

# Arcos™

Burn Resuscitation  
&

Burn Navigator®

Educational Background

August 2023



# Clinical Goal of Burn Resuscitation

- Maintain adequate tissue perfusion at the least physiological cost of fluid<sup>1</sup>
  - Over-resuscitation complications
    - edema, increased risk of compartment syndromes, ARDS, mortality
  - Under-resuscitation complications
    - acute kidney injury, burn shock, organ failure, mortality

<sup>1</sup> Rizzo, J., et al. "The Battle of the Titans—Comparing Resuscitation Between Five Major Burn Centers Using the Burn Navigator." Journal of Burn Care & Research (2022) <https://doi.org/10.1093/jbcr/irac095>



# Clinical Goal of Burn Resuscitation

- Urine output is a good, but sometimes flawed, surrogate of tissue perfusion
  - If UO is high, reduce IV fluid rate
  - If UO is low, increase IV fluid rate
- UO may be flawed or skewed due to ESRD, renal insult, ethanol/alcohol abuse, meth/narcotic use, baseline diuretic, ...
- Consider Hb/Hct, lactate, base excess, HR, BP, PPV in addition to UO



# Burn Navigator's Primary Goals

## **1. Help implement a defined protocol**

- Calculations
- Starting rates and UO targets (electrical, non-electrical, adult, ped)
- Reminder chimes

## **2. Support communication between nursing staff and providers**

- Alerts for when to contact provider or change resuscitation stages
- Help everyone be on the same page (resuscitation graphs)



# Burn Navigator also

- **integrates with EMRs using HL7 messages**
- provides reports for M&M, QI and CSV spreadsheet files for research
- is used by leading burn centers across the U.S. and internationally



# Multi-Center Clinical Data

## Initial results of the American Burn Association Observational Multi-Center Evaluation on the Effectiveness of the Burn Navigator<sup>1</sup>

- Analyzed all patients (n=285) as well as two groups:
  - Followed Burn Navigator (FBN) if 83%+ of recommendations accepted
  - Or Not FBN (NFBN)
- FBN: average 4.07 mL/kg/TBSA and 151.48 mL/kg of primary fluids given in first 24 hours
- FBN: significant decrease in incidence of burn shock
- Early initiation of BN resulted in lower overall fluid volumes

<sup>1</sup> Rizzo JA, Liu NT, Coates EC et al. Initial results of the American Burn Association Observational Multi-Center Evaluation on the Effectiveness of the Burn Navigator. *J Burn Care Res.* 2022;43(3) p728-34. <https://doi.org/10.1093/jbcr/irab182>



# Protocol Limitation

- Currently, protocol options are urine-output based
- Consider if UO is not or is no longer a good surrogate for end organ tissue perfusion for this patient
- Consider Hb/Hct, lactate, base excess, HR, BP, PPV in addition to UO
- *We'd be glad to implement an advanced protocol with other variables. Please let us know details so we can add it.*



# Volume Graph

## 1. Ivy Index

Higher risk of ACS  
& mortality

## 2. Projection Line

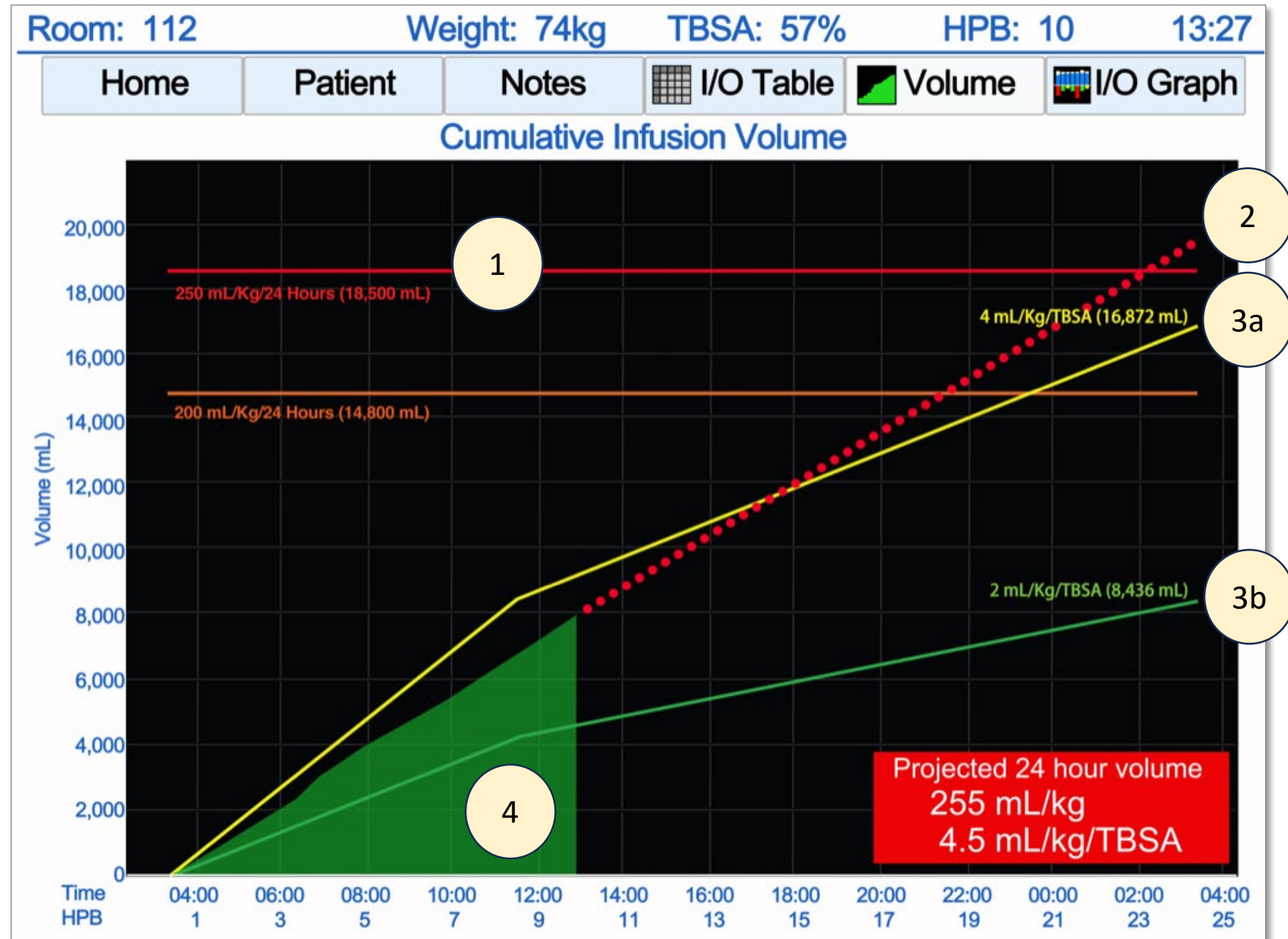
Where fluids will be at 24  
hours with current rate  
(see also bottom right box)

