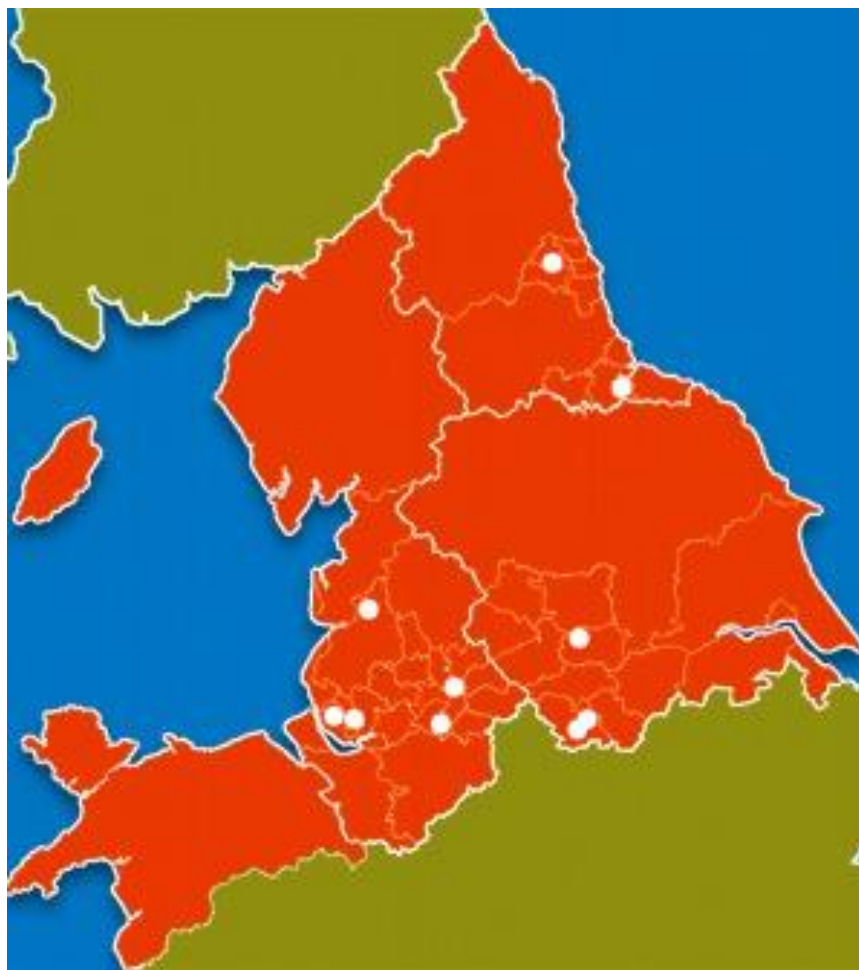


# Northern Burn Care Operational Delivery Network

## Referral Information Pack



## **Northern Burn Care ODN Burns Referral Pack**

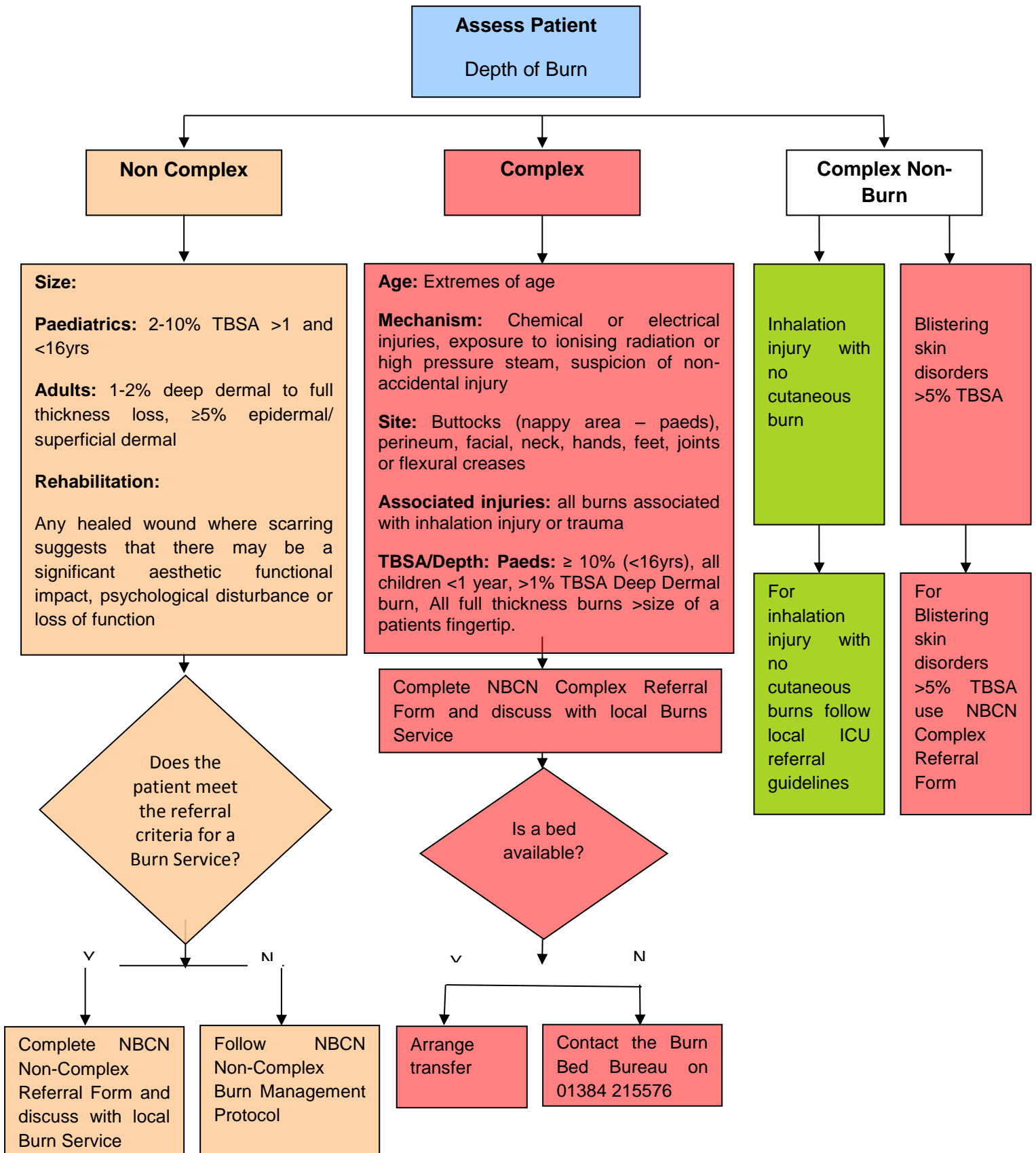
### **Pack includes:**

1. NBCODN Burns services Contact information
2. Burns Referral Flow chart.
3. Paediatric Burns Referral Criteria and Guidelines
4. Adult Burns Referral Criteria and Guidelines
5. Non-complex Burns Referral Form
6. Complex Burns Referral Form

### Contact details for NBCN Burns Services

<b>Name of Burns Service</b>	<b>Adults / Paeds</b>	<b>Address</b>	<b>Telephone</b>
<b>Newcastle Burns Centre</b>	Adult	RVI, Newcastle,	0191 282 5637
<b>Newcastle burns Centre</b>	Paeds	Great North Children's Hospital	0191 282 6011
<b>James Cook Burns Facility</b>	Adults	James Cook Hospital, Middlesborough.	01642 854 535
<b>Pinderfields Hospital Burns Centre</b>	Adults	Pinderfields Hospital, Mid Yorks NHS Trust	01924 541 702
<b>Pinderfields Hospital Burns Unit</b>	Paeds	Pinderfields Hospital, Mid Yorks NHS Trust	01924 541 931
<b>Sheffield Burns Unit</b>	Adults	Northern General Hospital, Sheffield,	01142 714 129
<b>Sheffield Children's Hospital Burns Unit</b>	Paeds	Sheffield Children's NHS Foundation Trust, western Bank, Sheffield	01142 260694
