

National Burn Service TRANSFER

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

email oncallburnsnurse@middlemore.co.nz

DATE & TIME : _____

Referral Information

Hospital & Department:

Original Referral Date & Time: / / ____ : ____

Contact clinician:

Contact No:

Transport Team:

Contact No:

Patient

Past Medical History:

Medications prior to admission:

Tetanus Cover:

Up-to-date / ADT Given / Immunoglobulins

Allergies:

Next of Kin:

Contact No:

Accompanying person:

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 / NGrade of Intubation: I II III IVTracheal 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 _____

Inserted in unburned skin, if able

 IV #2 Size _____ Site _____ Other _____ Site _____ Arterial Site _____ Urinary catheter

Blood Tests

Date: / /

Time: ____ : ____

Hb g/Dl

HCT %

Lactate mmol/L

Glucose mmol/L

- ❖ Implement active warming measures to avoid hypothermia
- ❖ Monitor perfusion to burn & elevate limbs

Disability

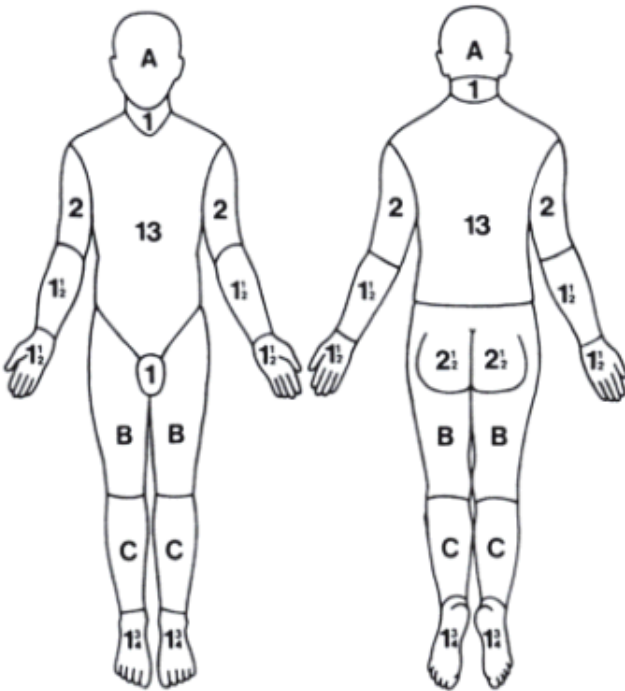
At Scene	On Arrival into ED / prior to intubation	At Transfer / Departure to NBC
GCS: E ___ V ___ M ___ PEARL Y / N Sedated Y / N	GCS: E ___ V ___ M ___ PEARL Y / N Sedated Y / N	GCS: E ___ V ___ M ___ PEARL Y / N Sedated Y / N

Exposure

Implement active warming measures to prevent heat loss

Burn % TBSA Chart

Do not include simple erythema in % TBSA estimation.



Area/Age	0	1	5	10	15	Adult
A = ½ one head	9½	8½	6½	5½	4½	3½
B = ½ one thigh	2½	3½	4	4½	4½	4½
C = ½ one lower leg	2½	2½	2½	3	3½	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):	Escharotomy:	Breathing / Perfusion
<ul style="list-style-type: none"> • chest/torso/neck breathing, • limb/digit perfusion 	Completed / Planned / Maybe	Adequate / Compromised

Burn Wound Management

Discuss with accepting Burn Service

Last Dressing Date & Time: / / ____ : ____

Dressings used:

Fluid Resuscitation : Weight in Kg

Total Fluid 1 st 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

<input type="checkbox"/> Airway secure & O ₂ in situ	<input type="checkbox"/> Case notes included
<input type="checkbox"/> Sit head up/ elevate burned areas (if possible)	<input type="checkbox"/> Lab results included
<input type="checkbox"/> Tubes/ lines secure (IV, NG, urinary catheter)	<input type="checkbox"/> Fluid balance chart
<input type="checkbox"/> Fluids infusing via pump in transfer	<input type="checkbox"/> Medication chart
<input type="checkbox"/> Warming measures in situ	<input type="checkbox"/> Discharge summary attached
<input type="checkbox"/> Pain controlled	<input type="checkbox"/> Relatives Informed
<input type="checkbox"/> 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