## 3. Guidelines

- a. Parkland (4mL/kg/TBSA)
- b. Modified Brooke

## 4. Cumulative Volume

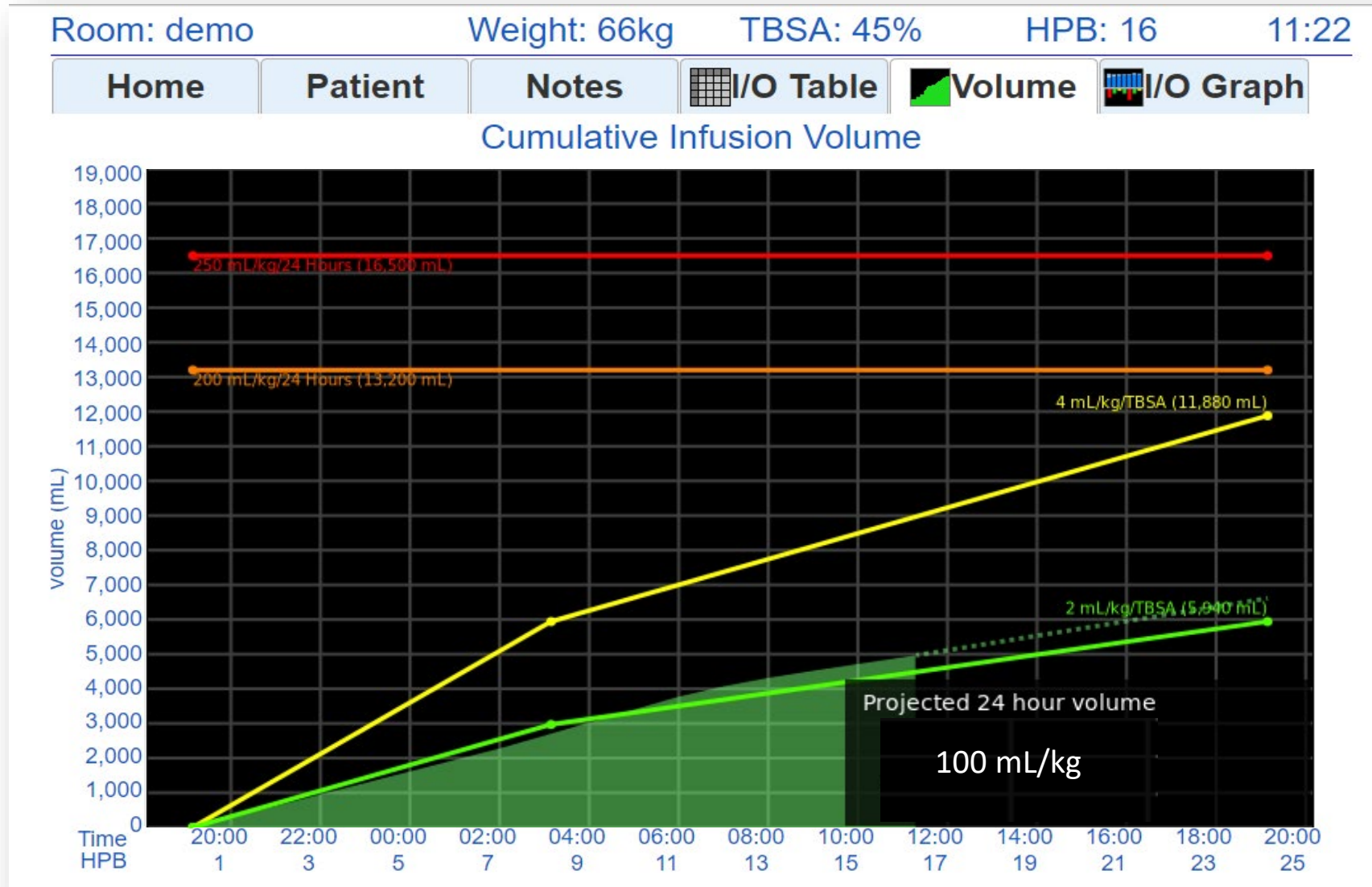
All resuscitation fluids  
given so far (green)





