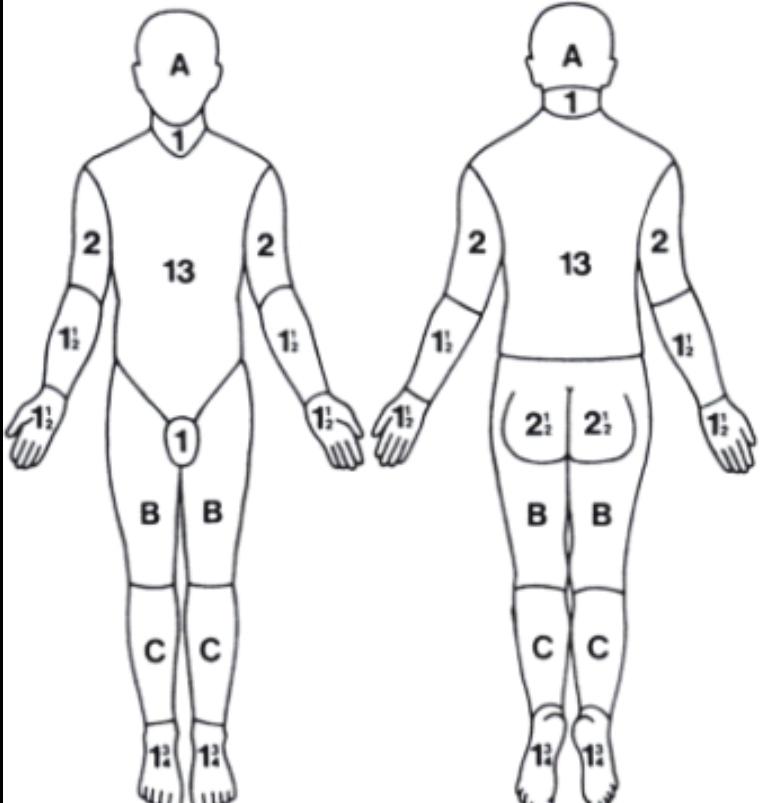


National Burn Centre REFERRAL

email oncallburnsnurse@middlemore.co.nz
confirm receipt on 09 250 3800

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																																					
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	Burn % TBSA Chart Shade burnt areas / do not include simple erythema in % TBSA estimation. 	Burn Assessment Burn _____% TBSA Sites of Circumferential or near circumferential Y / Unclear / N (if Y or unclear list sites below) <div> Location(s): • chest/torso/neck breathing, • limb/digit perfusion </div> <div> Escharotomy: Completed / Planned / Maybe </div>																																			
Send images of cleaned wounds to oncallburnsnurse@middlemore.co.nz		<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 = ½ one head</td> <td>9½</td> <td>8½</td> <td>6½</td> <td>5½</td> <td>4½</td> <td>3½</td> </tr> <tr> <td>B = ½ one thigh</td> <td>2½</td> <td>3½</td> <td>4</td> <td>4½</td> <td>4½</td> <td>4½</td> </tr> <tr> <td>C = ½ one lower leg</td> <td>2½</td> <td>2½</td> <td>2½</td> <td>3</td> <td>3½</td> <td>3½</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 = 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					
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R	RECOMMENDATION			
FLUIDS	For burn injuries in Adults > 20% TBSA burn & Children > 10% TBSA estimate fluid resuscitation requirements from time of injury Titrate formula to urine output especially if concomitant major trauma, inhalation or electrical injury, delay between time of injury & presentation 3ml/kg/%burn, half over the first 8 hrs, remainder over next 16 hrs from time of burn not admission			
	Resuscitation – Parkland (1st 24 hours) Warmed Plasma-Lyte / Hartmann's™ (balanced crystalloid)		Paediatric Maintenance Formula (up to 16 years) 5% Dextrose & in normal (0.9%) saline	
	3 ml x _____ kg x _____ % TBSA = _____ ml <div style="text-align: right; margin-right: 50px;">24-hour volume</div> _____ ml ÷ 2 _____ ml <div style="display: flex; justify-content: space-between;"><div>24-hour volume</div><div>half 24-hour volume</div></div> _____ ml ÷ 8 _____ ml/hr <div style="display: flex; justify-content: space-between;"><div>half 24-hour volume</div><div>given over first 8 hours from time of burn</div></div> _____ ml ÷ 16 _____ ml/hr <div style="display: flex; justify-content: space-between;"><div>half 24 hour volume</div><div>given over next 16 hours from time of burn</div></div>		Paediatric maintenance fluid is <i>in addition</i> to the resuscitation fluid and remains constant Up to 10kg... 4ml/kg/hr = _____ + from 10–20kg... 2ml/kg/hr = _____ + each kg >20kg... 1ml/kg/hr = _____ TOTAL _____ ml/hr	
	ADJUST RESUSCITATION FLUID TO MAINTAIN URINE OUTPUT (0.5ml/kg/hr for adult, 1ml/kg/hr for paediatric patients)			
ANALGESIA	<input type="checkbox"/> IV analgesia (e.g. morphine)			
TESTS	<input type="checkbox"/> FBC & U&Es	<input type="checkbox"/> Blood gas	<input type="checkbox"/> β-hCG	<input type="checkbox"/> Crossmatch
TUBES	<input type="checkbox"/> IVL x2	<input type="checkbox"/> IDC	<input type="checkbox"/> NG	
TRAUMA	<input type="checkbox"/> Primary & Secondary trauma survey			
WOUND Mx	<input type="checkbox"/> Access burn cache (remember to restock) <input type="checkbox"/> First Aid Completed <ul style="list-style-type: none"> ❖ 20 min cool running water – effective within 3 hours of injury ❖ May need to be prolonged if chemical injury (check pH of skin with Litmus paper) <input type="checkbox"/> Cover cleaned wound with loose longitudinal strips of Cling Film <ul style="list-style-type: none"> ❖ Do not apply Cling Film to face ❖ Chemical injuries must be fully decontaminated prior to covering <input type="checkbox"/> Ophthalmology review (if required) <input type="checkbox"/> Prevent hypothermia (commence active warming – aim for >37°C) <input type="checkbox"/> Monitor perfusion <input type="checkbox"/> Photos – Send images of cleaned wounds to oncallburnsnurse@middlemore.co.nz			

email THIS COMPLETED FORM to oncallburnsnurse@middlemore.co.nz

CONFIRM RECEIPT on 09 250 3800

Access INITIAL ASSESSMENT GUIDELINES – www.nationalburnservice.co.nz/pdf/NBS-initial-assessment-guideline.pdf

ANY CONCERNS CONTACT ON CALL BURNS NURSE – 09 250 3800