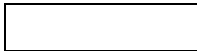


## NORTHERN BURN CARE NETWORK REFERRAL FORM PAEDIATRIC COMPLEX BURNS

<b>Patient Details</b> NHS Number ..... Name ..... Date of Birth ..... /...../..... Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Address ..... ..... Postcode..... Telephone number..... Is an interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Language .....		<b>Referral Information (Please specify)</b>   Date: ..... Hospital/Community/Other ..... Department -ED/ICU/Ward/Other..... Referrer Name ..... Grade ..... Direct Line ..... Fax Number.....																									
<b>Next Of Kin Details</b> Patient accompanied by .....(relationship) Name of Next of Kin ..... Contact Details ..... Parental Responsibility..... Family/carer aware of hospital attendance? Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>GP Information</b> GP Name ..... GP Practice/Address .....																									
<b>Airway/Breathing</b> Patent airway Yes <input type="checkbox"/> No <input type="checkbox"/> C. spine injury Yes <input type="checkbox"/> No <input type="checkbox"/> Immobilised Yes <input type="checkbox"/> No <input type="checkbox"/> Inhalation injury suspected Yes <input type="checkbox"/> No <input type="checkbox"/> Soot in nose/throat Yes <input type="checkbox"/> No <input type="checkbox"/> Hoarse voice Yes <input type="checkbox"/> No <input type="checkbox"/> Stridor/noisy breathing Yes <input type="checkbox"/> No <input type="checkbox"/> Anaesthetic assessment Yes <input type="checkbox"/> No <input type="checkbox"/> Intubated Yes <input type="checkbox"/> No <input type="checkbox"/> Time (if applicable) ..... <b>Please use an UNCUT tube</b> Laryngoscopy grade I II III IV Size ETT mm cuffed/uncuffed Fixed at teeth/nose cm		<b>PMSH</b> Smokes /day Alcohol /day Drug Abuse Yes <input type="checkbox"/> No <input type="checkbox"/> Specify..... Allergies Yes <input type="checkbox"/> No <input type="checkbox"/> Specify..... 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 .....																									
<b>OBS prior to intubation</b>   FIO2 ..... %   SaO2 ..... %   RR ..... Min   GCS prior to intubation ..... /15		<b>Safeguarding/Risks</b> Safeguarding Concerns Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Concerns Yes <input type="checkbox"/> No <input type="checkbox"/> Specify ..... Action taken .....																									
<b>Circulation</b> HR bpm B/P / CRT sec Peripheral/Core Temp ° Fluid resuscitation commenced? Yes <input type="checkbox"/> No <input type="checkbox"/> (see overleaf) Urinary Catheter Yes <input type="checkbox"/> No <input type="checkbox"/> Balloon inflated..... size..... Venous Access 1 : central/peripheral/IO size.....site..... Venous Access 2 : central/peripheral/IO size.....site .....		<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"/> Was the First Aid Delayed Yes <input type="checkbox"/> No <input type="checkbox"/> Specify ..... By Whom: Witness/Fire Service/Paramedic/A&E/Other .....																									
<b>Environment</b> Patient kept warm prior to and during transfer Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Burn % Chart - Ignore Simple Erythema</b> 																									
<b>Wound Management</b> ≥ 10% cling film and keep patient warm Irrigate chemical (except Phosphorus) burns copiously Wash small complex burns to facilitate assessment if appropriate Circumferential Burns: Discuss with burn service prior to transfer Escharotomies Needed Yes <input type="checkbox"/> No <input type="checkbox"/> Where..... Escharotomies carried out prior to transfer Yes <input type="checkbox"/> No <input type="checkbox"/> Patient Weight .....kg actual/estimated		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Area</th> <th style="width: 15%;">Age 0</th> <th style="width: 15%;">Age 1</th> <th style="width: 15%;">Age 5</th> <th style="width: 15%;">Age 10</th> <th style="width: 15%;">Age 15</th> </tr> </thead> <tbody> <tr> <td><b>A : ½ of head</b></td> <td>9½ %</td> <td>8½ %</td> <td>6½ %</td> <td>5½ %</td> <td>4½ %</td> </tr> <tr> <td><b>B : ½ of one thigh</b></td> <td>2¾ %</td> <td>3¼ %</td> <td>4 %</td> <td>4½ %</td> <td>4½ %</td> </tr> <tr> <td><b>C : ½ of lower leg</b></td> <td>2½ %</td> <td>2½ %</td> <td>2¾ %</td> <td>3 %</td> <td>3¼ %</td> </tr> </tbody> </table>		Area	Age 0	Age 1	Age 5	Age 10	Age 15	<b>A : ½ of head</b>	9½ %	8½ %	6½ %	5½ %	4½ %	<b>B : ½ of one thigh</b>	2¾ %	3¼ %	4 %	4½ %	4½ %	<b>C : ½ of lower leg</b>	2½ %	2½ %	2¾ %	3 %	3¼ %
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<b>B : ½ of one thigh</b>	2¾ %	3¼ %	4 %	4½ %	4½ %																						
<b>C : ½ of lower leg</b>	2½ %	2½ %	2¾ %	3 %	3¼ %																						



**Fluid Management (This formula is based on the Parkland Formula)**

**For 1<sup>st</sup> 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 – 1 ml/kg/hr)								

**Maintenance Calculation (from commencement of fluids)**

100mls per kg x first 10kg body weight  
 50mls per kg x second 10kg body weight  
 20mls per kg x remaining body weight  
 Total =        ÷        =        mls /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 Paediatric 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 6011 / 0191 282 9009	F: 0191 2820543
Manchester	Manchester Children's Hospital	Burn Unit	T: 0161 701 8100	F: 0161 7018199
Liverpool	Alder Hey Children's Hospital	Burn Unit	T: 0151 252 5400	F: 0151 2933627
Wakefield	Pinderfields Hospital	Burn Unit	T: 01924 541931	
Sheffield	Sheffield Children's Hospital	Burn Unit	T: 0114 2260694	F: 0114 2717167

**Paediatric Retrieval Teams**

North East: 0191 282 3017

Embrace (Y&H): 0845 147 2472

NWTS (NW): 08000 84 83 82

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