# Example

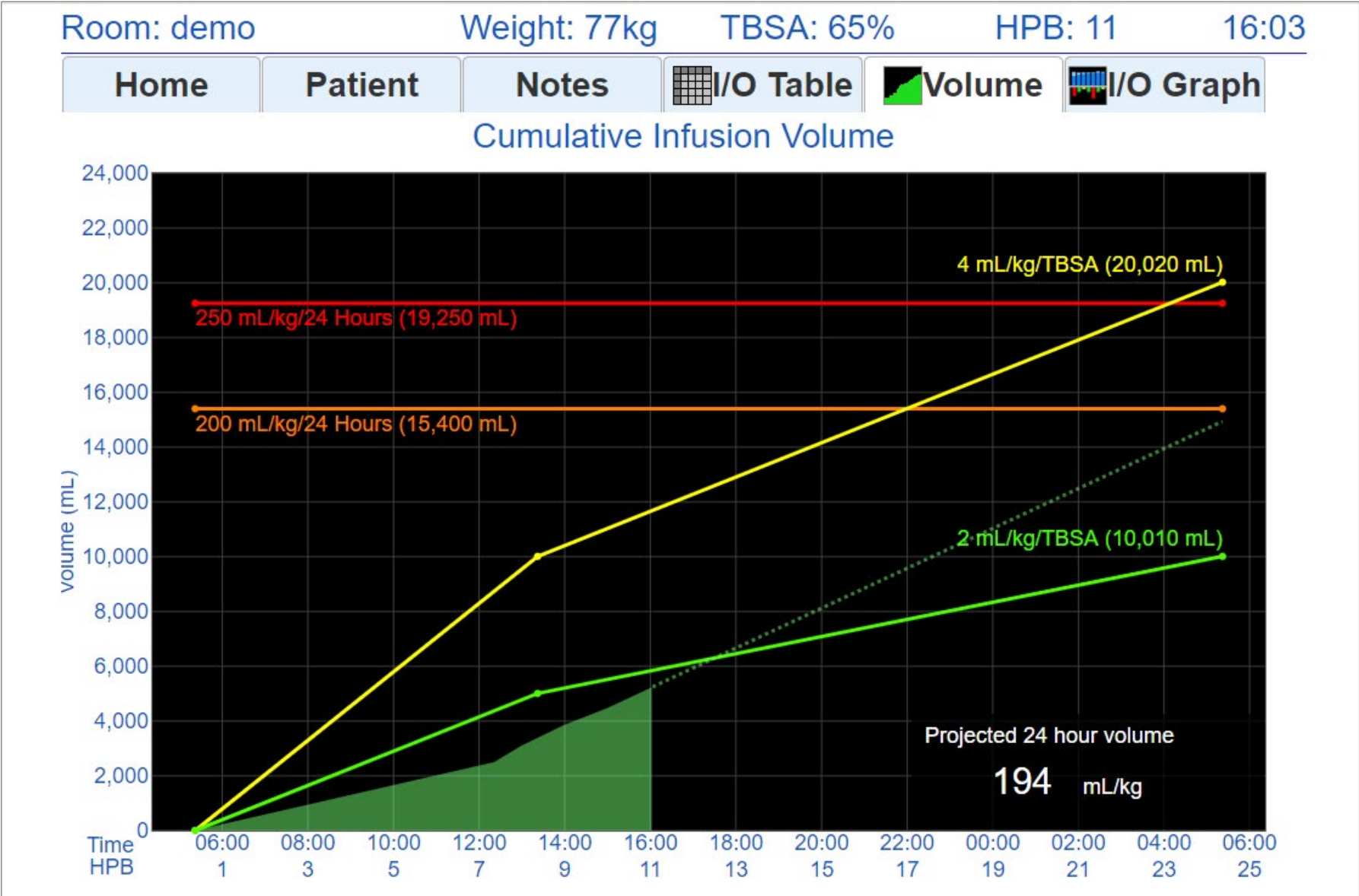
If UO/tissue perfusion is adequate, this volume of fluids is sufficient





