LEVEL M – Intensive Care

“Level M” - Intensive Care patients require 2:1 nursing care and shall be admitted to the BBU.

(Defined as a Burn patient who has a stabilized abnormal findings requiring observation and interventions such as mechanical ventilation, vasoactive drips not requiring titration, hemodynamic monitoring, complex dressing changes every 6 to 8 hours, time intensive psychosocial needs. Any off-service ICU patient.)

3. LEVEL N – Private

“LEVEL N” – Private patients require standard nursing care and may be admitted to a medical surgical floor.

(Defined as a burn patient who does not have an abnormal assessment requiring intensive observation or complex interventions.)

Admission Guidelines

The BBU admission criteria is in accordance with the American Burn Association's National Guidelines.

The criteria includes, but is not limited to the following:

1. Patients with an electrical, chemical, inhalation or flame injury.
2. Patients with circumferential burns of an extremity or chest.
3. Patients with second and third degree burns.
4. Burn injury in patients with pre-existing medical disorders which could complicate management, prolong recovery, or affect mortality.
5. Burn injury in patients with concomitant trauma in which the burn injury poses the greatest risk of morbidity or mortality.
6. Non-burn patients that would benefit from the BBU's specialized care, may be admitted with the Medical Director /designee approval. For example: a patient requiring frequent tub room care.

Procedure

Responsibility	Action
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Medical Director or Designee	1. Direct transfer and admission of a burn patient to the unit is made by telephone contact with the referring physician, through the transfer center. 2. Notify the charge nurse, resident and medical students covering the BBU of the impending admission and include patient's name and age, percentage, and cause of burns, estimated time of arrival and special equipment required.
In House Resident	3. Notify patient placement center. 4. Notify the Emergency Department. 5. Initiate the BBU Admission order set which includes notification and orders for Physical Therapy, Occupational Therapy, and Dietician.
Charge Nurse	6. Notify Nurse Manager. 7. Prioritize staffing assignments for new admissions. 8. Notify appropriate ancillary services: Operating Room, Psychiatry, Respiratory Therapy, Radiology, and Anesthesiology.
Registered Nurse	Responsible for nursing care during the admission, for the initial admission nursing assessment and for initiation of the Nursing Care Plan.

References

1. Herndon, D. (2018). *Total burn care, 5th edition*. Elsevier.
2. Wiegand, D. (2017). *AACN procedure manual for high acuity, progressive and critical care, 7th edition*. Elsevier.