

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

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
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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:
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Home Postcode:	GP Details:
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Burn Injury

Injury Date: / /	Injury Time: ____:____	ED Arrival Date: / /	ED Arrival Time: ____:____
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First Aid: ⓘ Cool burn wound with H₂O/cool compress for 20 mins within 3hr of injury

What happened:

Last Meal: ____:____ Last Drink: ____:____

Airway/Breathing

RR ____/min	FiO ₂ ____	SaO ₂ ____%	COHb ____%
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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
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<input type="checkbox"/> ECG	<input type="checkbox"/> Drug/Tox Screen	<input type="checkbox"/> Bloods	<input type="checkbox"/> ABG
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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

- ① IM analgesia ineffective in severe burns. Give IV
- ① Routine antibiotic prophylaxis not required

Blood sugar: _____ mmol/L

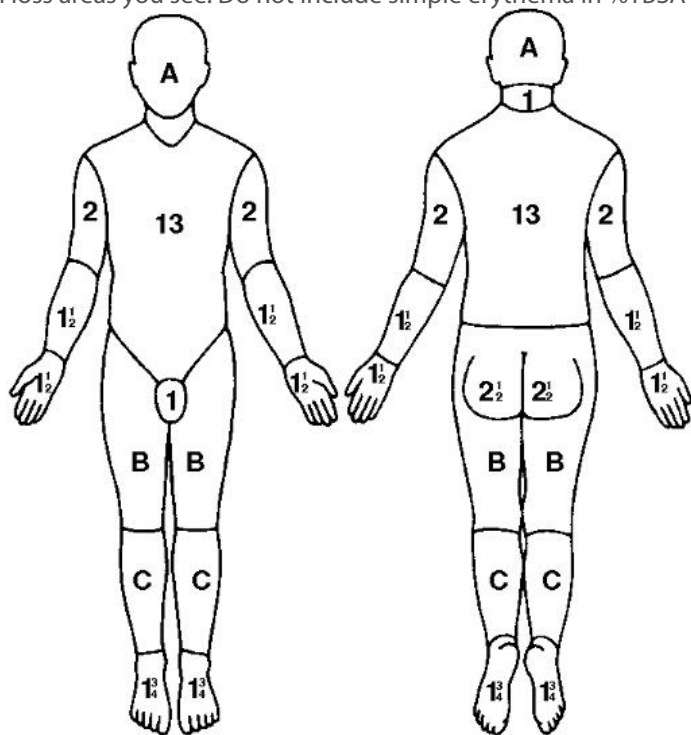
Time	Any medication given	Dose	Route	Sign

Exposure

① Implement active warming measures to prevent heat loss

Burn % TBSA Chart

① Draw skin loss areas you see. Do not include simple erythema in %TBSA estimation.



Area/Age	0	1	5	10	15	Adult
A = 1/2 one head	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2	3 1/2
B = 1/2 one thigh	2 3/4	3 1/4	4	4 1/2	4 1/2	4 3/4
C = 1/2 one lower leg	2 1/2	2 1/2	2 3/4	3	3 1/4	3 1/2

Burn Assessment

- Remove if proximal to burn injury:
 - Hydrogel dressings
 - Jewellery
 - Loose clothing (leave if adherent)
 - Nappies

Burn _____ %TBSA Burn Type _____

Circumferential Y/N ① If Chest/torso/neck NB breathing, if limb/digit NB perfusion

Other injuries ① 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

① Discuss with accepting Burn Service

- Cover cleaned wound with loose longitudinal strips of Cling Film

① Do not apply Cling Film to face

① Chemical injuries must be fully decontaminated prior covering

Fluid Resuscitation

① 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

① Administer warmed Hartmann's/Plasmalyte

① Discuss additional maintenance fluid for paediatric patients with the accepting Burn Service

① Titrate formula to urine output especially if concomitant major trauma, inhalation or electrical injury, delay between time of injury & presentation

Fluid balance chart

① 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								

① 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

<input type="checkbox"/> Airway secure & O ₂ in situ	<input type="checkbox"/> Warming measures ongoing in transfer
<input type="checkbox"/> Sit head up/elevate burned areas as appropriate	<input type="checkbox"/> Relatives informed
<input type="checkbox"/> Tubes / lines secure (IV, NG, urinary catheter)	<input type="checkbox"/> Case notes/test results copied & sent with patient
<input type="checkbox"/> Fluids infusing via pump in transfer	<input type="checkbox"/> LSEBN Burns Transfer Form completed by: _____
<input type="checkbox"/> Pain controlled	<input type="checkbox"/> Accepting burns service contacted on departure at _____ : _____