# Example

Likely under-resuscitated pre-hospital  
Resuscitation more on track now

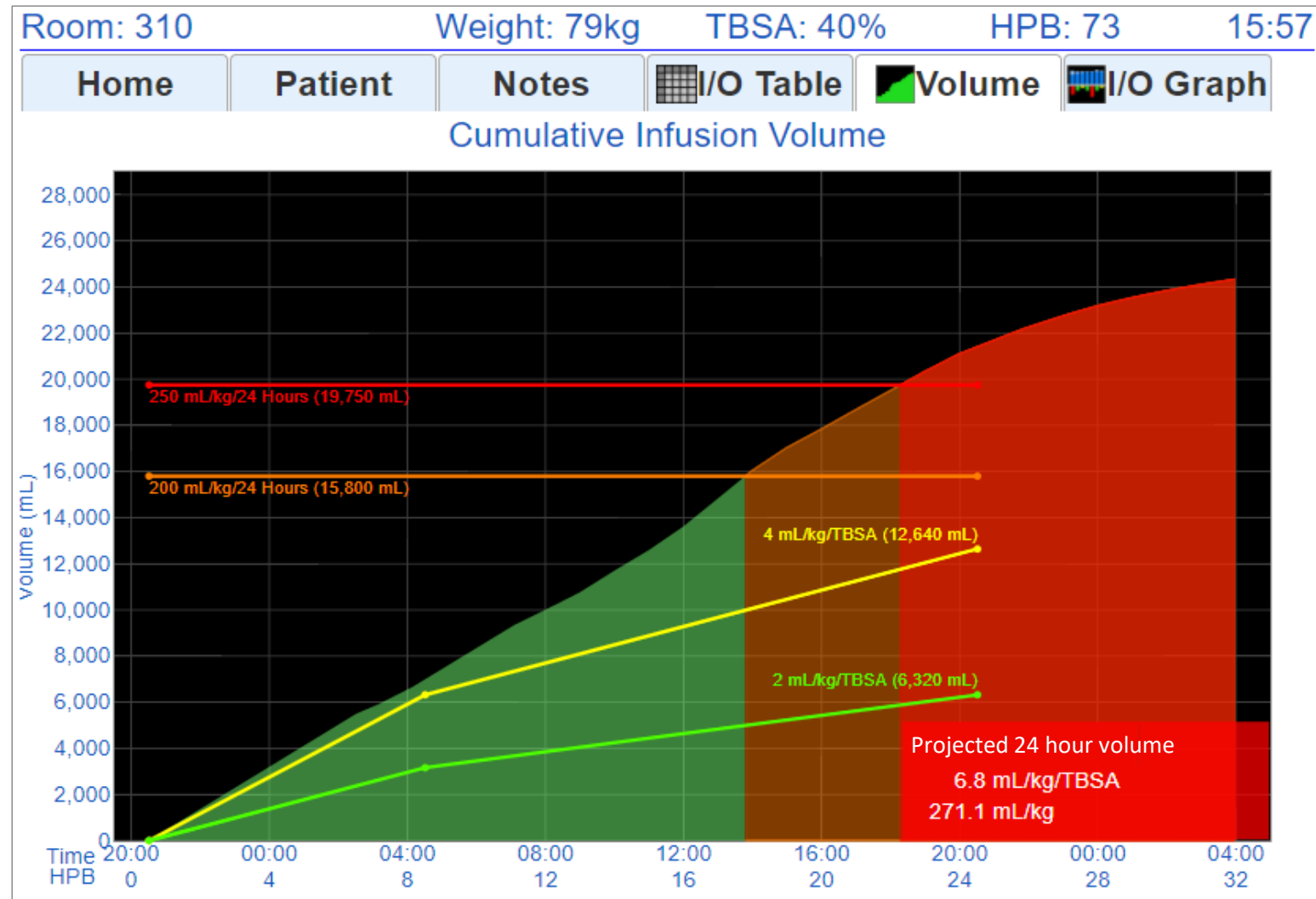




# Example

(Likely) Over-resuscitated

*UO did not respond to increasing IV fluid rates, IV fluid was not turned down soon enough*



