

大面積燙傷病人於初期 24 小時利用每小時監測尿量方式之積極輸液治療

劉映君 張世幸 游家孟 董光義 黃文成 杜隆成

台北馬偕紀念醫院外科部整形外科

**Hourly urine output guided fluid resuscitation in first 24 hours for major burn injuries patient**

Ying-Chun Liu, Chia-Meng Yu, Shih-Hsin Chang, Kwang-Yi Tung, Wen-Cheng Huang,

Lung-Chen Tu,

Plastic Division, Surgical Department, Mackay Memorial Hospital, Taipei, Taiwan

**Abstract:**

**Back ground:**

Dust explosion burn injury in “color play asia party” in Taiwan resulted in over 500 patients of burn injury. Previous article has stated that the excessive fluid resuscitation of large burn injuries has been associated with adverse outcomes, but low mortality. We reviewed our experience during this event and investigate the outcome including the mortality and the adverse outcome.

**Method:**

In our hospital, we have total 52 burn patients and we used the “Hourly urine output guided fluid resuscitation” in the first 24 hour, instead of the traditional parkland formula to all major burn patient. We

**Result:**

Total 52 patients was enrolled. All patient received the Hourly urine output guided fluid resuscitation” in the first 24 hour and there’s only 1 renal failure and 1 mortality in our hospital. The average escharotomy and pulmonary edema rate were relative high.

**Conclusion:**

The “Hourly urine output guided fluid resuscitation” in the first 24 hour might be helpful in reducing the mortality in major burn patient. However, increased escharotomy rate and pulmonary edema should be considered. Generally, it is worth to apply this method to treat the major burn patient in younger because of the relative good cardiopulmonary function.