

# Regional Burn Unit REFERRAL

Ring Plastic Surgery registrar on call

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	
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B

## BACKGROUND

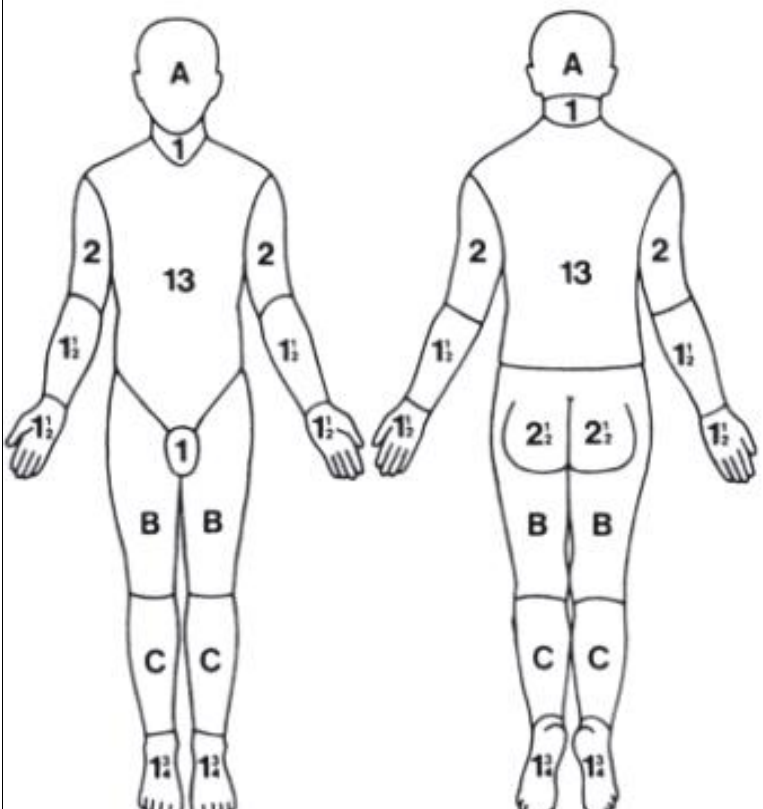
Of Burn	Injury Date & Time: / / ____ : ____	ED Arrival Date & Time: / / ____ : ____
	What Happened:	

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	<h3>Burn % TBSA Chart</h3> <p>Shade burnt areas / do not include simple erythema in % TBSA estimation.</p> 	<h3>Burn Assessment</h3> <p>Burn _____ % TBSA</p> <p>Sites of Circumferential or near circumferential Y / Unclear / N (if Y or unclear list sites below)</p> <p>Location(s):</p> <ul style="list-style-type: none"> <li>chest/torso/neck <b>breathing</b>,</li> <li>limb/digit <b>perfusion</b></li> </ul> <p>Escharotomy:</p> <p>Completed / Planned / Maybe</p> <p>_____</p> <p><b>Send images of cleaned wounds to Regional Burn Unit</b></p>																																		
		<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 1/4</td> <td>3 3/4</td> <td>4</td> <td>4 1/2</td> <td>4 1/2</td> <td>4 1/4</td> </tr> <tr> <td>C = 1/2 one lower leg</td> <td>2 1/2</td> <td>2 1/2</td> <td>2 1/4</td> <td>3</td> <td>3 1/4</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 1/4	3 3/4	4	4 1/2	4 1/2	4 1/4	C = 1/2 one lower leg	2 1/2	2 1/2	2 1/4	3	3 1/4	3 1/2	Partial Thickness	Full Thickness				
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R	RECOMMENDATION	
FLUIDS	<b>For burn injuries in Adults &gt; 20% TBSA burn &amp; Children &gt; 10% TBSA estimate fluid resuscitation requirements from time of injury</b> Titrate formula to urine output especially if concomitant major trauma, inhalation or electrical; injury, delay between time of injury & presentation <b>3ml/kg/%burn, half over the first 8 hrs, remainder over next 16 hrs from time of burn not admission</b>	
	<b>Resuscitation – Parkland (1<sup>st</sup> 24 hours)</b> <b>Warmed Plasmalyte / Hartmann's</b>	<b>Paediatric Maintenance Formula</b> <b>5% Dextrose &amp; 0.9% saline</b>
	Paediatric maintenance fluid is <i>in addition</i> to the resuscitation fluid and remains constant	
	$3 \text{ ml} \times \text{_____ kg} \times \text{_____ \% TBSA} = \text{_____ ml}$ <p style="text-align: center;">24 hour volume</p> $\frac{\text{_____ ml}}{24 \text{ hour volume}} \div 2 = \frac{\text{_____ ml}}{\text{half 24 hour volume}}$ $\frac{\text{_____ ml}}{\text{half 24 hour volume}} \div 8 = \frac{\text{_____ ml/hr}}{\text{given over first 8 hours from time of burn}}$ $\frac{\text{_____ ml}}{\text{half 24 hour volume}} \div 16 = \frac{\text{_____ ml/hr}}{\text{given over next 16 hours from time of burn}}$	
	Up to 10kg... 4ml/kg/hr = _____ + from 10–20kg... 2ml/kg/hr = _____ + each kg >20kg... 1ml/kg/hr = _____  <b>TOTAL _____ ml/hr</b>	
<b>ADJUST RESUSCITATION FLUID TO MAINTAIN URINE OUTPUT (0.5ml/kg/hr for adult, 1ml/kg/hr for paediatric patients)</b>		