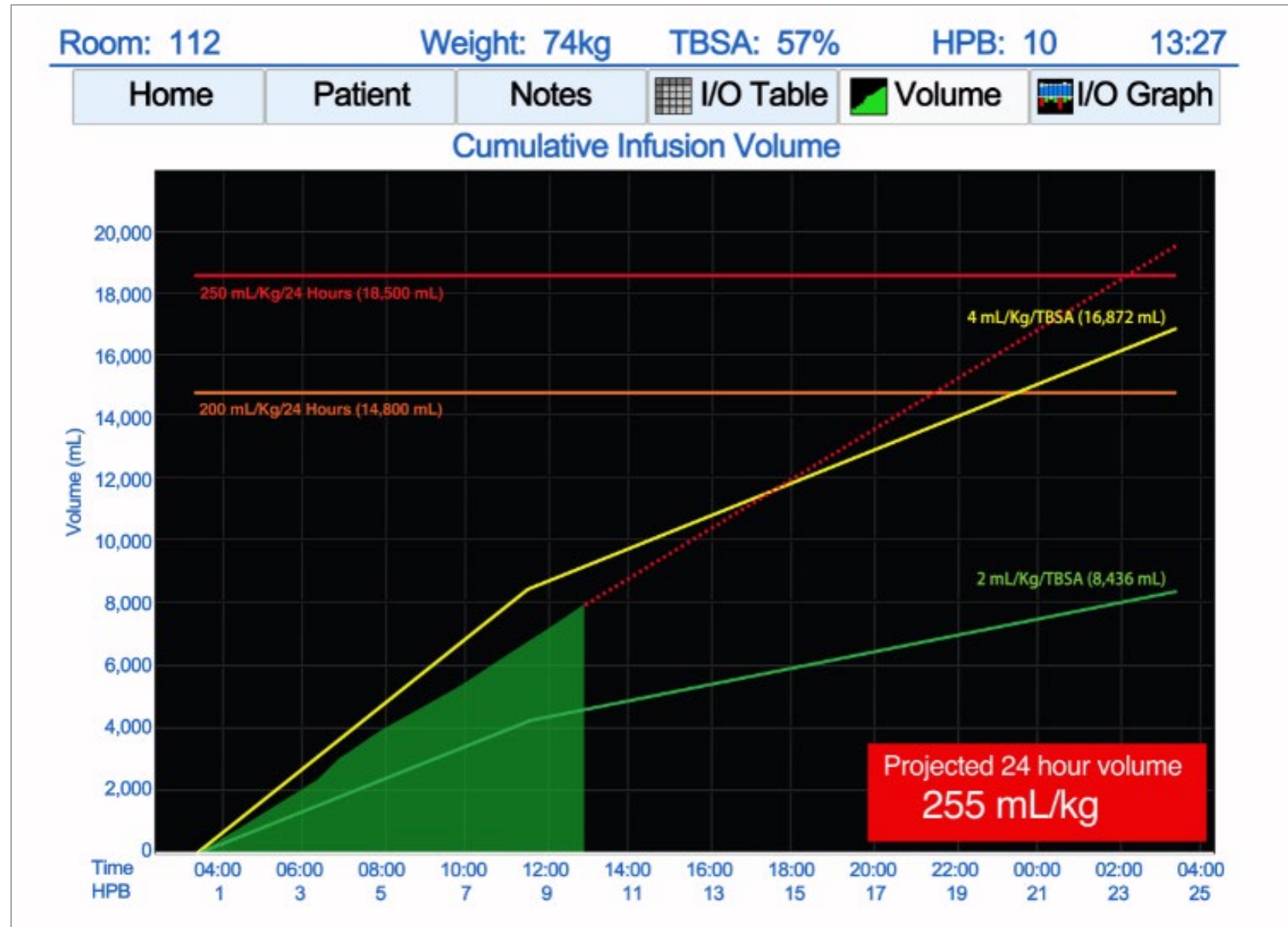


# Example

Resuscitation going well so far, but projection exceeds Ivy Index

Projection shows by HPB 10

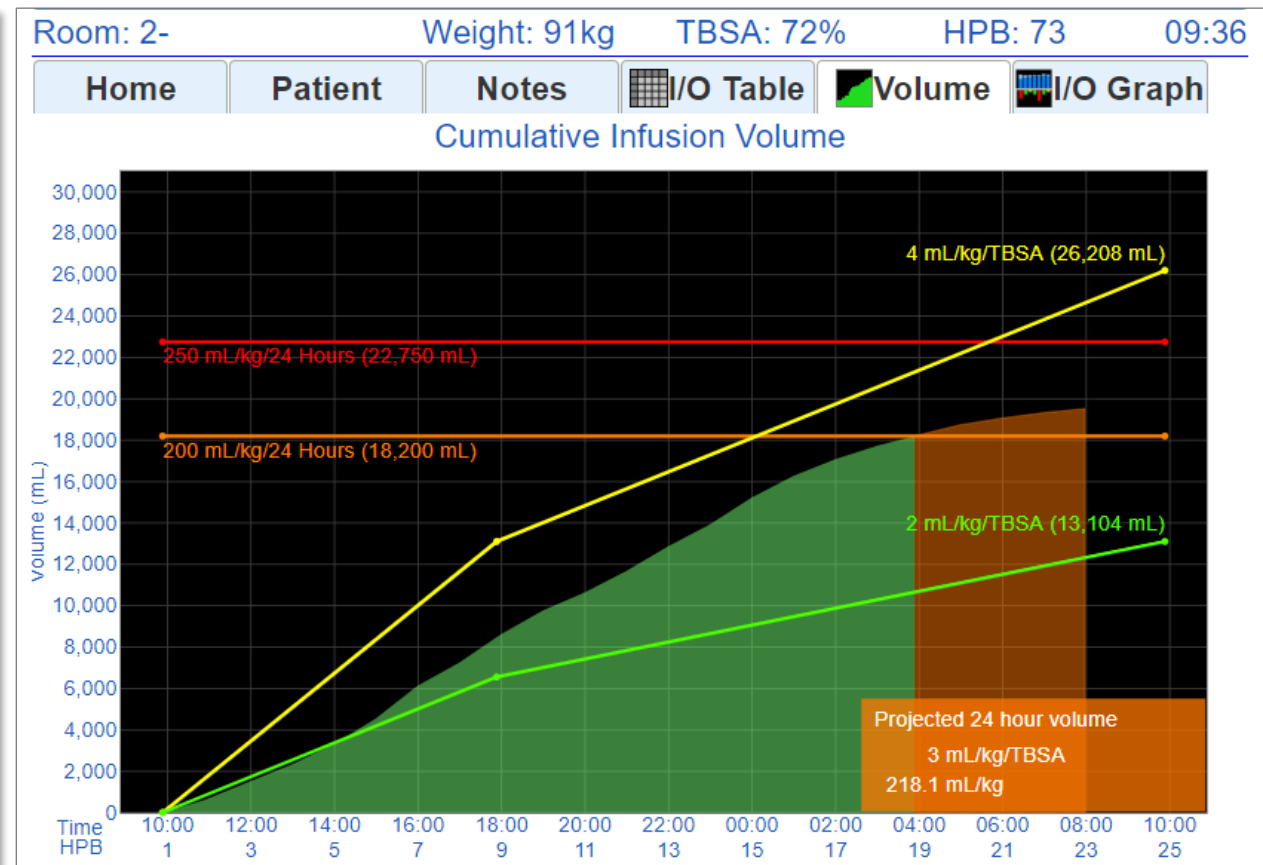
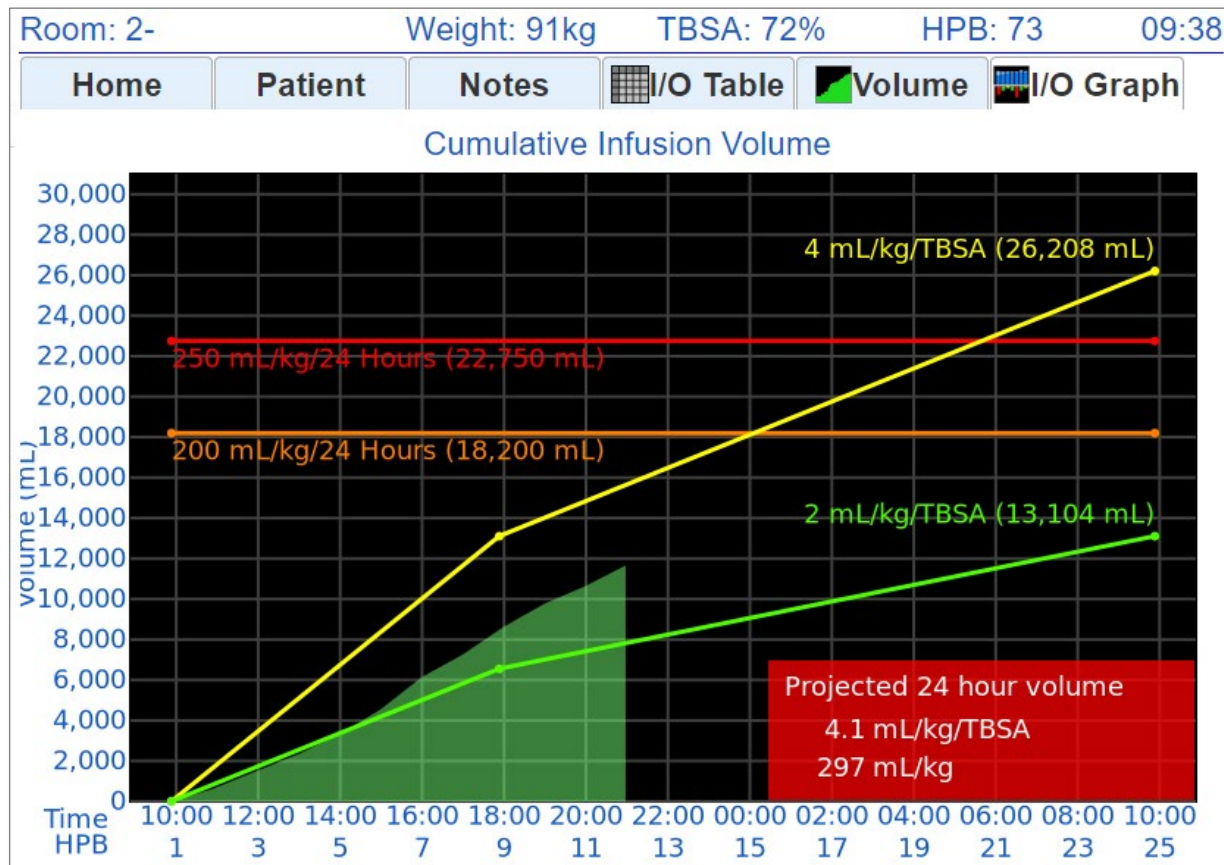
- Consult attending physician if projection exceeds Ivy Index (250mL/kg)