<b>Wythenshawe burns unit</b>	Adults	Wythenshawe Hospital, University Hospitals of South Manchester, Manchester.	0161 291 6313
<b>Manchester children's Hospital Burns Centre</b>	Paeds	Central Manchester Children's Hospital,	0161 701 8123
<b>Whiston Hospital Burns Centre</b>	Adults	St Helens and Knowlesley NHS Foundation Trust, Liverpool	0151 430 1540
<b>Alderhey Burns Centre</b>	Paeds	Alderhey Children's NHS Foundation, Liverpool	0151 282 2578
<b>Preston Burns Facility</b>	Adults	Lancashire Teaching Hospitals NHS Foundation Trust, Preston,	01772 522 244

NBCN Burn Referral Flowchart – February 2016



PAEDIATRIC BURN REFERRAL CRITERIA AND GUIDELINES – June 2016 v1.2

**NON-COMPLEX BURN**

**\* Complete and Send/Fax NBCN Non-Complex Burn Referral Form \***

**Size:** 2-10% TBSA >1 and <16 years old

**Wound healing:** Any wound unhealed at 7 days

**MUST GIVE**

**IV Resuscitation Fluids:** All children with burns  $\geq 10\%$  TBSA will receive fluid according to the Parkland Formula:-

3 ml/kg/% burn over 24 hrs from time of injury

Give  $\frac{1}{2}$  in the 1<sup>st</sup> 8 hrs &  $\frac{1}{2}$  in the 2<sup>nd</sup> 16 hours given as Hartmann's solution.

