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| **National Burn Service TRANSFER**  **email** [**oncallburnsnurse@middlemore.co.nz**](mailto: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 | | | |  | | | | | | | | | | |  | | | | | | | | | | |
| **Burn Wound Assessment** | | | | | | | | | | |
| Burn \_\_\_\_\_\_\_\_\_ % TBSA  **□** First Aid Completed | | | | | | | | | | |
| Sites of Circumferential or near circumferential  Y / Unclear / N (*if Y or unclear list sites below)* | | | | | | | | | | |
| Location(s):  • chest/torso/neck **breathing**,  • limb/digit **perfusion** | | | | | Escharotomy:  Completed / Planned / Maybe | | | | Breathing / Perfusion  Adequate / 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**](mailto: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** | | | | | | | | | | | | | | | | | | | | |