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"> <li>❖ 20 min cool running water</li> <li>❖ May need to be prolonged if chemical injury (check pH of skin with litmus paper)</li> </ul> <input type="checkbox"/> Cover cleaned wound with loose longitudinal strips of Cling Film <ul style="list-style-type: none"> <li>❖ Do not apply Cling Film to face</li> <li>❖ Chemical injuries must be fully decontaminated prior to covering</li> </ul> <input type="checkbox"/> Ophthalmology review (if required) <input type="checkbox"/> <b>Prevent hypothermia</b> (consider active warming if required) <input type="checkbox"/> Monitor perfusion <input type="checkbox"/> Photos – <b>Send</b> images of cleaned wounds to Regional Burn Unit
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<b>Ring On Call Plastic Surgery Registrar. Send THIS COMPLETED FORM to</b>	
<ul style="list-style-type: none"> <li>• Auckland Regional Burn Unit, Middlemore Hospital</li> <li>• Waikato Regional Burn Unit, Waikato Hospital</li> <li>• Wellington Regional Burn Unit, Hutt Hospital</li> <li>• Canterbury Regional Burn Unit, Christchurch Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Ph: 09 276 0000 (ask for on call Plastic Surgery Registrar) / 021 784057</li> <li>• email: <a href="mailto:plasticreferrals@middlemore.co.nz">plasticreferrals@middlemore.co.nz</a></li> <li>• Ph: 07 839 8899 (ask for on call Plastic Surgery Registrar)</li> <li>• Fax: 07 839 8725</li> <li>• Ph: 04 570 9999 (ask for on call Plastic Surgery Registrar)</li> <li>• Fax: 04 570 9239 (Plastic and Burn Ward)</li> <li>• email: <a href="mailto:plastics_referrals@huttvalleydhb.org.nz">plastics_referrals@huttvalleydhb.org.nz</a></li> <li>• Ph: 03 364 0640 (ask for on call Plastic Surgery Registrar)</li> <li>• Fax: 03 364 0456 (Dept. Plastic Surgery)</li> </ul>

Access INITIAL ASSESSMENT GUIDELINES – [www.nationalburnservice.co.nz/pdf/NBS-initial-assessment-guideline.pdf](http://www.nationalburnservice.co.nz/pdf/NBS-initial-assessment-guideline.pdf)

**ANY CONCERNS CONTACT ON CALL PLASTICS REGISTRAR**

- Referral criteria for a Regional Burn Centre (any of the following)**
- Burn > 10% TBSA in an adult. Burn >5% TBSA in a child
  - Full thickness burn >5% TBSA in either adult or child
  - Burns of special areas: face, hands, feet, perineum
  - Electrical Burn
  - Chemical Burn
  - Burn associated with an inhalation injury
  - Circumferential burns of limbs/ chest
  - Burn at the extremes of age (e.g. <2yrs or > 70yrs)
  - Associated trauma
  - Any unexplained injury
  - Burn injury in patients with pre-existing medical disorders that could complicate management, prolong recovery or increase mortality
  - Any burn which has failed to heal with conservative management after 10 days