**AND IV Maintenance Fluids:** 100ml/kg over 24hrs from time of injury for 1<sup>st</sup> 10kg, plus 50ml/kg over 24hrs for 2<sup>nd</sup> 10kg, plus 20ml/kg over 24hrs for each additional kg.

Give as 0.45% Sodium Chloride and 5% Glucose solution or a suitable local alternative

**Suspected Inhalation Injury:** If there is a suspected inhalation injury, give oxygen (15 litres via non- re-breathe mask and bag) and seek anaesthetic review

**For cases that do not meet the criteria for referral:**

**Review** all burns at 48 hours to monitor for change

**Continue** local care and give advice to observe for signs of infection. Refer on if unhealed at 7 days

**Discharge** when wound healed, with written advice to moisturise and protect from sun until healed skin loses pink colour

**Analgesia:** Ensure adequate analgesia is given prior to intervention/transfer.

**Catheterisation:** All children with burns  $\geq 15\%$  TBSA and/or burns to genitalia should have an appropriate size urinary catheter sited.

**Infection:** *Toxic Shock Syndrome / Burn Sepsis Syndrome*

Observe for 2 of the following;

- Temperature  $>38^{\circ}\text{C}$
- General malaise
- Rash
- Hypotension
- Diarrhoea and vomiting
- Not eating or drinking
- Tachycardia / tachypnoea

**COMPLEX BURN**

**\* Complete and Send/Fax NBCN Complex Burn Referral Form \*Total Body Surface Area (TBSA)/Depth:**

$\geq 10\%$  (<16 years)

$>1\%$  TBSA Deep Dermal burn (all children <1 year)

All Full Thickness burns  $>$ size of a patients finger tip

**Any depth and size of the following;**

**Mechanism:** All burns associated with chemical or electrical injuries, exposure to ionising radiation or high pressure steam, or suspicion of non-accidental injury

**Site:** Buttocks, nappy area, perineum, facial, neck, hands, feet, joints or flexural creases

All circumferential burns

**Existing Conditions:** Burn wound infection, significant congenital or medical conditions that may influence patient care or burn wound healing.

**FLUID GUIDELINES**

$<10\%$  encouraged to have oral fluids unless NBM

$\geq 10\%$  cannula, resus fluids and maintenance

**Contact Burn Unit for advice re:**

**NBM, sedation, analgesia, catheterization in burns 10% - 15% and future fluids**

**MEETS CRITERIA FOR REFERRAL – CALL LOCAL BURN SERVICE**

**Newcastle:** 0191 2826011 / 0191 2829009

**Manchester:** 0161 701 8100

**Sheffield:** 0114 2260694

**Liverpool:** 0151 252 5400

**Wakefield:** 01924 541931

**NON-COMPLEX BURN**

**\* Complete and Fax NBCN Non-Complex Burn Referral Form \***

**Size:** 1-2% deep dermal to full thickness loss  
 ≥ 5% epidermal/superficial dermal

**COMPLEX BURN**

**Complete and Fax NBCN Complex Burn Referral Form Total Body Surface Area (TBSA)/Depth:**

≥15% (above 16 years)  
 >10% (65 years and over)  
 >2% deep dermal / full thickness

**Any depth and size of the following;**

**Mechanism:** All burns associated with chemical or electrical injuries, exposure to ionising radiation or high pressure steam, or suspicion of non-accidental injury

**Site:** Buttocks, perineum, facial, neck, feet, joints or flexural creases

All circumferential burns and deep dermal/full thickness to hands

**COMPLEX NON-BURN**

**Progressive Non-Burn Skin Loss >5%:** Blistering skin disorders e.g. Toxic Epidermal Necrolysis, Staphylococcal Scalded Skin Syndrome, and Stevens - Johnson syndrome

Inhalation injury with no cutaneous burn should follow local ICU referral guidelines

