Arcos™

Burn Navigator®
Super User Training Guide

**For Burn Navigator RX
Version V.6.1e-V.6.1h**

June 2019

Super Users

Thank you for being a Super User!

Be sure to also review the basic
Burn Navigator Training Guide

Tablet Characteristics

- Rugged
  - High heat & humidity capable
  - Water & fluid resistant
  - **Can be used during debridement!**

- Battery Life
  - 6 hours
  - you can swap the battery without shutting down the system

The pre-hospital fluids are <u>not</u> used in the algorithms

A patient may have urine in the bladder from before the burn

However, these fluids are used in the graphs and the I/O Table

Choose "Monitor only" mode for patients:

- <10 kg
- <24 months old
- Other conditions affecting urine output

We can use Monitor Only mode data to build future protocols

Patient ID: TRAINING   Weight: 9kg   TBSA: HPB: 12:03

Select the patient protocol:

○ Adult predictive algorithm
Targets 30-50 mL/hr urine output
Up to 15 % changes each hour
Recommended for most adults without gross myoglobinuria

○ Custom protocol
Target: [0.5 ▼] to [1.0 ▼] [mL/kg ▼] [0.2 - 0.3] mL/hr UO
Limited to 10 % changes each hour
Recommended for pediatric patients

● Monitor only
No hourly recommendations
Provides resuscitation graphs and alerts
Protocol cannot be changed during resuscitation.

[Back] [Next]

Patient ID: TRAINING   Weight: 100kg   TBSA: 60%   HPB: 13   15:09

New Rate

Previous infusion rate: 750   mL/hr

Fluid type: [Lactated Ringer's ▼]

Recommended rate: New rate:
[---] mL/hr ---%   [650] mL/hr   13% ⬇

No recommendations during Monitor only protocol.

[Back] [Enter]

5

Primary Fluid types:

The "**Primary Fluid**" is titrated up and down.
"**Additional Fluids**" are not titrated

The Primary Fluid could be an "albumin protocol"

Initial Formula:

Administrators can set the default starting formula

ABLS guidelines recommend 2 mL/kg/TBSA for most adult burns

Consider higher starting rates for:
- Electrical injuries (4 mL/kg/TBSA)
- Inhalation injuries

If a formula goes above 2,000 mL/hr, or below the minimum rate, Burn Navigator will recommend one of those limits instead.

This is just for the starting rate! Later recommendations are based on UO.

