

<div><div>National Burn Service</div><div>TRANSFER</div><div>email <a href="mailto:oncallburnsnurse@middlemore.co.nz">oncallburnsnurse@middlemore.co.nz</a></div><div>DATE &amp; TIME : <div></div></div></div>		Patient Sticker OR Name / DoB / M/F / NHI	
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)			
<div><input type="checkbox"/> Cervical spine assessment: Not cleared / Cleared – XR / CT / Clinical (Clinician / Role):</div> <div><input type="checkbox"/> Secondary survey completed: (Lead Clinician / Role):</div> <div><input type="checkbox"/> Tertiary survey: Y / N (Lead Clinician / Role):</div> <div><input type="checkbox"/> Other identified injuries: N / Y (list)</div>			
Airway / Breathing			
<input type="checkbox"/> Intubated Y / N		Grade of Intubation: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
Tracheal Tube Size: _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed		<input type="checkbox"/> ETT length at teeth: _____ cm	
RR _____/min	FiO <sub>2</sub> _____	SaO <sub>2</sub> _____%	COHb (First recorded): / / ____: ____ _____%
<div><input type="checkbox"/> Suspected airway injury: N / Y voice changes, upper airway oedema, deep facial burns, sooty sputum, history of burn in enclosed space</div> <div><input type="checkbox"/> Senior Clinician Airway Review: Y / N by (Name/Role)</div>			
<input type="checkbox"/> Laryngoscopy: Y / N Findings:		Date & Time of Assessment: / / ____: ____	
Circulation			
BP ____/ ____	Inotropes (Y/N) _____	HR ____/min	Temp ____°C
<input type="checkbox"/> ECG: Y / N / Findings			
<input type="checkbox"/> IV #1 Size _____	Site _____ <small>Inserted in unburned skin, if able</small>	Date inserted: _____	<div>Blood Tests</div> <div>Date: / /</div> <div>Time: ____: ____</div> <div><div>Hb g/dl</div><div>HCT %</div><div>Lactate mmol/L</div><div>Glucose mmol/L</div></div>
<input type="checkbox"/> IV #2 Size _____	Site _____	Date inserted: _____	
<input type="checkbox"/> Other _____	Site _____	Date inserted: _____	
<input type="checkbox"/> Arterial Site _____			
<input type="checkbox"/> Urinary catheter Date inserted: _____			
<div><div><input checked="" type="checkbox"/> Implement active warming measures to avoid hypothermia</div><div><input checked="" type="checkbox"/> Monitor perfusion to burn &amp; elevate limbs</div></div>			

Disability																																					
At Scene	On Arrival into ED / prior to intubation	At Transfer / Departure to NBC																																			
GCS: E ____ V ____ M ____ PEARL Y / N Sedated Y / N	GCS: E ____ V ____ M ____ PEARL Y / N Sedated Y / N	GCS: E ____ V ____ M ____ PEARL Y / N Sedated Y / N																																			
Exposure																																					
Implement active warming measures to prevent heat loss																																					
<b>Burn % TBSA Chart</b> <small>Do not include simple erythema in % TBSA estimation.</small> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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>9%</td> <td>8%</td> <td>6%</td> <td>5%</td> <td>4%</td> <td>3%</td> </tr> <tr> <td>B = ½ one thigh</td> <td>2%</td> <td>3%</td> <td>4</td> <td>4%</td> <td>4%</td> <td>4%</td> </tr> <tr> <td>C = ½ one lower leg</td> <td>2%</td> <td>2%</td> <td>2%</td> <td>3</td> <td>3%</td> <td>3%</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Partial Thickness </span> <span>Full Thickness </span> </div>		Area/Age	0	1	5	10	15	Adult	A = ½ one head	9%	8%	6%	5%	4%	3%	B = ½ one thigh	2%	3%	4	4%	4%	4%	C = ½ one lower leg	2%	2%	2%	3	3%	3%	<b>Burn Wound Assessment</b> Burn _____ % TBSA <input type="checkbox"/> First Aid Completed Sites of Circumferential or near circumferential Y / Unclear / N (if Y or unclear list sites below) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Location(s): • chest/torso/neck breathing, • limb/digit perfusion</th> <th style="width: 33%;">Escharotomy: Completed / Planned / Maybe</th> <th style="width: 34%;">Breathing / Perfusion Adequate / Compromised</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> </tr> </tbody> </table>		Location(s): • chest/torso/neck breathing, • limb/digit perfusion	Escharotomy: Completed / Planned / Maybe	Breathing / Perfusion Adequate / Compromised			
Area/Age	0	1	5	10	15	Adult																															
A = ½ one head	9%	8%	6%	5%	4%	3%																															
B = ½ one thigh	2%	3%	4	4%	4%	4%																															
C = ½ one lower leg	2%	2%	2%	3	3%	3%																															
Location(s): • chest/torso/neck breathing, • limb/digit perfusion	Escharotomy: Completed / Planned / Maybe	Breathing / Perfusion Adequate / Compromised																																			
Burn Wound Management																																					
Discuss with accepting Burn Service																																					
Last Dressing Date & Time:     /     /     :																																					
Dressings used:																																					
Fluid Resuscitation : Weight in Kg <input type="text"/> <input type="text"/>																																					
Total Fluid 1 <sup>st</sup> 24 Hours:		Current infusion rate:																																			
Last 4 hourly urines	3 hrs ago: _____ml/h	2 hrs ago: _____ml/h	1 hour ago: _____ml/h     Last hour: _____ml/h																																		
Pre-transfer Checklist																																					
<input type="checkbox"/> Airway secure & O <sub>2</sub> in situ		<input type="checkbox"/> Case notes included																																			
<input type="checkbox"/> Sit head up/ elevate burned areas (if possible)		<input type="checkbox"/> Lab results included																																			
<input type="checkbox"/> Tubes/ lines secure (IV, NG, urinary catheter)		<input type="checkbox"/> Fluid balance chart																																			
<input type="checkbox"/> Fluids infusing via pump in transfer		<input type="checkbox"/> Medication chart																																			
<input type="checkbox"/> Active warming measures in situ (aim >37°C)		<input type="checkbox"/> Discharge summary attached																																			
<input type="checkbox"/> Pain controlled		<input type="checkbox"/> Relatives Informed																																			
<input type="checkbox"/> Suspected Resistant Organisms (Y/N)																																					
ADDITIONAL INFO:																																					
On Call Burn Coordinator Contacted on Departure at:			_____:																																		
ESTIMATED ARRIVAL TIME:			_____:																																		
email THIS COMPLETED FORM to <a href="mailto:oncallburnsnurse@middlemore.co.nz">oncallburnsnurse@middlemore.co.nz</a> / CONFIRM RECEIPT on 09 250 3800 PRINT COPY AND PLACE IN PATIENT NOTES ANY CONCERNS CONTACT ON CALL BURNS NURSE – 09 250 3800																																					