

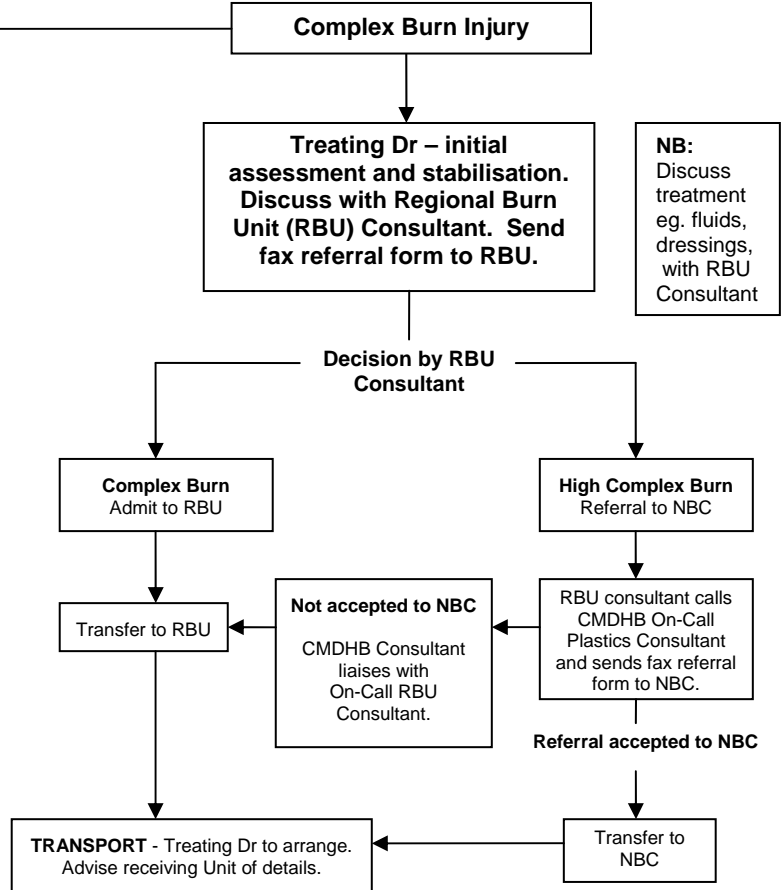
National Burn Service Referral Form

Note: The National Burn Service encourages consultation with the Regional Burn Units for any Burn injury.

Referral Process

Complex Burn Injury – ANZBA Criteria

- Burns >10% Total Body Surface Area (TBSA).
- Burns of Special Areas, ie. face, hands, feet, perineum and major joints.
- Full thickness burns >5% TBSA
- Electrical burns.
- Chemical burns.
- Burns with associated inhalation injury.
- Circumferential burns of the limbs or chest.
- Burns at the extremes of age, ie children and elderly.
- Burn injury in patients with pre-existing medical disorders which could complicate management, prolong recovery or affect mortality.
- Any burn patient with associated trauma.



| FAX REFERRAL TO: | Please tick applicable box below | |
|---|----------------------------------|--|
| Christchurch Hospital <input type="checkbox"/> tick here | Ph: | 03-364-0640 (please ask for on-call plastic registrar) |
| Hutt Hospital <input type="checkbox"/> tick here | Ph: | 04 570 9539 (please ask for on-call plastic registrar) |
| Waikato Hospital <input type="checkbox"/> tick here | Ph: | 07-839-8899 (please ask for on-call plastics registrar) |
| National Burn Centre Middlemore Hospital <input type="checkbox"/> tick here | Ph: Fax: Email Photos to: | 09 250 3800 09 276 0114 oncallburnsnurse@middlemore.co.nz |
| Fax From: | | |
| Designation: | | |
| Date: | | |
| Number of pages: | 3 | |

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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? _____

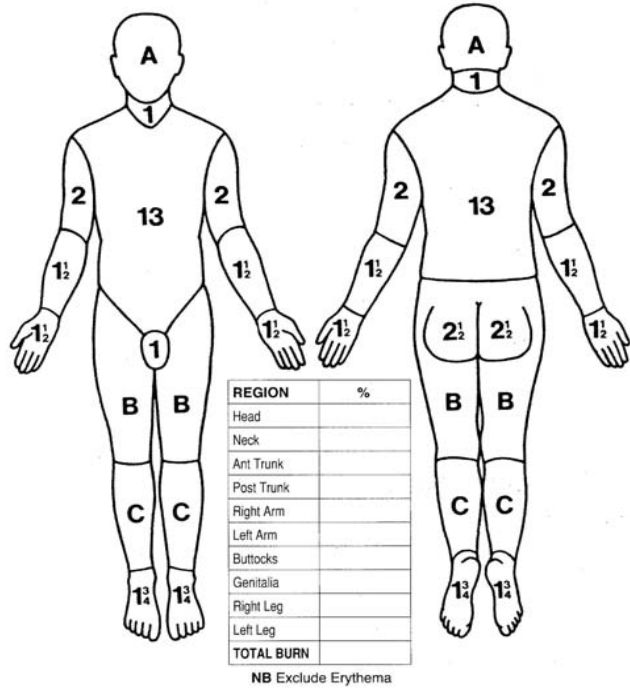
Transfer Checklist:

| | 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 | | | |

National Burn Service Referral Form

Lund & Browder Burns Chart

Areas Burned



Size of Burn (% body surface area): _____

Partial Thickness
 Full Thickness

| Area | Age 0 | 1 | 5 | 10 | 15 | Adult |
|------------------|-------|----|----|----|----|-------|
| A=½ of head | 9½ | 8½ | 6½ | 5½ | 4½ | 3½ |
| B=½ of one thigh | 2¾ | 3¼ | 4 | 4¼ | 4½ | 4¾ |
| C=½ of one leg | 2½ | 2½ | 2¾ | 3 | 3¼ | 3½ |

| | | | |
|-------------------|---------------|-------------------|---------------|
| Procedure Number: | BRNS-0252-024 | Last Updated: | 23 Nov 06 |
| Version: | 1.0 | Next Review Date: | November 2008 |

Fluid Replacement Guide

First 24 Hours

3-4 ml x kg x % burn (Crystalloid eg. Plasmalyte, Lactated Ringers, Saline)
 Do not include simple erythema.

Give half in first 8 hours from time of burn, half in next 16 hours

For Children add maintenance fluids – use Dextrose Saline:

Up to 10kg: 4 ml/kg/hr
 + from 10-20kg: 2ml/kg/hr
 + each kg >20kg: 1 ml/kg/hr

Monitoring

- Urine output Adults: 0.5 ml/kg/hr
 Children: 1 ml/kg/hr

(haemoglobinuria / myoglobinuria ⇒ 1 – 2 ml/kg/hr)

- Electrical burn ⇒ send urine specimen for myoglobin
- Blood tests: Burn >15% FBC q2h for first 6 hours then prn

**NB: This formula is a guideline only and does not replace clinical judgement.
 Adjustment may be necessary to maintain urine output.**

Wound Management

Please consult with Regional Burn Unit for advice prior to applying any wound care product.