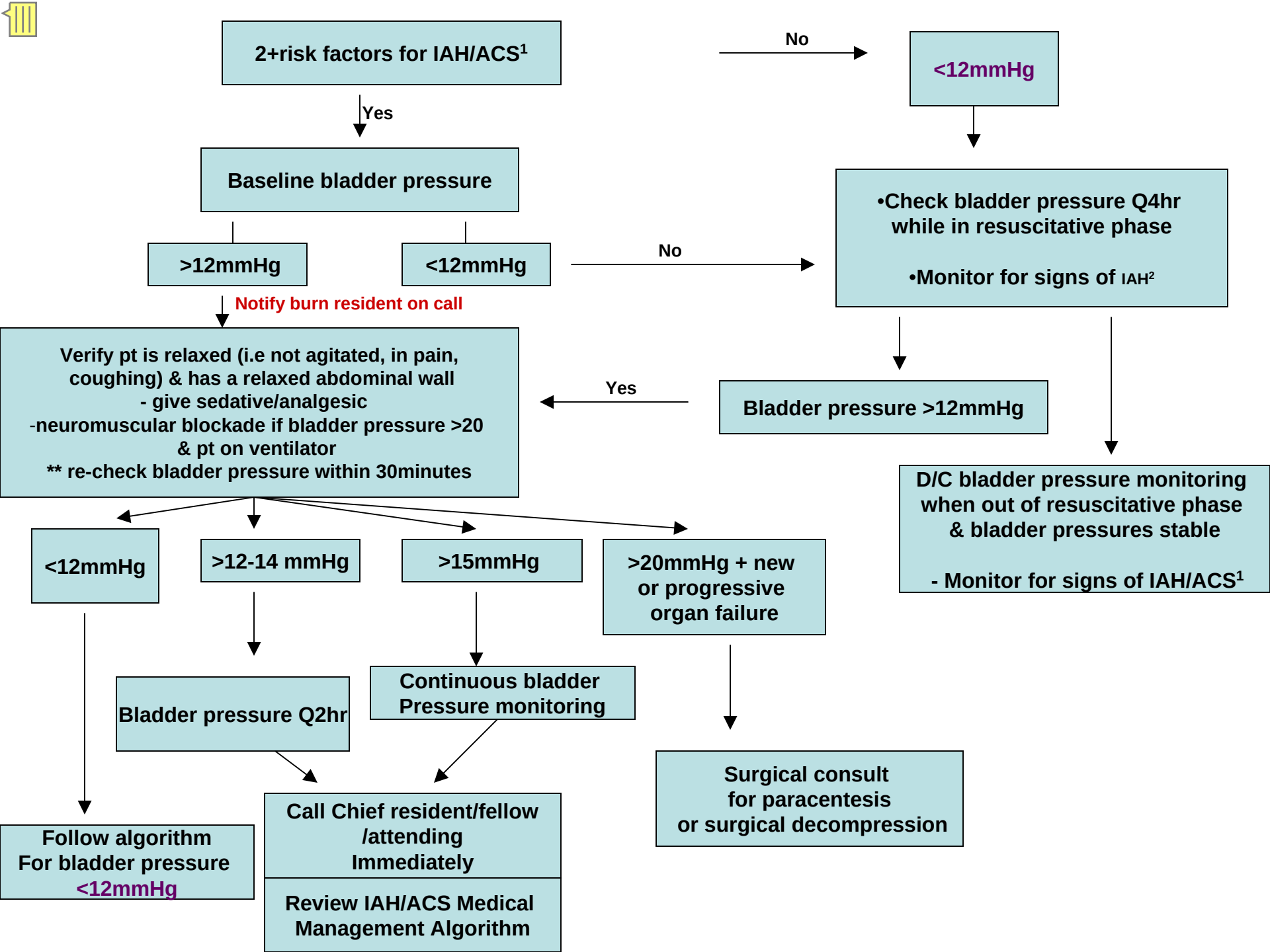
2+risk factors for IAH/ACS[1]
No
<12mmHg
Yes
Baseline bladder pressure
>12mmHg
<12mmHg
No
•Check bladder pressure Q4hr while in resuscitative phase
•Monitor for signs of IAH[2]
Notify burn resident on call
Verify pt is relaxed (i.e not agitated, in pain, coughing) & has a relaxed abdominal wall
- give sedative/analgesic
-neuromuscular blockade if bladder pressure >20 & pt on ventilator
** re-check bladder pressure within 30minutes
Yes
Bladder pressure >12mmHg
D/C bladder pressure monitoring when out of resuscitative phase & bladder pressures stable
- Monitor for signs of IAH/ACS[1]
<12mmHg
>12-14 mmHg
>15mmHg
>20mmHg + new or progressive organ failure
Bladder pressure Q2hr
Continuous bladder Pressure monitoring
Surgical consult for paracentesis or surgical decompression
Follow algorithm For bladder pressure <12mmHg
Call Chief resident/fellow /attending Immediately
Review IAH/ACS Medical Management Algorithm