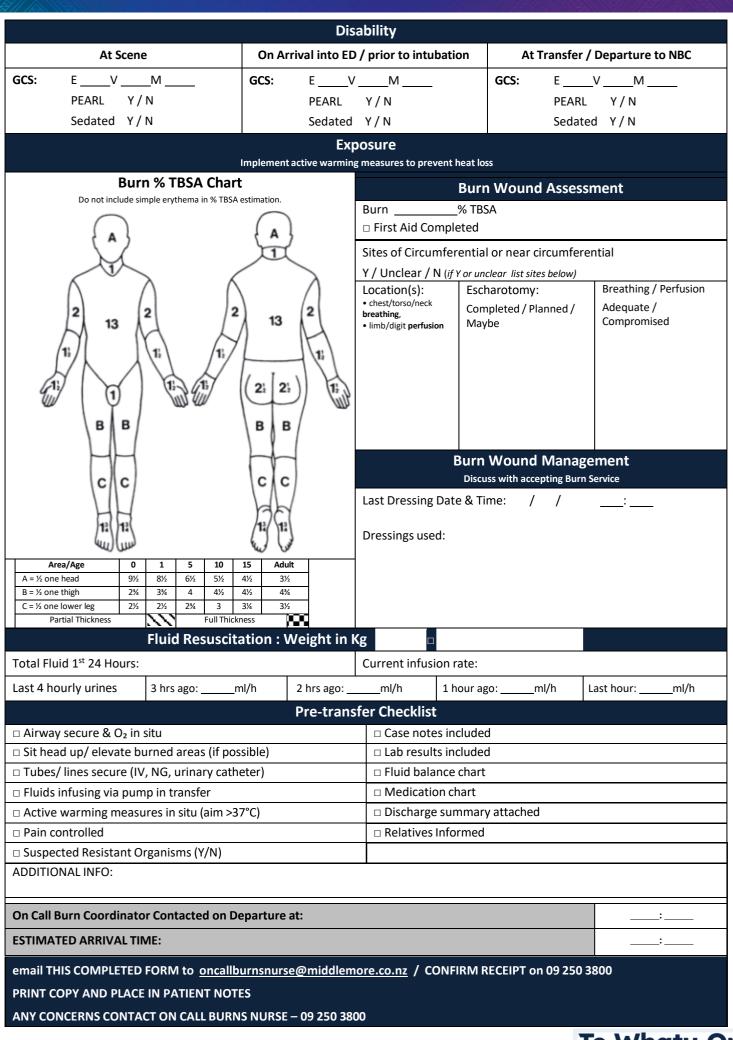
National Burn Service TRANSFER

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

email <u>oncallburnsnurse@middlemore.co.nz</u> 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/N			Grade of Intubation: II III III III IV		
Tracheal Tube Size: Cuffed 🛛 Uncuffed 🗖			ETT length at teeth:cm		
RR/min	FiO ₂	SaO ₂ %	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		Date inserted:	Blood Tests	
- 11/ 112 6:	Inserted in unburned skin, if able		Data in anta di	Date: / /	
□ IV #2 Size	Site		Date inserted:	Time:: Hb g/DI	
Other Site			Date inserted:	HCT %	
Arterial Site				Lactate mmol/L	
Urinary catheter Date inserted:				Glucose mmol/L	
 Implement active warming measures to avoid hypothermia Monitor perfusion to burn & elevate limbs 					



Last review date: 02/07/2025 Next review date: 01/07/2028 Te Whatu Ora Health New Zealand Counties Manukau