**Nutrition Algorithm for Burns**

**Adult and Pediatric <20% TBSA Burn**
- Age appropriate diet
- 2 day calorie count
- Nutritional supplements
- Multivitamin with minerals

**Conscious sedation or twice daily wound care or inadequate calorie counts (<85%)**
- Place feeding tube postpyloric. Confirm with AXR. If pt needs postpyloric tube, GI radiology can place under fluoroscopy after 2 bedside attempts.

**Yes**
- No
  - Continue current regimen

**≥20% TBSA Burn**
- All patients receive feeding tube
- Indications for Postpyloric feeding tube:
  - Conscious sedation
  - Twice daily wound care
  - Frequent operative interventions
  - Intolerance of gastric feeding
- Place feeding tube postpyloric. Confirm with AXR. If pt needs postpyloric tube, GI radiology can place under fluoroscopy after 2 bedside attempts.

**If unable to get postpyloric feeding after 2 attempts, place feeding tube in stomach, confirm with AXR. Start gastric feeds, HOB >30 degree. Reassess for indications for postpyloric feeding.**

**If patient has NG, check residuals Q4 hours.**

- TF residuals >300cc/4hrs
  - Notify MD
  - Stop TF’s X 4hr, then
  - Restart TF’s at last rate tolerated,
    - *advance as tolerated
    - (no nausea/vomiting/residuals>300cc/4hr)
  - If residuals >300cc/4hr x2, consider postpyloric placement

- TF residuals <300cc/4hrs
  - Continue TF as ordered

**1-10 years old**
- Start via pump 1 cal/ml pediatric formula (Nutren junior) at 20 cc/hr.
- Increase by 10 cc/hr every 6 hours. Goal is 40 cc/hr.

**11-17 years old**
- Start via pump 1.5cal/ml formula (Osmolite 1.5) at 20 cc/hr.
- Increase by 10 cc/hr every 6 hours. Goal is 60 cc/hr.

**≥18 years old**
- Start via pump high protein formula (Promote) at 30cc/hr.
- Increase by 25cc/hr every 6 hours. Goal of 80cc/hr.