Burns Transfer Form

For burn injuries in Adults >15%TBSA and Children/Elderly>10%TBSA early consultation with the local Burn service is advised
Send Burns Referral Form via TRIPS or fax Burns Transfer Form to the accepting Burn Service and send a copy with the patient

NHS
London and South East of England Burn Network

CONTACT DETAILS

www.trips.nhs.uk

St Andrews Burns Service
Broomfield Hospital (Chelmsford)
Adults/Children **01245 516037**

Chelsea & Westminster Hospital (London)
Adults **02033152500**
Children **02033153706**

Queen Victoria Hospital (East Grinstead)
Adults **01342 414440**
Children **01342 414469**

Stoke Mandeville Hospital (Aylesbury)
Adults and Children **01296 315040**

Referral Information

Referral Date: / /	Time: _____:_____	Referring Hospital:
Referring Dr:		Phone No: Fax No:

Patient

Name: **M / F**	DOB: / /	Weight: kg

Past Medical History: ⓘ allergies/medications/alcohol/substance misuse/psychiatric/DSH/NAI

Tetanus Cover Y / N

Safeguarding concerns/action taken:

Next of kin/Parental responsibility:	Relationship:	Phone No:
Home Postcode:	GP Details:	

Burn Injury

Injury Date: / /	Injury Time: _____:_____	ED Arrival Date: / /	ED Arrival Time: _____:_____

First Aid: ⓘ Cool burn wound with H_2O/cool compress for 20 mins within 3hr of injury

What happened:

Last Meal: _____:_____ Last Drink:_____:_____

Airway/Breathing

RR_____/min	**FiO_2** _____	**SaO_2** _____%	**COHb**_____%

☐ Cervical Spine immobilised Y / N ☐ C-Spine cleared Y / N by (Name/Grade)

☐ Suspected Inhalation Injury: Y / N ⓘ voice changes, upper airway oedema, deep facial burns, sooty sputum, history of burn in enclosed space ☐ Bronchoscopy confirmation Y / N

☐ Senior Anaesthetic Review Y / N (Name/Grade) ☐ CYANOKIT Y / N

☐ Intubated Y / N ☐ ETT ⓘ do not cut the tube ☐ Tracheostomy Grade of Intubation ☐ I ☐ II ☐ III ☐ IV

Tracheal Tube Size: _____ ☐ Cuffed ☐ Uncuffed ☐ ETT length at teeth: _____ cm ☐ Tube ties secured Y / N

Laryngoscopy findings:

ⓘ Discuss need for escharotomy in circumferential burns to chest/torso/neck ⓘ **Sit up** all patients with facial burns, if able

Circulation

BP_____/_____	**HR**_____/min	**Cap Refill** _____ sec	**Temp**_____°C
☐ECG	☐Drug/Tox Screen	☐Bloods	☐ABG

☐Peripheral IV #1 Size _____ Site _____
inserted in unburned skin, if able

☐Peripheral IV #2 Size _____ Site _____
inserted in unburned skin, if able

☐CVC Site _____ ☐Arterial Site _____

☐IO Site _____

ⓘ **Implement active warming measures to maintain >37.5°C**
ⓘ Discuss need for escharotomy in circumferential burns to limb/digit
ⓘ Monitor perfusion distal to burn & elevate limbs

☐**Urinary catheter** ☐**NG tube**

Blood Tests		**ABG**	
Urea mmol/L		**pH**	
Creatinine µmol/L		**pO_2** kPa	
Na^+ mmol/L		**pCO_2** kPa	
K^+ mmol/L		**HCO_3** mmol/L	
CRP mg/L		**BE**	
Hb g/dL		**HCT** %	
WCC x 10^9/L		**Lactate** mmol/L	
Platelets x 10^9/L		**Glucose** mmol/L	
CK u/L		**COHb**	

