

NORTHERN BURN CARE NETWORK REFERRAL FORM ADULT COMPLEX BURNS

<p>Patient Details</p> <p>NHS Number</p> <p>Name</p> <p>Date of Birth /..... /..... Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Address</p> <p>.....</p> <p>Postcode Telephone number</p> <p>Is an interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Language</p>	<p>Referral Information (<i>Please specify</i>) Date:</p> <p>Hospital/ Community/ Other.....</p> <p>Department – ED / ICU / Ward/ Other</p> <p>Referrer Name</p> <p>Grade</p> <p>Direct Line Fax Number</p>
<p>Next Of Kin Details</p> <p>Patient accompanied by(relationship)</p> <p>Name of Next of Kin</p> <p>Contact Details</p> <p>Relationship</p> <p>Family/carer aware of hospital attendance? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>GP Details</p> <p>GP Name.....</p> <p>GP Practice/Address</p>
<p>Airway/Breathing</p> <p>Patent airway Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>C. spine injury Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Immobilised Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Inhalation injury suspected Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Soot in nose/throat Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Hoarse voice Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Stridor/noisy breathing Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Anaesthetic assessment Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Intubated Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Time (if applicable)</p> <p>Please use an UNCUT tube</p> <p>Laryngoscopy grade I II III IV</p> <p>Size ETT mm cuffed/uncuffed</p> <p>Fixed at teeth/nose cm</p>	<p>PMSH</p> <p>Smokes /day Alcohol /day</p> <p>Drug Abuse Yes <input type="checkbox"/> No <input type="checkbox"/> Specify</p> <p>Allergies Yes <input type="checkbox"/> No <input type="checkbox"/> Specify.....</p> <p>Tetanus Status</p> <p>Mobility</p> <p>Learning Disabilities Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Mental Health Requirements Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Co-morbidities Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Specify</p>
<p>Environment</p> <p>Patient kept warm prior to and during transfer Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Wound Management</p> <p>≥ 15% apply cling film and keep warm</p> <p>Irrigate chemical (except Phosphorus) burns copiously</p> <p>Wash small complex burns to facilitate assessment if appropriate</p> <p>Circumferential Burns: Discuss with burn service prior to transfer</p> <p>Escharotomies Needed Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Where</p> <p>Escharotomies carried out prior to transfer Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Patient Weightkg actual/estimated</p> <p>% TBSA % TBSA Full Thickness Burns</p> <p>A :½ of head = 3½% B:½ of one thigh = 4¾% C : ½ of lower leg = 3½%</p>	<p>Safeguarding/Risks</p> <p>Safeguarding Concerns Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Risk Concerns Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Specify</p> <p>Action taken</p> <p>Burn Information</p> <p>Date of Burn /..... /..... Time of Burn:</p> <p>Cause of Burn.....</p> <p>First Aid Given/Cooling Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Was the First Aid Delayed Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Specify</p> <p>By Whom: Witness/Fire Service/Paramedic/A&E/Other</p>
<p>OBS prior to intubation FIO2 % SaO2% RR Min GCS prior to intubation/15</p>	
<p>Circulation</p> <p>HR bpm B/P / CRT sec Peripheral/Core Temp °</p> <p>Fluid resuscitation commenced? Yes <input type="checkbox"/> No <input type="checkbox"/> (see overleaf)</p> <p>Urinary Catheter Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Balloon inflated..... size..... Venous Access 1 : central/peripheral size.....site</p> <p>Venous Access 2 : central/peripheral size.....site</p>	
<p>Burn % Chart - Ignore Simple Erythema</p>	

...Please Turn Over

Fluid Resuscitation (This formula is based on the Parkland Formula)

For 1st 8 hours: 0.1875mls x % burn x weight (kg) = mls/hour Hartmann's solution

(please check calculations and discuss 'CATCH UP' fluid with accepting Burn Unit)
We expect the patient to be transferred to the Burn Unit within 8 hours

Fluid Balance Chart – Please complete with ACTUAL volumes given for each hour

Burn Time	Hour 1	Hour 2	Hour 3	Hour 4	Hour 5	Hour 6	Hour 7	Hour 8
Hartmann's (mls)								
Other fluids (mls)								
Oral fluid (mls)								
Urine output (mls) (aim 0.5 – 1ml/kg/hr)								

Results			Medication Given			
Blood		ABG	Time	Drug	Route	Dose
Hb		pH				
WCC		PO2 kPa/mmHg				
Platelets		PCO2 kPa/mmHg				
Sickledex		HCO3				
Na+		BE				
K+		Lactate				
Urea		CoHb %				
Creatinine		Glucose				
Albumin		CK				
ECG		X-Ray (trauma Series)				

Northern Burn Care Network Adult Burn Units Contact Details

–If nearest service is full then contact National Burn Bed Bureau (NBBB) on 01384 215576

Newcastle	Royal Victoria Infirmary	Burn Unit	T: 0191 282 5637 / 0191 282 0271	F: 0191 2820260
South Tees	James Cook University Hospital	Burn Facility	T: 01642 854535	F: 01642 854175
Preston	Royal Preston Hospital	Burn Facility	T: 01772 522 244	F: 01772 523694
Manchester	Wythenshawe Hospital	Burn Unit	T: 0161 291 6314	F: 0161 2916315
Liverpool	Whiston Hospital	Burn Unit	T: 0151 430 1540 / 0151 430 2349	F: 0151 4301508
Wakefield	Pinderfields Hospital	Burn Unit	T: 01924 541700	F: 01924 542632
Sheffield	Northern General Hospital	Burn Unit	T: 0114 27 14129 / 0114 27 14126	F: 0114 2269097

Pre-transfer Checklist	Any Other Relevant Information
Airway - safe/secured	Patient refused Yes <input type="checkbox"/> No <input type="checkbox"/> Reason Transferred to: Form Completed By Signed Designation Contact Details
NGT in situ for transit	
Tubes/lines secured	
Poisons centre contacted and details attached	
Analgesia adequate	
Infusions for transit	
Appropriate staff	
Jewellery/watch off	
Notes/X-rays/ Investigations	
Photographs of wounds	
Copy of ED assessment details	
Copy of Ambulance PRF	
Relatives aware of transfer	
Burn Unit contacted with time of departure	