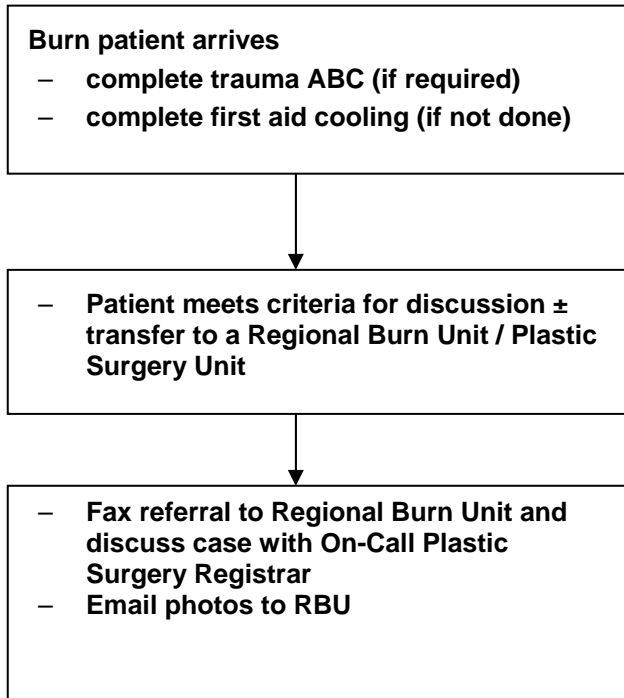


# National Burn Service Referral Form

**No burn patient can be transferred to the National Burn Centre or Starship without the involvement of their Regional Burn Unit. This important step cannot be bypassed.**



## Referral Criteria for Regional Burn Unit

- Burns greater than 10% total body surface area (TBSA) or 5% in a child
- Burns of special areas, eg. the face, hands, feet, genitalia, perineum, and major joints
- Full thickness burns greater than 5% TBSA
- Electrical burns (including lightning injury)
- Chemical burns
- Burn injury with inhalation injury
- Circumferential burns of the limbs or chest
- Burns at the extremes of age, ie. young children and the elderly
- Burn injury in patients with pre-existing medical disorders that could complicate management, prolong recovery, or affect mortality
- Any patient with burns and concomitant trauma (e.g. fractures) in which the burn injury poses the greater immediate risk of morbidity or mortality

<b>FAX &amp; PHONE REFERRAL TO:</b>	Please tick applicable box below	
Christchurch Hospital <input type="checkbox"/> tick here	Ph: Fax:	03 364 0640 (please ask for on-call plastic registrar) 03 364 0456 (Department of Plastic Surgery)
Hutt Hospital <input type="checkbox"/> tick here	Ph: Fax: Email Photos:	04 570 9999 (please ask for on-call plastic registrar) 04 570 9239 (Plastic & Burn Ward) referrals_plastics@huttvalleydhb.org.nz
Waikato Hospital <input type="checkbox"/> tick here	Ph: Fax:	07 839 8899 (please ask for on-call plastic registrar) 07-839 8725 (Plastic Surgery Booking Clerk Office)
National Burn Centre Middlemore Hospital <input type="checkbox"/> tick here	Ph: Fax: Email Photos:	09 270 0000 (please ask for on-call plastic registrar) 021 784 057 09 276 0114 <a href="mailto:plasticreferrals@middlemore.co.nz">plasticreferrals@middlemore.co.nz</a> <a href="mailto:oncallburnsnurse@middlemore.co.nz">oncallburnsnurse@middlemore.co.nz</a>
<b>Fax From:</b>		
<b>Designation:</b>		
<b>Date:</b>		
<b>Number of pages:</b>	<b>3</b>	

# National Burn Service Referral Form

Initial Treating Dr: \_\_\_\_\_ Ph: \_\_\_\_\_

Designation: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_

**Injury Details:**

Time/Date of Injury: \_\_\_\_\_ ACC 45 No. \_\_\_\_\_

Arrival Date/Time at Hospital: \_\_\_\_\_

How Accident Happened: \_\_\_\_\_

\_\_\_\_\_

State of consciousness when found: \_\_\_\_\_

Other Injuries: \_\_\_\_\_

\_\_\_\_\_

Burn occurred in confined space? Yes  No

Was there an explosion? Yes  No

Cooled at scene? 0-9 mins  10-19 mins  20+ mins

Past Medical History: \_\_\_\_\_

\_\_\_\_\_

Daily Alcohol Intake: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: Yes/No \_\_\_\_\_

Suicide attempt or deliberate self harm? Yes  No  Unsure

Known Psychiatric History: \_\_\_\_\_

**Discussed between which Consultants?**

**RBU SMO:** \_\_\_\_\_ **NBC SMO:** \_\_\_\_\_

**Decision (pls circle):** Transfer to NBC    RBU    Other \_\_\_\_\_

**Reason not transferred to NBC** \_\_\_\_\_

Patient label

**Next of Kin or Accompanying Person:**    **Ph:** \_\_\_\_\_

\_\_\_\_\_

**Initial Assessment:**

Airway: \_\_\_\_\_

Breathing: \_\_\_\_\_

Circulation: \_\_\_\_\_

- adequate supply to limbs? Yes / No (please circle)

Cervical injury: \_\_\_\_\_

Tetanus toxoid: *Current?* Yes / No / Don't Know (please circle)

Analgesics Given: \_\_\_\_\_

Escharotomies?    Yes     No

Where? \_\_\_\_\_

**Transfer Checklist:**

	Yes	No	n/a
Intubated			
Tetanus toxoid given			
Naso-gastric tube			
Oxygen			
Escharotomies			
Urethral catheter			
Venous access			
Blood gases			
Urea: electrolytes, full blood count			
Urinalysis			
Jewellery removed			
Baseline data attached			
Fluid Balance Chart attached			
Burns Chart attached (Lund & Browder)			
X-rays and notes (copies) sent			

