Admission Criteria for the Blocker Burn Unit (BBU)

Audience

This document is intended for all healthcare providers.

Policy

The Medical Director or on-call designee, in collaboration with the charge nurse, is accountable for admissions to the BBU.

The Memorandum of Transfer that will accompany any patient transferred from another hospital will be completed by the admitting nurse and physician and forwarded to the Nursing Director of Critical Care.

The 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 younger than 13 years will be referred to the Shriner's Burn Hospital or admitted to the Pediatric Intensive Care Unit (PICU). Pediatric patients can be brought to the tub room only if there is staff available with pediatric competencies to assist the BBU nurse. The charge nurse will ensure there is age-specific resuscitation equipment available in the tub room during procedures. Admission for off service patients will be approved by the BBU Medical Director or designee.

2. Patients with an electrical, chemical, inhalation or flame injury.

3. Patients with circumferential burns of an extremity or chest.

4. Second and third degree burns.

5. Burn injury in patients with pre-existing medical disorders which could complicate management, prolong recovery, or affect mortality.

6. Any burn patient with concomitant trauma in which the burn injury poses the greatest risk of morbidity or mortality.

7. Any patient that would benefit from the BBU's specialized care, but does not have burns may be admitted with the Medical Director /designee approval. An example is a patient that requires

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Policy, (cont'd)

frequent use of the tub room.

8. Only the primary team can write orders on burn service patients.

9. Consultants communicate their recommendations utilizing progress notes and/or consult forms. House staff acknowledge the consult in the progress notes. The Burn Team reviews the recommendations and determines the course of action.

Patients admitted to the Burn Service will be classified in three levels based on acuity and needs.

LEVEL "V" Extra Intensive
This would include any burn greater that 60% total body surface area (TBSA) who needs ICU care. ICU care is defined as needing either mechanical ventilation, continuous hemodynamic monitoring, vasoactive drips that are being titrated and hemodynamically unstable patients. These patients may require 2:1 nursing care.

LEVEL "I" Intensive
This would include any burn greater than 40% total body surface area (TBSA), who needs ICU care as described above. These patients may require 1:1 nursing care.

LEVEL "M" Intermediate
This would include patients admitted to the BBU who need ICU care as described above. This may also include off-service ICU patients.

LEVEL "N" Acute
This would include all patients admitted to the BBU who do not meet the ICU criteria.

Level "I" and "M" would be admitted to the Blocker Burn Unit. Level "N" patients can be admitted to the floors. The financial department has determined rates for theses levels based on current

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charges. The room rates include monitoring and nursing care. Supplies are charged separately. The physician will assess the patient's level daily and make any determination to change a patient's level. Level "I" patients would move to Level "M" or "N" status when they no longer need ICU care or they are on rehabilitation status. Patients may move from one level to another in either direction during their stay at Blocker Burn Unit and UTMB. The Health Unit Coordinator will check status daily and enter the appropriate classification in the computer system.

Procedure

Responsibility	Action
Medical Director or Designee	1. Direct transfer and admission of a burn patient to the unit must be made by telephone contact with the referring physician, through the transfer center. **Note:** If no beds are available, the options shall include: • Transfer a patient currently in the unit • Suggest an alternative plan 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	1. Notify transfer center. 2. Notify the Emergency Department.
Charge Nurse	3. Notify Nurse Manager, if warranted. 4. Prioritize staffing assignments for new

Admission Criteria for the BBU, Continued

Procedure, continued		
	Responsibility	**Action**
	Charge Nurse, continued	admission. 5. Notify appropriate ancillary services: OR, Psychiatry, respiratory therapy, radiology, anesthesiology. 6. Within 24 hours of admission, notify the following: Physical Therapy, Occupational Therapy, dietician, and Social Service.
	Registered Nurse	7. Responsible for nursing care during the admission, for the initial admission nursing assessment and for initiation of the Nursing Care Plan.