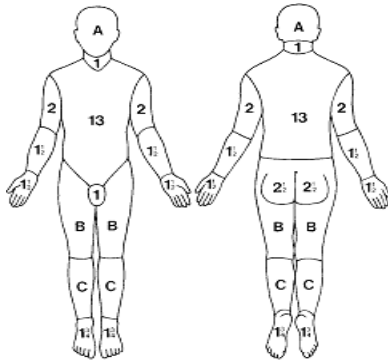


## NORTHERN BURN CARE NETWORK REFERRAL FORM ADULT NON-COMPLEX BURNS

<p><b>Patient Details</b> NHS Number.....          Name.....          Date of Birth ...../...../..... Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>          Address.....          Postcode ..... Tel number.....          Is an interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>          Language .....</p>	<p><b>Referral Information</b> (Please specify) Date: .....          Hospital/Community/Other.....          Department - ED / Ward / Other.....          Referrer Name.....          Grade.....          Direct Line..... Fax Number.....</p>																	
<p><b>Next Of Kin Details</b>          Patient accompanied by .....          Relationship.....          Is the Next of Kin aware? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p><b>GP Details</b>          GP Name..... Telephone No .....          GP Practice/Address .....</p>																	
<p><b>Burn Information</b>          Date of Burn ...../...../..... Time of Burn .....:          Cause of Burn .....          First Aid Given/Cooling Yes <input type="checkbox"/> No <input type="checkbox"/>          If yes, how long for .....          What type .....          Was the first aid delayed? Yes <input type="checkbox"/> No <input type="checkbox"/>          If yes, how long for .....</p>	<p><b>PMSH</b>          Smokes ...../day Alcohol ..... units /day          Drug Abuse Yes <input type="checkbox"/> No <input type="checkbox"/>          Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>          Tetanus Status .....          Mobility .....          Learning Disabilities Yes <input type="checkbox"/> No <input type="checkbox"/>          Mental Health Requirements Yes <input type="checkbox"/> No <input type="checkbox"/>          Co-morbidities Yes <input type="checkbox"/> No <input type="checkbox"/>          Specify.....</p>																	
<p><b>Wound Assessment</b>          Location.....          Is it over a joint? Yes <input type="checkbox"/> No <input type="checkbox"/>          Size of burn % TBSA / cm          Burn Depth Epidermal                            Superficial Dermal                            Deep Dermal                            Full Thickness</p>	<p><b>Safeguarding/Risk</b>          Safeguarding concerns Yes <input type="checkbox"/> No <input type="checkbox"/>          Risks Yes <input type="checkbox"/> No <input type="checkbox"/>          Specify .....          Action taken .....</p>																	
<p><b>Wound Management:</b> Wash with soap and water and apply cling film (not to faces) for immediate transfer only, otherwise apply appropriate dressing</p>	<p><b>Burn % Chart – Ignore Simple Erythema</b></p> 																	
<p><b>Circulation</b> Core temperature ..... °          HR ..... bmp B/P ..... / .....</p>																		
<p><b>Medication Given</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Time</th> <th style="width: 35%;">Drug</th> <th style="width: 15%;">Route</th> <th style="width: 35%;">Dose</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Time	Drug	Route	Dose														
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<b>Northern Burn Care Network Adult Burn Units Contact Details</b>																		
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 2714129 / 0114 2714126	F: 0114 2269097														
<p><b>Pre-transfer Checklist</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Poisons centre contacted and details attached</td><td> </td></tr> <tr><td>Analgesia adequate</td><td> </td></tr> <tr><td>Consider cannula</td><td> </td></tr> <tr><td>Jewellery/watch off</td><td> </td></tr> <tr><td>Notes/X-rays/ Investigations</td><td> </td></tr> <tr><td>Copy of ED assessment details</td><td> </td></tr> <tr><td>Copy of Ambulance PRF</td><td> </td></tr> </table>		Poisons centre contacted and details attached		Analgesia adequate		Consider cannula		Jewellery/watch off		Notes/X-rays/ Investigations		Copy of ED assessment details		Copy of Ambulance PRF		<p><b>Any Other Relevant Information</b></p>		
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