Fluid updates are due at the top of each clock hour (__:00), unless the last "To" time was 15 or less minutes ago
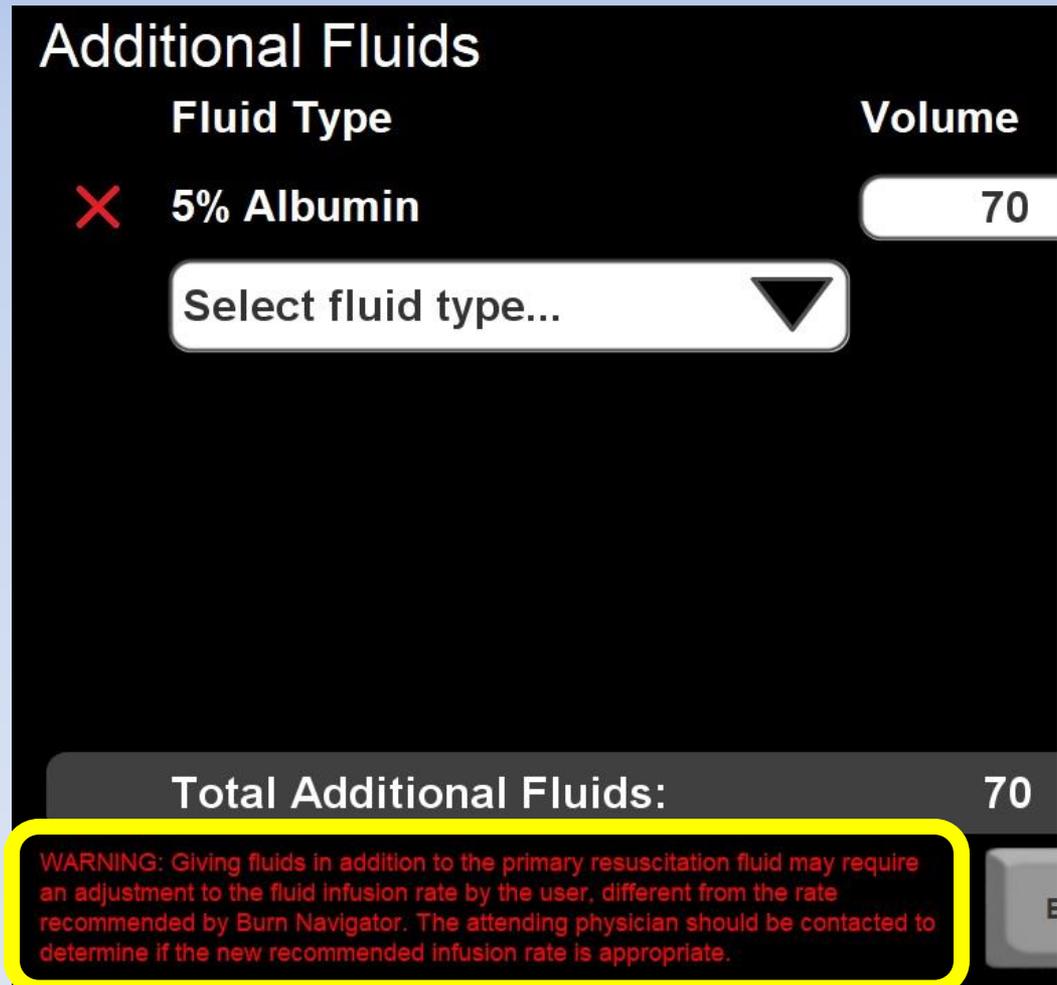
