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| **National Burn Service TRANSFER****email** **oncallburnsnurse@middlemore.co.nz****DATE & TIME : / / \_\_\_ : \_\_\_** | Patient Sticker *OR Name / DoB / M/F /* NHI |
|  |
| **Referral Information** |
| Hospital & Department: | Original Referral Date & Time: / / \_\_\_ : \_\_\_ |
| Contact clinician: | Contact No: |
| Transport Team: | Contact No: |
| **Patient**  |
| Past Medical History: Tetanus Cover:Up-to-date */*  ADT Given */* Immunoglobulins | Medications prior to admission:Allergies: |
| Next of Kin:Accompanying person: | Contact No:Contact No: |
| **Burn Injury & Trauma** |
| Injury Date & Time: / / \_\_\_ : \_\_\_ | Date & Time of NBM: / / \_\_\_ : \_\_\_ |
| What Happened (if different or further information since referral document) |
| □ Cervical spine assessment: Not cleared / Cleared – XR / CT / Clinical (Clinician / Role):**□** Secondary survey completed: (Lead Clinician / Role):**□** Tertiary survey: Y / N (Lead Clinician / Role):**□** Other identified injuries: N / Y (list) |
| **Airway / Breathing** |
| □ Intubated Y / N |  | Grade of Intubation: □ I □ II □ III □ IV |
| Tracheal Tube Size: \_\_\_\_\_\_\_\_\_\_ □ Cuffed □ Uncuffed □ ETT length at teeth: \_\_\_\_\_\_\_cm |
| RR\_\_\_\_\_\_/min | FiO₂ \_\_\_\_\_\_ | SaO₂ \_\_\_\_\_\_% | COHb (First recorded): / / \_\_\_ : \_\_\_ \_\_\_\_\_\_% |
| □ Suspected airway injury: N / Y voice changes, upper airway oedema, deep facial burns, sooty sputum, history of burn in enclosed space□ Senior Clinician Airway Review: Y / N by (Name/Role) |
| □ Laryngoscopy: Y / N Findings: Date & Time of Assessment: / / \_\_\_ : \_\_\_ |
| **Circulation** |
| BP \_\_\_\_ / \_\_\_\_ | Inotropes (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | HR \_\_\_\_/min | Temp \_\_\_\_°C |
| □ ECG: Y / N / Findings |
|  |  |  |  |
| □ IV #1 Size \_\_\_\_\_\_\_\_  | Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Blood Tests** |
|  | Inserted in unburned skin, if able |  | Date: / /  |
| □ IV #2 Size \_\_\_\_\_\_\_\_  | Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Time: \_\_\_ : \_\_\_ |
|  |  |  | **Hb** g/Dl |  |
| □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **HCT** % |  |
| □ Arterial Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Lactate** mmol/L |  |
| □ Urinary catheter  |  | **Glucose** mmol/L |  |
| * **Implement active warming measures to avoid hypothermia**
* Monitor perfusion to burn & elevate limbs
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| **Disability** |
| **At Scene** | **On Arrival into ED / prior to intubation** | **At Transfer / Departure to NBC** |
| **GCS:** E \_\_\_\_ V \_\_\_\_ M \_\_\_\_PEARL Y / N Sedated Y / N | **GCS:** E \_\_\_\_ V \_\_\_\_ M \_\_\_\_PEARL Y / N Sedated Y / N | **GCS:** E \_\_\_\_ V \_\_\_\_ M \_\_\_\_PEARL Y / N Sedated Y / N  |
| **Exposure****Implement active warming measures to prevent heat loss** |
| **Burn % TBSA Chart**Do not include simple erythema in % TBSA estimation. Image result for burn % TBSA Chart

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area/Age** | **0** | **1** | **5** | **10** | **15** | **Adult** |
| A = ½ one head | 9½ | 8½ | 6½ | 5½ | 4½ | 3½ |
| B = ½ one thigh | 2¾ | 3¾ | 4 | 4½ | 4½ | 4¾ |
| C = ½ one lower leg | 2½ | 2½ | 2¾ | 3 | 3¼ | 3½ |
| Partial Thickness |  | Full Thickness |  |

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| **Burn Wound Assessment** |
| Burn \_\_\_\_\_\_\_\_\_ % TBSA**□** First Aid Completed |
| Sites of Circumferential or near circumferentialY / Unclear / N (*if Y or unclear list sites below)* |
| Location(s):• chest/torso/neck **breathing**, • limb/digit **perfusion** | Escharotomy:Completed / Planned / Maybe  | Breathing / PerfusionAdequate / Compromised |
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| **Burn Wound Management****Discuss with accepting Burn Service** |
| Last Dressing Date & Time: / / \_\_\_ : \_\_\_Dressings used: |
| **Fluid Resuscitation : Weight in Kg \_\_\_\_\_\_** □ **measured / estimated**  |
| Total Fluid 1st 24 Hours: | Current infusion rate:  |
| Last 4 hourly urines | 3 hrs ago: \_\_\_\_\_ ml/h | 2 hrs ago: \_\_\_\_\_ ml/h | 1 hour ago: \_\_\_\_\_ ml/h | Last hour: \_\_\_\_\_ ml/h |
| **Pre-transfer Checklist** |
| □ Airway secure & O₂ in situ | □ Case notes included |
| □ Sit head up/ elevate burned areas (if possible) | □ Lab results included |
| □ Tubes/ lines secure (IV, NG, urinary catheter) | □ Fluid balance chart |
| □ Fluids infusing via pump in transfer | □ Medication chart  |
| □ Warming measures in situ | □ Discharge summary attached |
| □ Pain controlled | □ Relatives Informed |
| □ Suspected Resistant Organisms (Y/N) |  |
| ADDITIONAL INFO: |
|  |
|  |
| **On Call Burn Coordinator Contacted on Departure at:** | **\_\_\_\_\_ : \_\_\_\_\_** |
| **ESTIMATED ARRIVAL TIME:** | **\_\_\_\_\_ : \_\_\_\_\_** |
|  |
| **email THIS COMPLETED FORM to** **oncallburnsnurse@middlemore.co.nz** **/ CONFIRM RECEIPT on 09 250 3800****PRINT COPY AND PLACE IN PATIENT NOTES****ANY CONCERNS CONTACT ON CALL BURNS NURSE – 09 250 3800** |

