**Pediatric (<30kg) Difficult to Resuscitate Protocol**

Pediatric patients < 30kg & 20% TBSA (partial and full thickness only) with persistent oliguria (<1mg/kg/hr) or calculated 24 hour resuscitation >6ml x kg x %TBSA

- Contact Burn Attending/SBCC

Replace resuscitation fluid with 5% Albumin at current hourly resuscitation rate
- DO NOT titrate maintenance fluid rate

- Initiate SvO2 and CVP monitoring via central access

Monitor Bladder Pressure q4hr. If Bladder Pressure > 20 mmHg
- Contact Burn Attending/SBCC

If UOP <1cc/kg/hr and the patient is normotensive after 1 hour
- If CVP > 8mmHg
  - Add milrinone 0.25mcg/kg/min titrate to a Max of 0.75 mcg/kg/min for UOP 1-2cc/kg/hr
  - Do not increase 5% Albumin infusion

If UOP remains <1cc/kg/hr after 1 additional hr, begin Epinephrine 0.1-0.25 mcg/kg/min and notify Burn Attending/SBCC
- Consider: Albumin bolus 10-20ml/kg, Check Hct/Hgb

If UOP is <1cc/kg/hr and the patient is hypotensive after 1 hour, follow the hypotensive guidelines and notify Burn Attending/SBCC
- Increase 5% Albumin by 33%
  - DO NOT titrate maintenance fluid

If UOP is 1-2mg/kg/hr after 1 hour and patient is normotensive
- Continue Difficult to Resuscitate Protocol

If UOP is > 2cc/kg/hr after 1 hour decrease the Albumin infusion rate by 20%
- DO NOT titrate maintenance fluid

After 48 hours of Albumin infusion, IVF type and rate to be determined by Burn Attending/SBCC
- Increase 5% Albumin by 33%
- DO NOT titrate maintenance fluid

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- DO NOT titrate maintenance fluid

At 30 minute checks if UOP <1cc/kg/hr increase 5%
- Consider: Missed injury ECHO and/or CRRT Hypotension Protocol

If CVP remains <8 for 2 consecutive hours, contact the Burn Attending/SBCC, consider transfusion