Abstract

Objectives: To review the nutritional evaluation in burned patient, considering the literature descriptions of nutritional evaluation and energy requirements of these patients. Introduction: Thermal injury is the traumatic event with the highest metabolic response in critically ill patients. Various mathematical formulas have been developed to estimate nutritional requirements in burned patient. Indirect Calorimetry is the only method considered gold standard for measuring caloric expenditure. Methods: A survey of the literature and data was collected based on official data bases, LILACS, EMBASE and PubMed. Results: The metabolic changes involved in hypermetabolism are designed to supply energy to support immune function, brain activity, wound healing, and preservation of body tissues. Body weight is considered the easiest indicator and perhaps the best to assess the nutritional status. The most common formulas utilized in these patients are the Curreri, Pennisi, Schofield, Ireton-Jones, Harris-Benedict and the ASPEN recommendations. For children is the Mayes and World Health Organization formula. The majority of mathematical formulas overestimate the nutritional needs. The regular use of Indirect Calorimetry supplies adequate nutritional support to the burn patient. Discussion: The traditional nutritional evaluation considers anthropometry, biochemical markers and estimation of nutritional requirements. The weight provides a basis for decisions that are established in the clinical context. Classic parameters can be adapted to intensive care environment. Conclusions: The use of Indirect Calorimetry is crucial to ensure the safety of the nutritional support of burn patients and this should be widely encouraged.

Keywords
Burns, Metabolism, Nutritional evaluation.