

National Burn Centre REFERRAL

email oncallburnsnurse@middlemore.co.nz
confirm receipt on 09 250 3800

Patient Sticker OR Name / DoB / M/F / NHI

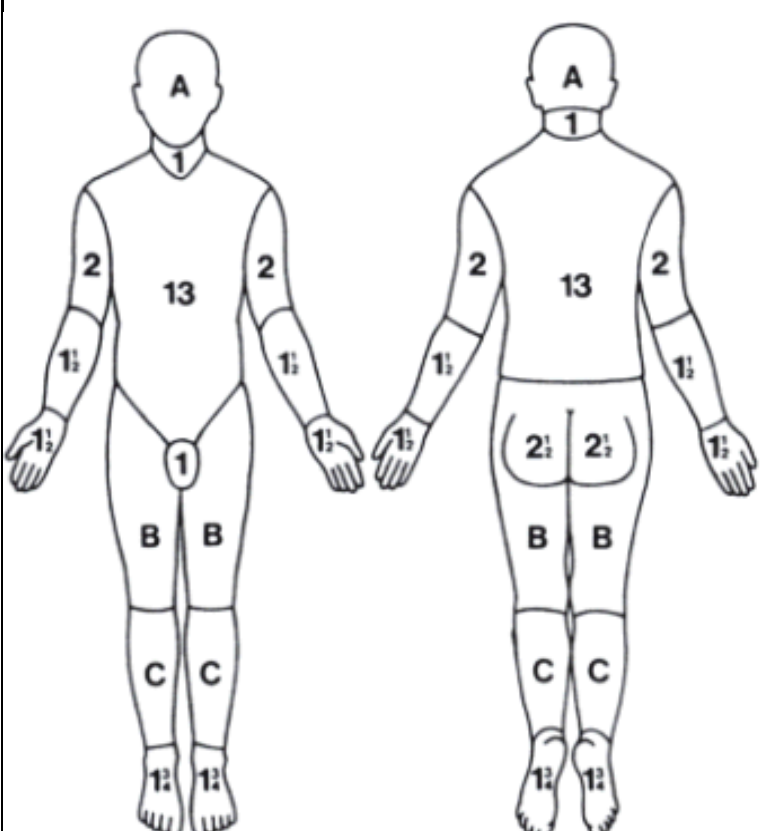
I	IDENTITY	
Referrer	Date & Time: / / ____ : ____	Contact No (24/7):
	Key Contact (Name/role):	Referring Hospital & department:

S	SITUATION
Summary	

B	BACKGROUND	
Of Burn	Injury Date & Time: / / ____ : ____	ED Arrival Date & Time: / / ____ : ____
	What Happened:	

Of Patient	Past Medical History:	Medications prior to admission:
	Tetanus Cover: Up-to-date / ADT Given / Immunoglobulins	Allergies:

A	ASSESSMENT
Trauma	Airway & Breathing: Own / Intubated / Potential airway compromise COHb on arrival: _____ % Circulation: Stable / Unstable / Inotropes (Y / N) Significant other injuries: <i>In burns with trauma, non-burn trauma injury should dictate the initial pathway of care</i>

