When admitting a new patient to the Burn Unit, please check the following:

- Cardiac monitor setup, including:
  - line for cuff
  - arterial line
  - O₂ sat monitor
  - CVP
  - Rectal temp
  - ECG
  - Admit patient on monitor at nursing desk
- NG suction or feeds setup
- KCl bed/driflow pads
- IV pump
- R/L with primary line
- Art-line setup
  - Bag of normal saline, art-line tubing
  - Pressure bag
  - Mounting bracket
  - Level
- Doppler
- Bladder scan or pressure
- Warm room
- IVF warmer with tubing setup
- Blanket warmer (The bed may also have a temperature setting.)
- Narcotics available in cupboard: Fentanyl/midazolam (Versed)
- Have flow sheet/bloodwork and ABG req’s ready
- Familiarize yourself with potential IV gtt meds: Levophed®/Fentanyl/insulin/bicarb
- Questions for receiving report:
  - Has the patient received a tetanus shot?
  - What was the time of the burn occurrence?
  - How much fluid has been replaced as of now?
  - What is the patient’s urine output?
  - What is the TBSA %? Is the patient’s family en route? Has any other trauma been incurred? What is the relevant known health history?