Energy balance and nutrition

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Any adult with a burn greater than 15% (10% in children) of TBSA has an increased nutritional requirement. All patients with burns of 20% of TBSA or greater should receive a nasogastric or nasojejunal tube and feeding should start within 6 hours of the injury to reduce gut mucosal damage. The advantage of the nasojejunal tube is that fasting is not necessary for trips to theatre. A number of di ff erent formulae are available to calculate the energy requirements of patients. This should be managed by a specialist dietician as part of the multidisciplinar y team. n injuries are catabolic in the acute episode. Success - Bur ful management of the patient’s energy balance involves a number of strategies. The catabolic drive continues while the wound r emains unhealed and, therefore, rapid excision of the - burn and stable coverage of the wound are the most significant factors in reversing this. Obligatory energy utilisation must be reduced to a minimum by keeping the patient warm with good uscular environmental control. The excess energy requirements must be provided for and the nutritional balance monitored by mea - suring weight and nitrogen balance.

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