**REFERRAL NOT NECESSARY**

**\*Unless indicated by complexity\***

Erythema <5%                      Superficial <2%

**FLUID GUIDELINES**

≥ 15% TBSA – IV fluid resuscitation according to Parkland Formula (age 16-65 years old)

≥ 10% TBSA if multiple comorbidities - IV fluid resuscitation according to Parkland Formula (>65 years old)

**Contact Burn Unit for advice re: NBM, sedation, analgesia and future fluids**

**MEETS CRITERIA FOR REFERRAL.....**

**CALL LOCAL ADULT BURN SERVICE**

**IV Access:** All adults with burns ≥15% should have **two** well secured IV cannulae

**IV Resuscitation Fluids:** All adults with burns ≥15% TBSA will receive fluid according to the Parkland Formula:-

3 ml/kg/% burn over 24 hrs from time of injury

Give ½ in the 1<sup>st</sup> 8 hrs & ½ in the 2<sup>nd</sup> 16 hours given as Hartmann's solution

**Analgesia:** Ensure adequate analgesia is given prior to intervention/transfer. Consider use of IV opiate/Entonox

**Catheterisation:** All adults with burns ≥15% TBSA should have an appropriate size catheter. Consider catheter if burn ≥10% TBSA in patients 65 years or older. Consider for burns to perineal/genital area

**Suspected Inhalation Injury:** If there is a suspected inhalation injury, give oxygen and seek anaesthetic review

**Infection:**  
 Observe for signs of infection

- Temperature >38°C
- Tachycardia/Tachpnoea
- Hypotension
- Increased pain
- Offensive/increased exudate
- General malaise

**For cases that do not meet the criteria for referral:**

**Review** all burns at 48 hours to monitor for change

**Continue** local care and give advice to observe signs for infection. Refer to Burns Service if wound unhealed at 14 days

## Northern Burn Care Network

### Complex Burn Referral Form

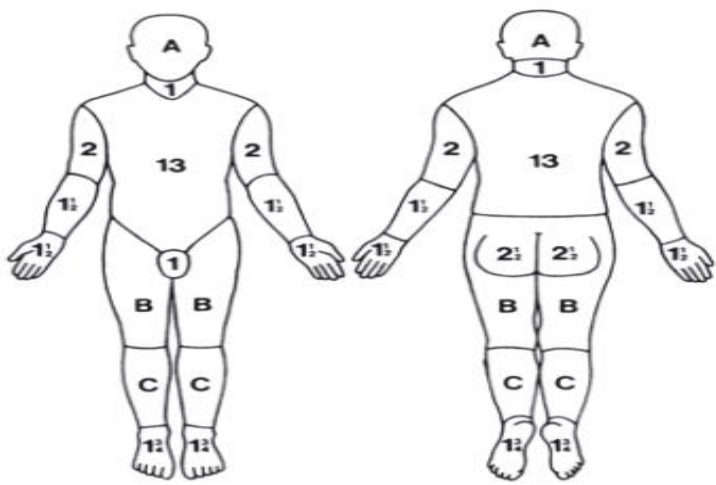
<b>Burn Information:</b> Date of burn: ... / ... / ..... Time of burn: ..... : ..... Cause of burn: ..... ..... ..... % TBSA ..... (Please complete a Lund and Browder chart and attach) <b>Cooling?</b> Yes / No <b>By whom?</b> Witness / Paramedic / Fire Service / ED <b>Was Cooling delayed?</b> Yes / No Details:.....																												
<b>Patient Details:</b> (please attach addressograph)  NHS No: ..... Date of birth: ... / ... / ..... Forename: ..... Surname: ..... Gender: M / F Tel No: ..... Address: ..... ..... Postcode: .....  Interpreter: Yes / No Language: .....  <b>Next of kin:</b> Name of N.O.K: ..... Accompanied by: ..... Relationship: ..... Tel No: .....  Family/carer aware of attendance & Transfer - Y / N	<b>Referral information:</b>  Date: ... / ... / ... Time: ...: ... Referrer: ..... Referring Organisation: ..... Department: ED / ICU / MIU/ WIC / other: ..... Grade: ..... <b>GP Details:</b> GP Name: ..... Tel No: ..... GP Practice/Address: ..... ..... <b>PMSH</b>  Smokes: ..... /day Alcohol: ..... units/day Drug abuse: Yes / No Details: ..... Allergies: Yes / No Details: ..... Tetanus Status: ..... Mobility: ..... Learning Disabilities: Yes / No. Details: ..... Mental Health Requirements: Yes / No. Details: ..... Co-morbidities: Yes / No Details: ..... Any other relevant information: ..... .....																											
<b>Airway/Breathing:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td>Patient Airway</td><td>Yes</td><td>No</td></tr> <tr><td>C. spine injury</td><td>Yes</td><td>No</td></tr> <tr><td>Immobilised</td><td>Yes</td><td>No</td></tr> <tr><td>Inhalation injury suspected</td><td>Yes</td><td>No</td></tr> <tr><td>Soot in nose/throat</td><td>Yes</td><td>No</td></tr> <tr><td>Hoarse voice</td><td>Yes</td><td>No</td></tr> <tr><td>Stridor/noisy breathing</td><td>Yes</td><td>No</td></tr> <tr><td>Anaesthetic assessment</td><td>Yes</td><td>No</td></tr> <tr><td>Intubated at .....</td><td>Yes</td><td>No</td></tr> </table> <p style="text-align: center; margin-top: 10px;"><b>Please use and UNCUT tube</b></p> Laryngoscopy grade                      I II III IV Size ETT .....mm                      cuffed / uncuffed Fixed at teeth/nose                      ..... cm	Patient Airway	Yes	No	C. spine injury	Yes	No	Immobilised	Yes	No	Inhalation injury suspected	Yes	No	Soot in nose/throat	Yes	No	Hoarse voice	Yes	No	Stridor/noisy breathing	Yes	No	Anaesthetic assessment	Yes	No	Intubated at .....	Yes	No	<b>Safeguarding / Risks</b>  Safeguarding concerns: Yes / No Risk concerns: Yes / No Details: ..... ..... Action taken: ..... ..... <b>Observations prior to intubation:</b>  FIO2 .....%                      SaO2 .....% RR: ..... / Min GCS prior to intubation: ..... / 15
Patient Airway	Yes	No																										
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<b>Circulation</b>  HR: ..... bpm                      B/P: ..... / .....                      CRT: .....                      Peripheral/core temp: ..... Deg <b>Patient Weight:</b> ..... Kg actual/estimated                      Fluid resuscitation commenced? Yes / No Urinary Catheter: Yes / No                      (children with burns <15% may not need catheterisation, please Balloon inflated: ..... ml                      size: .....                      discuss with Burns Unit and do not delay transfer unnecessarily) <b>Two large IV cannula to be inserted away from the burn</b>  Venous Access 1: central/peripheral size: ..... Site: ..... Venous Access 2: central/peripheral size: ..... Site: .....																												