E.g., device started at 12:46, next update will be at 14:00
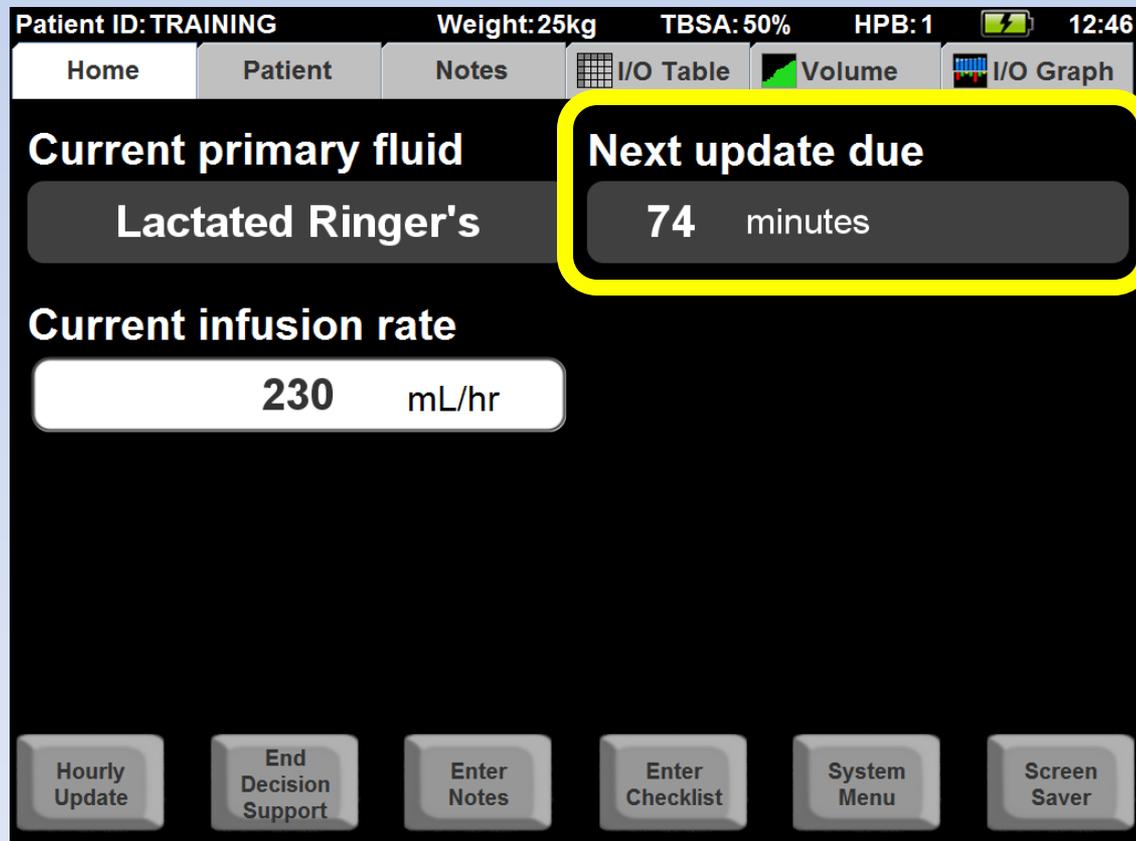
Additional Fluids