# Example

Timely interventions can result in good resuscitations, even for large (70%+ TBSA) burns





# I/O Graph

## 1. Primary Resuscitation

**Fluid(s)** *dark blue*

The fluid(s) titrate per protocol, e.g., LR or 2/3 LR + 1/3 plasma

## 2. Additional Fluids

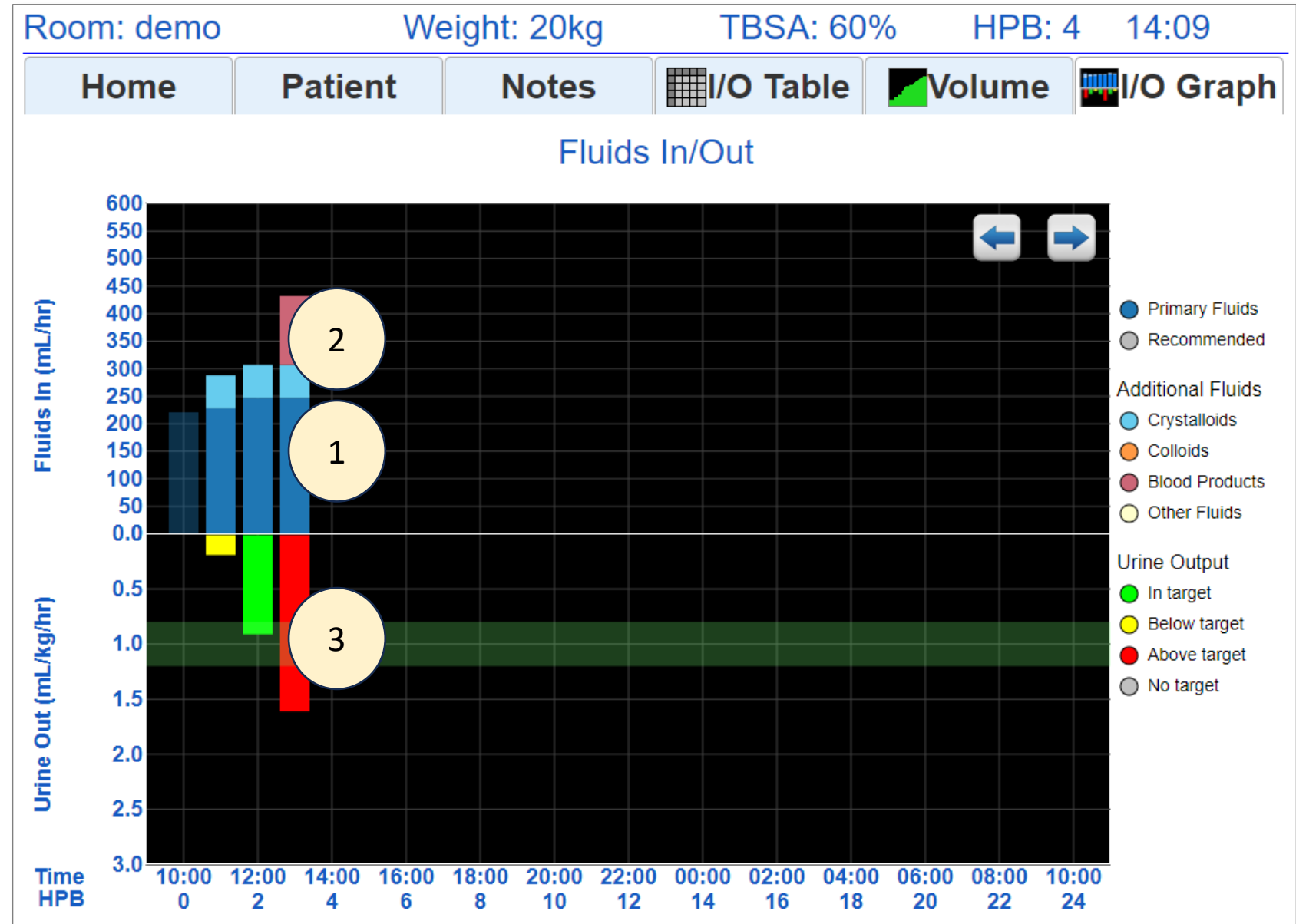
E.g., plasma, albumin, ...