Disability

At scene GCS: E ____ V ____ M ____

Pre-intubation/ED GCS: E ____ V ____ M ____

R _____ **L** _____ PEARL Y/N ☐ Agitated/Combative

ⓘ IM analgesia ineffective in severe burns. Give IV

ⓘ Routine antibiotic prophylaxis not required

Blood sugar: _____mmol/L

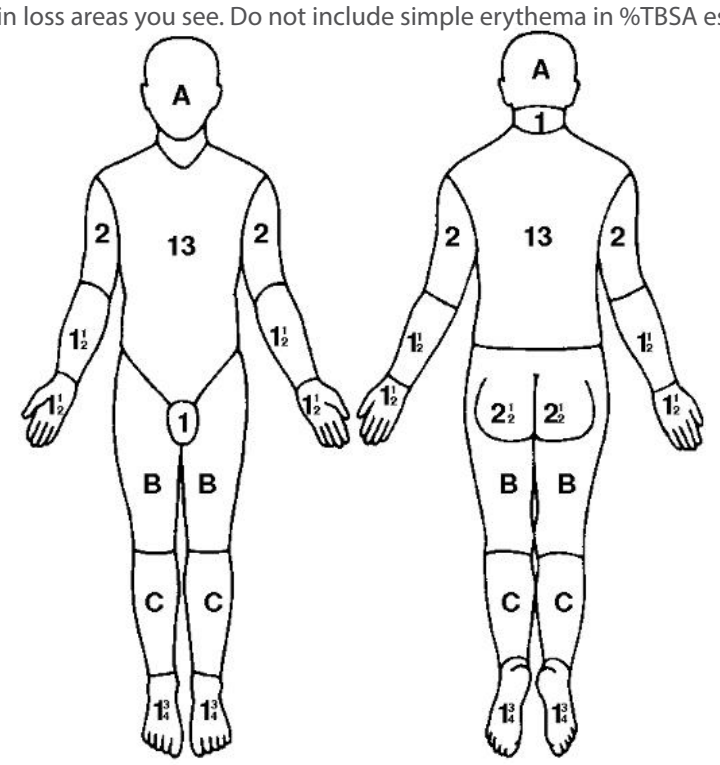
Time	Any medication given	Dose	Route	Sign
_____:_____				
_____:_____				
_____:_____				
_____:_____				
_____:_____				

Exposure

ⓘ **Implement active warming measures to prevent heat loss**

Burn % TBSA Chart

ⓘ Draw skin loss areas you see. 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	2¾	3¼	4	4½	4½	4¾
C = ½ one lower leg	2½	2½	2¾	3	3¼	3½

Burn Assessment

☐ **Remove** if proximal to burn injury:

- ☐ Hydrogel dressings
- ☐ Loose clothing (leave if adherent)
- ☐ Jewellery
- ☐ Nappies

Burn _____%TBSA	Burn Type _____

Circumferential Y/N ⓘ If Chest/torso/neck NB **breathing**, if limb/digit NB **perfusion**

Other injuries ⓘ In burns with trauma, non-burn injury should dictate the initial pathway of care

☐ **Send** images of cleaned wounds via **www.trips.nhs.uk**

Wound Management

ⓘ Discuss with accepting Burn Service

☐ **Cover** cleaned wound with loose longitudinal strips of Cling Film

ⓘ Do not apply Cling Film to face

ⓘ Chemical injuries must be fully decontaminated prior covering

Fluid Resuscitation

ⓘ **For burn injuries in Adults >15% TBSA burn & Children/Elderly >10% TBSA estimate fluid resuscitation requirements from time of injury**_____:_____

4mls/kg/%burn, half over the first 8 hrs, remainder over next 16 hrs

Parkland Formula:

4 ml x _____ **kg** x _____ **%TBSA** = _____ **mls**
(24 hour volume)

_____ **mls** ÷ 2 = _____ **mls**
(24 hour volume) (half 24 hour volume)

_____ **mls** ÷ 8 = _____ **mls/hr**
(half 24 hour volume) (given over first 8 hours)

_____ **mls** ÷ 16 = _____ **mls/hr**
(half 24 hour volume) (given over next 16hrs)

ⓘ Administer **warmed** Hartmann's/Plasmalyte

ⓘ Discuss additional **maintenance fluid for paediatric patients** with the accepting Burn Service

ⓘ Titrate formula to urine output especially if concomitant major trauma, inhalation or electrical injury, delay between time of injury & presentation

Fluid balance chart

ⓘ **document actual volumes given for each hour**

Injury Time _____ : _____	**Hour 1**	**Hour 2**	**Hour 3**	**Hour 4**	**Hour 5**	**Hour 6**	**Hour 7**	**Hour 8**
Hartmann's/Plasmalyte (mls)								
Other fluids (mls)								
Oral fluids (mls)								
Urine output								

ⓘ **Urine output aims: Adults 0.5 ml/kg/hr; Children** 1ml/kg/hr; **Electrical** 1-2ml/kg/hr

☐ **ATLS** Primary & Secondary Surveys completed by (Name/Grade) _____

☐ Other actions _____

Pre-transfer checklist

☐ Airway secure & O_2 in situ	☐ Warming measures ongoing in transfer
☐ Sit head up/elevate burned areas as appropriate	☐ Relatives informed
☐ Tubes / lines secure (IV, NG, urinary catheter)	☐ Case notes/test results copied & sent with patient
☐ Fluids infusing via pump in transfer	☐ LSEBN Burns Transfer Form completed by:
☐ Pain controlled	☐ Accepting burns service contacted on departure at _____:_____

Updated March 2016