You'll see this warning message anytime additional fluids are given, because the algorithm doesn't take those fluids into account.

However, Burn Navigator will adjust down on LR if there is higher UO due to additional fluids!

Additional Fluids

Fluid Type   Volume

✗ 5% Albumin   70

Select fluid type... ▼

Total Additional Fluids: 70

WARNING: Giving fluids in addition to the primary resuscitation fluid may require an adjustment to the fluid infusion rate by the user, different from the rate recommended by Burn Navigator. The attending physician should be contacted to determine if the new recommended infusion rate is appropriate.

Patient on Pressors?

| Patient ID: TRAINING | Weight: 75kg | TBSA: 55% | HPB: 8 | | 11:01 |

Safety Questions

Is patient hypotensive?   ○ Yes   ● No

Is patient hyperglycemic?   ○ Yes   ● No

Is patient on pressors?   ● Yes   ○ No

Is patient on diuretics?   ○ Yes   ● No

[Back]   [Next]

If your patient is on pressors, ask the attending doctor whether you can wean the patient off pressors before reducing fluids

Volume Graph

Guidelines can be turned on or off here
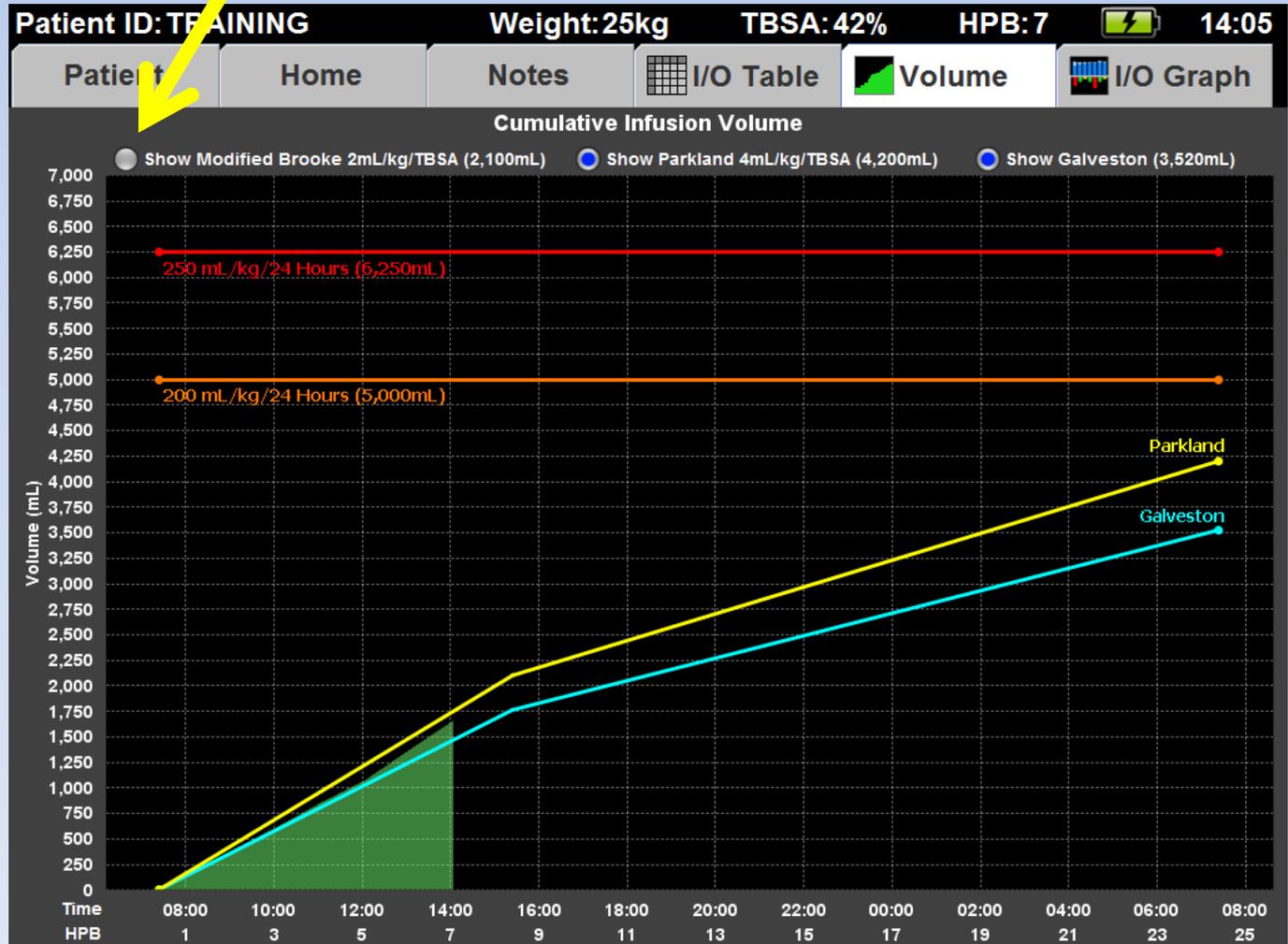
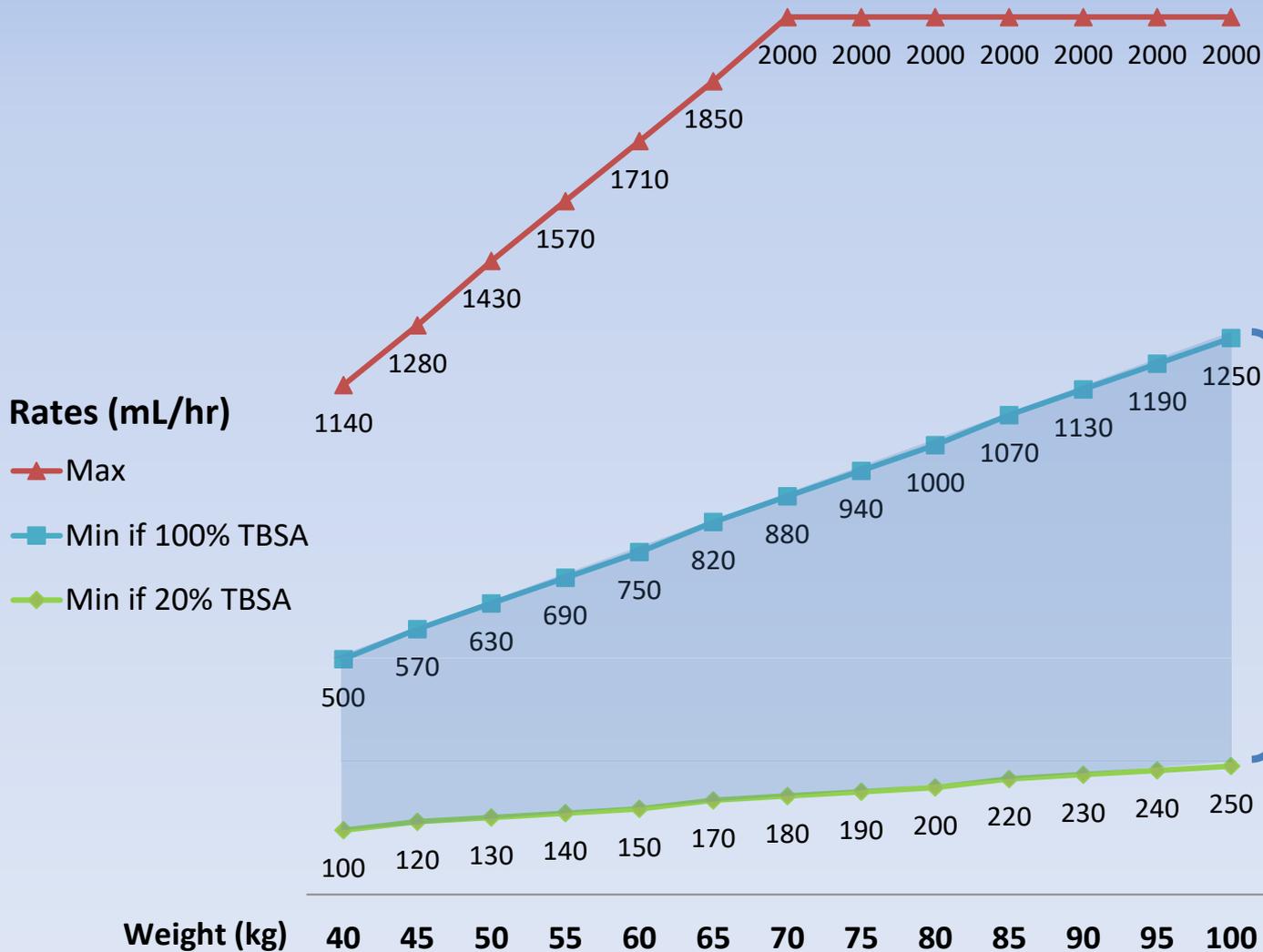The graph increments every minute based on the current rate