## 3. Urine Output

Green: In Target

Yellow: Below Target

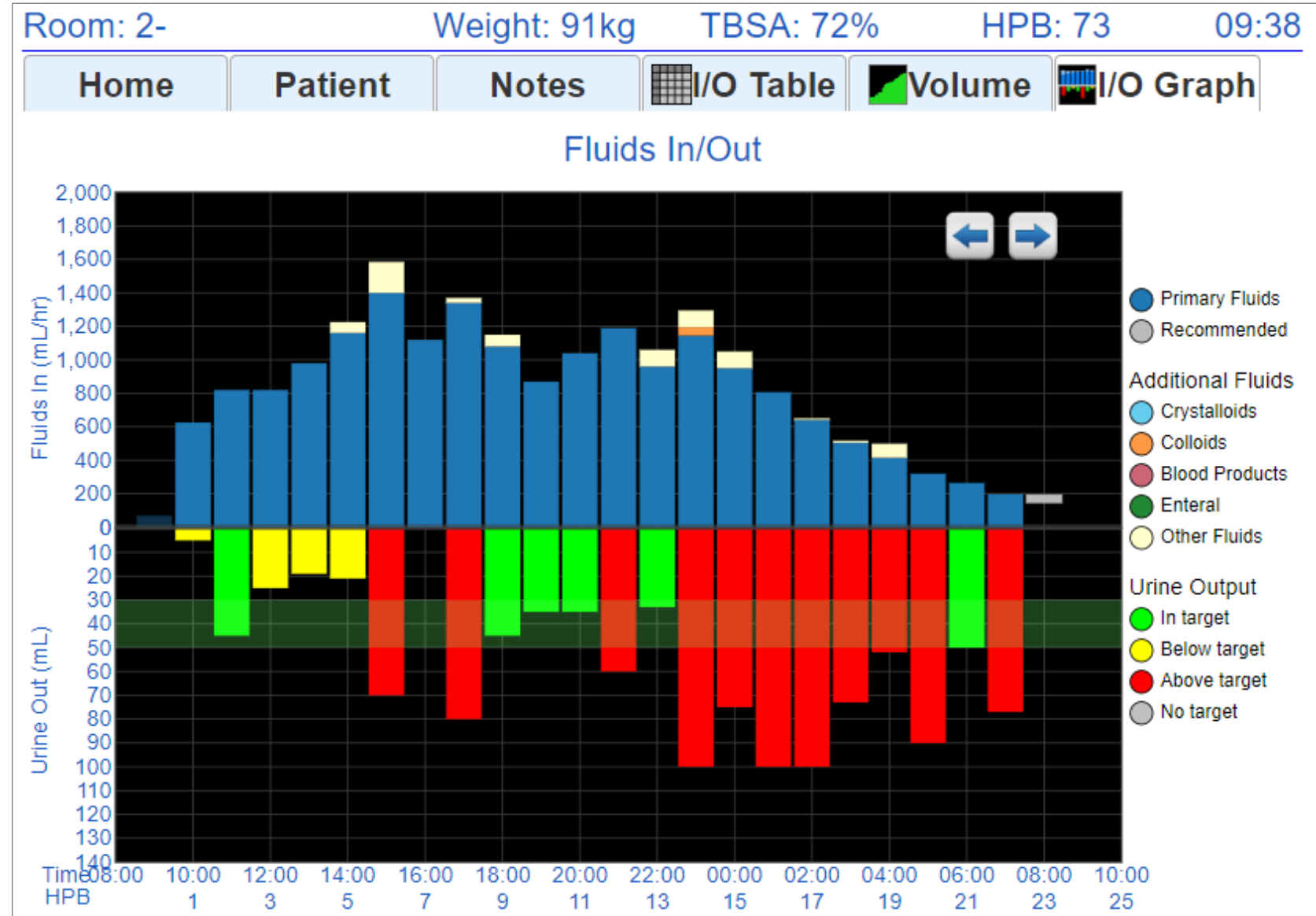
Red: Above Target





# Example

72% burn,  
a good resuscitation





## Safety Alerts (examples)

### **Alert!**

24 hour projection is 265 mL/kg. Review the Volume and I/O graphs. Consult with attending physician. Consider monitoring bladder pressure, albumin or other intervention.

**Alert! Consult with attending physician about an appropriate fluid rate during presence of hypotension, hyperglycemia, pressors or diuretics.**

### **Alert!**

Urinary output is not responding to fluid therapy. Check Foley catheter for obstruction and check bladder pressure. Patient may be a fluid “non-responder”. Contact attending physician.



# EMR Integration

- Burn Navigator can send all the data from the hourly fluid updates to the EMR
  - UO
  - Recommended rate
  - Actual volume
  - Additional fluids
  - Safety question answers
- Burn Nav can also be configured to receive data from EMR
  - Lab values (lactate, BE, Hb)
  - Vital signs

Room: Training      Weight: 80kg      TBSA: 70%      HPB: 11      20:59

[Home](#)   [Patient](#)   [Notes](#)   [I/O Table](#)   [Volume](#)   [I/O Graph](#)

☒ Actual Times(edit)   ☐ Hourly Averages

Actual Times	13:03	14:00	15:00	16:00	17:00	18:00	19:00	20:00	(21:00)
Urinary Output (mL)	150	250	50	60	65	45	40	25	
Urinary Output (mL/kg/hr)	0.5	3.3	0.6	0.8	0.8	0.6	0.5	0.3	
Recommended Rate (mL/hr)		1,050	900	770	880	750	750	850	880
Actual Primary Rate (mL/hr)	500	1,050	900	770	880	750	750	850	
Actual Primary Volume (mL)	2,000	998	900	770	880	750	750	850	
Lactated Ringer's (mL)	2,000	998	900	770	880	750	750	850	
Total Secondary Fluids (mL)			50					150	
Plasma-lyte (mL)			50						
25% Albumin (mL)								150	
Total Other Fluids (mL)				250	350	250	250	250	
IV Medications (mL)				250	250	250	250	250	
Tube Feeds (mL)					100				
Total Fluids In (mL)	2,000	998	950	1,020	1,230	1,000	1,000	1,250	
Total Cumulative Fluids (mL)	2,000	2,998	3,948	4,968	6,198	7,198	8,198	9,448	
Hypotensive		No	No		No				
Hyperglycemic		No	No		No				
On Pressors		No	No		No				
On Diuretics		No	No		No				

[Fluid Update](#)   [Stop Burn Navigator](#)   [Enter Notes](#)   [Enter Checklist](#)   [Main Menu](#)   [Next Update](#)



# Confounders

## Confounders

Does the patient have...