Burn	Burn % TBSA Chart	Burn Assessment																																			
	Shade burnt areas / do not include simple erythema in % TBSA estimation. 	Burn _____ % TBSA Sites of Circumferential or near circumferential Y / Unclear / N (if Y or unclear list sites below) Location(s): Escharotomy: • chest/torso/neck breathing, • limb/digit perfusion Completed / Planned / Maybe																																			
		_____ Send images of cleaned wounds to oncallburnsnurse@middlemore.co.nz																																			
		<table border="1"> <thead> <tr> <th>Area/Age</th> <th>0</th> <th>1</th> <th>5</th> <th>10</th> <th>15</th> <th>Adult</th> </tr> </thead> <tbody> <tr> <td>A = 1/2 one head</td> <td>9 1/2</td> <td>8 1/2</td> <td>6 1/2</td> <td>5 1/2</td> <td>4 1/2</td> <td>3 1/2</td> </tr> <tr> <td>B = 1/2 one thigh</td> <td>2 1/2</td> <td>3 1/2</td> <td>4</td> <td>4 1/2</td> <td>4 1/2</td> <td>4 1/2</td> </tr> <tr> <td>C = 1/2 one lower leg</td> <td>2 1/2</td> <td>2 1/2</td> <td>2 1/2</td> <td>3</td> <td>3 1/2</td> <td>3 1/2</td> </tr> <tr> <td>Partial Thickness</td> <td colspan="5" style="text-align: center;">Full Thickness</td> <td></td> </tr> </tbody> </table>	Area/Age	0	1	5	10	15	Adult	A = 1/2 one head	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2	3 1/2	B = 1/2 one thigh	2 1/2	3 1/2	4	4 1/2	4 1/2	4 1/2	C = 1/2 one lower leg	2 1/2	2 1/2	2 1/2	3	3 1/2	3 1/2	Partial Thickness	Full Thickness					
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R	RECOMMENDATION		
FLUIDS	For burn injuries in Adults > 20% TBSA burn & Children > 10% TBSA estimate fluid resuscitation requirements from time of injury Titrate formula to urine output especially if concomitant major trauma, inhalation or electrical; injury, delay between time of injury & presentation 3ml/kg/%burn, half over the first 8 hrs, remainder over next 16 hrs from time of burn not admission		
	Resuscitation – Parkland (1st 24 hours) Warmed Plasmalyte / Hartmann’s		Paediatric Maintenance Formula 5% Dextrose & 0.9% saline
	$3 \text{ ml} \times \text{_____ kg} \times \text{_____ \% TBSA} = \text{_____ ml}$ <div style="text-align: center;">24 hour volume</div> $\frac{\text{_____ ml}}{24 \text{ hour volume}} \div 2 = \frac{\text{_____ ml}}{\text{half 24 hour volume}}$ $\frac{\text{_____ ml}}{\text{half 24 hour volume}} \div 8 = \text{_____ ml/hr}$ <div style="text-align: center;">given over first 8 hours from time of burn</div> $\frac{\text{_____ ml}}{\text{half 24 hour volume}} \div 16 = \text{_____ ml/hr}$ <div style="text-align: center;">given over next 16 hours from time of burn</div>		Paediatric maintenance fluid is <i>in addition</i> to the resuscitation fluid and remains constant Up to 10kg... 4ml/kg/hr = _____ + from 10–20kg... 2ml/kg/hr = _____ + each kg >20kg... 1ml/kg/hr = _____ TOTAL _____ ml/hr
	ADJUST RESUSCITATION FLUID TO MAINTAIN URINE OUTPUT (0.5ml/kg/hr for adult, 1ml/kg/hr for paediatric patients)		

ANALGESIA	<input type="checkbox"/> IV analgesia (e.g. morphine)
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TESTS	<input type="checkbox"/> FBC & U&Es	<input type="checkbox"/> Blood gas		
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TUBES	<input type="checkbox"/> IVL x2	<input type="checkbox"/> IDC	<input type="checkbox"/> NG	
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TRAUMA	<input type="checkbox"/> Primary & Secondary trauma survey
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WOUND Mx	<input type="checkbox"/> Access burn cache (remember to restock) <input type="checkbox"/> First Aid Completed <ul style="list-style-type: none"> ❖ 20 min cool running water ❖ May need to be prolonged if chemical injury (check pH of skin with litmus paper) <input type="checkbox"/> Cover cleaned wound with loose longitudinal strips of Cling Film <ul style="list-style-type: none"> ❖ Do not apply Cling Film to face ❖ Chemical injuries must be fully decontaminated prior to covering <input type="checkbox"/> Ophthalmology review (if required) <input type="checkbox"/> Prevent hypothermia (consider active warming if required) <input type="checkbox"/> Monitor perfusion <input type="checkbox"/> Photos – Send images of cleaned wounds to oncallburnsnurse@middlemore.co.nz
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email THIS COMPLETED FORM to oncallburnsnurse@middlemore.co.nz

CONFIRM RECEIPT on 09 250 3800

Access INITIAL ASSESSMENT GUIDELINES – www.nationalburnservice.co.nz/pdf/NBS-initial-assessment-guideline.pdf

ANY CONCERNS CONTACT ON CALL BURNS NURSE – 09 250 3800