All fluids (with the exception of "Other Fluids" from the Additional Fluids section) are averaged over the time period of each update.

I/O Graph

Scroll buttons to see data beyond 24 hours

Recommendation Window
First 8 Hours Post Burn

Rates (mL/hr)

- ▲ Max
- ■ Min if 100% TBSA
- ◆ Min if 20% TBSA

Max (mL/hr): 1140, 1280, 1430, 1570, 1710, 1850, 2000, 2000, 2000, 2000, 2000, 2000, 2000

Min if 100% TBSA (mL/hr): 500, 570, 630, 690, 750, 820, 880, 940, 1000, 1070, 1130, 1190, 1250

Min if 20% TBSA (mL/hr): 100, 120, 130, 140, 150, 170, 180, 190, 200, 220, 230, 240, 250

Weight (kg): 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 100

Max = 28.6 × kg up to 2,000 mL/hr

Minimum recommendation depends on %TBSA

Applies to both Adult Predictive and Weight-based protocols
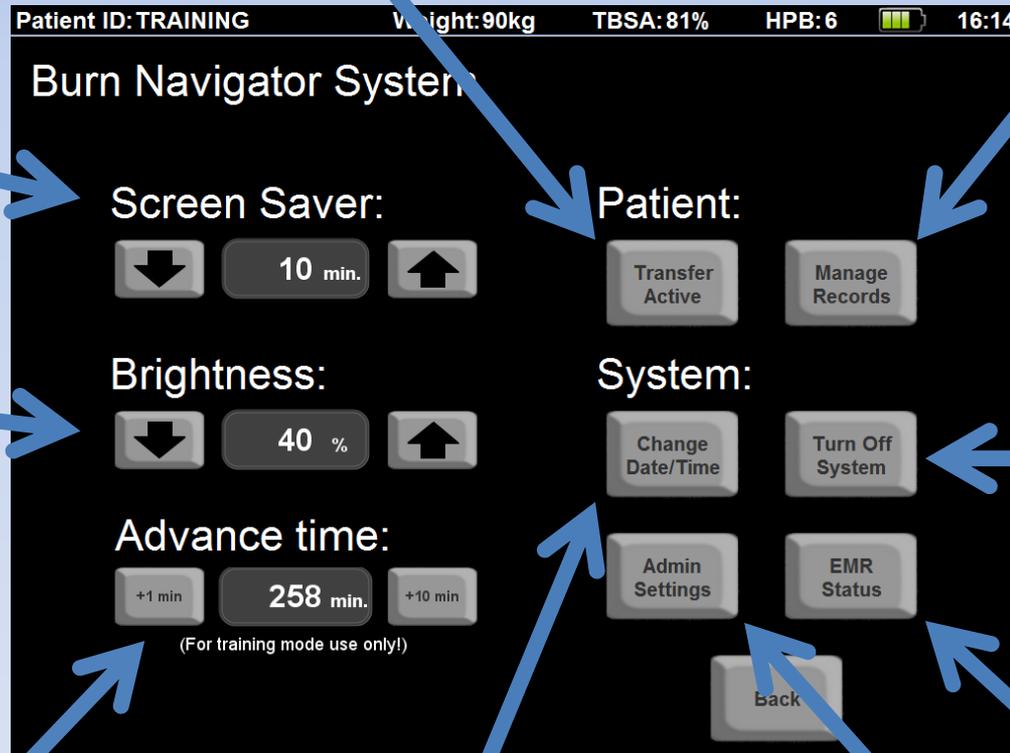
13

New Projection Safety

The software won't recommend increasing the IV fluid rate if the 24 hour fluid projection is too high. (The "too high" level is set on the Clinical Admin screen.)

System Functions

Transfer your active patient to a USB data drive (for another Burn Navigator).

Move to USB or delete inactive patient files.

Screen saver timer

Screen brightness

Patient ID: TRAINING   Weight: 90kg   TBSA: 81%   HPB: 6   16:14

Burn Navigator System

Screen Saver:
⬇   10 min.   ⬆

Brightness:
⬇   40 %   ⬆

Advance time:
+1 min   258 min.   +10 min
(For training mode use only!)

Patient:
Transfer Active   Manage Records

System:
Change Date/Time   Turn Off System

Admin Settings   EMR Status

Back

Properly turn off the device. Note: Turning off the system during training mode will reset the clock.

Advance Time: For training mode only, this feature lets you add minutes to get to the next fluid update quickly.

Change the time-zone, date, or time.

Security, Clinical & EMR settings

Shows EMR status and any error messages

Maintenance

- Clean the device after each patient!
  - Use a disinfectant wipe, per your hospital's policy, to clean the screen and whole device.

- Keep batteries fully charged when not in use.

- Quarterly, delete patient files

- **Change System Time for Daylight Savings!** (2x each year)

Burn Navigator® Data Tool

- The Data Tool is a separate program that converts encrypted patient files into PDF and Excel CSV files.

- See the Data Tool's instructions for use (IFU-1130) for a step-by-step walkthrough.

Early O.R.

What happens when the patient goes to the O.R. during resuscitation ("early" O.R.)?

E.g., patient goes at 1348 and returns at 1748. The patient received 4 units of whole blood, 2 units FFP, 5,000mL of LR, and had a UO of 200mL.

If the physician wants you to continue the Burn Navigator after "early" O.R. excising, you can:

- Do one fluid update at 1748 that covers the entire OR time. Enter all the fluid and UO in that update. The device will average the fluids over those 4 hours and will provide a new recommendation.

- Ask the doctor what rate to use after OR.

"Early" O.R. Example

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Questions?

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