Electrical injury/myoglobinuria? ☐ Yes ☐ No ☒ Unknown

Inhalation Injury? ☐ Yes ☐ No ☒ Unknown

High blood alcohol/EtOH? ☐ Yes ☐ No ☒ Unknown

Hyperglycemia? ☐ Yes ☐ No ☒ Unknown

End stage renal disease? ☐ Yes ☐ No ☒ Unknown

Congestive heart failure? ☐ Yes ☐ No ☒ Unknown

Home use Lasix/diuretics? ☐ Yes ☐ No ☒ Unknown

Urinary catheter? ☐ Yes ☐ No

Back

Next

Talk with provider about the appropriate UO target if there are confounders

# Provider Chooses Protocol

Room: 11227

AIBW: 82kg

TBSA: %

HPB:

22:29

Select the patient protocol:

☐ **Adult predictive protocol**

Uses Salinas algorithm developed by USAISR ?

Targets 30 - 50 mL/hr

Up to 10% changes each hour.

Recommended for most adults without gross myoglobinuria.

☒ **Custom protocol**

Target:  to  mL,  urine output.

Limited to 10% changes each hour.

Recommended for pediatric patients.

☐ **Monitor only**

No hourly recommendations.

Provides resuscitation graphs and alerts.

1. **Adult predictive** dynamic adjustments developed by U.S. Army Burn Center
2. **Custom** allows you to choose target UO range, either in mL or mL/kg (for peds or electrical)
3. **Monitor Only** if UO is not a good resuscitation indicator, e.g., renal failure, diuretics



# Fluid Updates

## 1 Urine Output + Current Rate

Room: Training    Weight: 80kg    TBSA: 80%    HPB: 10    12:01

Fluid Update: Urine Data

Urine measurement time

From: 11:23    To: 12:00    37 mins

Urine output volume

3 mL    0.1 mL/kg/hr

☐ Urine output is not measured or unknown

Room: Training    Weight: 80kg    TBSA: 80%    HPB: 10    12:01

Fluids Given

From: 11:23    To: 12:00    37 mins

Primary fluid was:

Lactated Ringer's

Current infusion rate: 600 mL/hr    Total infused volume: 370 mL

## 2 Additional Fluids

Additional Fluids

Legend: ● Crystalloids ● Colloids ● Blood Products ● Other

Fluid	Volume	Repeat
X <span style="color: #FF9F00;">●</span> Albumin 5%	70 mL	<input checked="" type="checkbox"/>
X <span style="color: #C00000;">●</span> Plasma	250 mL	<input type="checkbox"/>

Select a fluid type...

Total Additional Fluids: 320 mL

## 3 Safety Questions (for decrease)

Safety Questions

Is patient hypotensive?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is patient hyperglycemic?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is patient on pressors?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is patient on diuretics?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

## 4 New rate!

New Rate

Previous infusion rate: 600 mL/hr

Fluid type: Lactated Ringer's

Recommended rate: 660 mL/hr    New rate: 660 mL/hr

↑ 10 %    ↑ 10 %



Practice at <https://us.burnnav.net/demo>

Arcos Hospital

Active Patients (0)

Active Training Patients (1)

Room No.	MRN	TBSA	Weight for resus	Protocol
311		35 %	85 kg	Adult predictive

**Start New Patient** **Training Mode**

Choose "Training Mode"

Room: Training Weight: 80kg TBSA: 80% HPB: 9 09:43

**Home** **Patient** **Notes** **I/O Table** **Volume** **I/O Graph**

Current primary fluid: Lactated Ringer's Next update due: 17 minutes

Current infusion rate: 600 mL/hr Projected 24 hour volume: 2.5 mL/kg/TBSA

☒ Adult predictive protocol 30 to 50 mL  
☐ Custom protocol 30 to 50 mL  
☐ Monitor only

**Hourly Update** **Stop Burn Navigator** **Enter Notes** **Enter Checklist** **Main Menu** **Next Update**

In "Training Mode" only: Press "Next Update" to fast-forward time



## Indications For Use (Detailed)

- The Burn Navigator is indicated for use in the care of adult patients with 20% or more Total Body Surface Area (TBSA) burned, or pediatric patients, 24 months old or older, weighing at least 10 kg with 15% or more TBSA burned, as a fluid resuscitation monitor and calculator for hourly fluid recommendations.
- The Burn Navigator is intended to be used for burn patients of all ages, weights and co-morbidities as a fluid resuscitation monitor.
- The Burn Navigator is intended to be initiated within 24 hours of the burn incident and to be used no longer than 72 hours post burn.

## Keep in Mind!

Recommendations are only recommendations!

Understand the whole clinical picture, communicate with the attending physician, and do what's best for the patient

As a software tool, Burn Navigator is not intended to replace clinical decision judgement, rather it informs clinical decision making.

Users should always rely on their clinical judgment when making decision regarding patient care. The Burn Navigator recommendations are not a substitute for clinical judgment.



# Arcos<sup>™</sup> Burn Navigator<sup>®</sup>

**Please contact us with any  
questions or feedback!**

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