

PROPOLIS PROTOCOL

The First
24
HOURS

INCLUSION CRITERIA

- Age > 18 years
- Weight > 40 kg
- Thermal injury size \geq 20% TBSA
- Admitted to the burn center and enrollable **within 8 hours of injury**
- Expected to receive intravenous resuscitation fluids for at least 24 hours after injury
- Expected to live > 24 hours after injury

EXCLUSION CRITERIA

- Chemical injury
- Deep electric injury resulting in clinically evident myoglobinuria.
- Associated non-thermal injuries (defined as: a requirement [because of traumatic injury] for blood transfusion, major intracavitary surgery (craniotomy, thoracotomy, laparotomy), angioembolization, or endovascular surgery during the first 24 hours after injury
- Inability to obtain informed consent
- Decision not to treat due to injury severity or other factors
- Patient age > 65 years or < 18 years
- Presence of anoxic brain injury that is not expected to result in complete recovery
- Patient already receiving plasma infusion, or judged to be likely to require plasma infusion
- Patient already receiving “rescue procedures” (albumin infusion, CRRT, TPE, or high-dose ascorbic acid)
- Existence of pre-morbid conditions:
 - Congestive heart failure (NYHA Class IV)
 - End-stage kidney disease (dialysis patient)
 - Cirrhosis of the liver
 - Oxygen-dependent chronic obstructive pulmonary disease
 - Malignancy currently under treatment
 - Previous bilateral lower extremity amputations



Learn more about the study:

<http://bit.ly/lunginjury>

MEETS INCLUSION | NO EXCLUSIONS

CONSENT, ENROLL, RANDOMIZE

Within
8
Hours



Base fluid resuscitation
LR-1: LR at 10 mL x TBSA/hr.
Titrate via Burn Navigator

Protocol Fluid Resuscitation



Control Group

standard crystalloid
resuscitation fluid
LR-2: LR 1.0 mL*kg*TBSA
divided over 24 hours.

DO NOT TITRATE

Treatment Group

pathogen-reduced plasma
resuscitation fluid
Plasma: Plasma 1.0 mL*kg*TBSA
divided over 24 hours.

DO NOT TITRATE

IF ongoing crystalloid
requirements predict a fluid
resuscitation volume in excess of
250 mL/Kg at 24 hours

CONSIDER rescue options

STOP protocol fluid resuscitation
(LR-2 OR Plasma) at 24 hours



Wean LR-1 to off



Continue with standard of care