## Northern Burn Care Network

### Non-Complex Burn Referral Form

<b>Patient Details:</b> NHS No: ..... Name: ..... Date of Birth: ...../...../..... Gender: M / F Address: ..... Postcode: .....Tel No: ..... Is an interpreter required? Yes / No Language: .....	<b>Referral Information:</b> <i>(please specify)</i> Date: ...../...../..... Time: ..... : ..... Department: ED / Ward / Other: ..... Referrer Name: ..... Grade: ..... <hr/> <b>GP Details:</b> Tel No: ..... GP Name: ..... GP Practice/Address: .....																												
<b>Next of Kin Details:</b> Patient accompanied by: ..... Relationship: ..... Is the next of kin aware? Yes / No	<b>PMSH:</b> Smokes: ..... / day Alcohol: .....units/day Drug Abuse: Yes / No Allergies: Yes / No Tetanus status: ..... Mobility: ..... Learning Disabilities: Yes / No Specify: .....																												
<b>Burn Information:</b> Date of burn: .... / .... / ..... Time: ..... : ..... Cause of burn: ..... Location of burn: ..... Is it over a joint? Yes / No First aid given/cooling: Yes / No Is yes, how long for: ..... What type: ..... Was the first aid delayed? Yes / No Size of burn: ..... % TBSA: ..... / ..... Cm Burn Depth: Epidermal Superficial Dermal Deep Dermal Full Thickness	<b>Safeguarding / Risk:</b> Concerns: Yes / No. Details: ..... Action Taken: Yes / No Details: ..... <hr/> <b>Burn % Chart</b> <ul style="list-style-type: none"> <li>Calculate burn % ignoring simple erythema</li> <li>Any burn greater than 10% in children or 15% in adults requires a complex referral form.</li> </ul> <div style="text-align: center; margin: 10px 0;">  </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Area</th> <th>Age 0</th> <th>1</th> <th>5</th> <th>10</th> <th>15</th> <th>Adult</th> </tr> </thead> <tbody> <tr> <td>A= ½ of head</td> <td>9 ½</td> <td>8 ½</td> <td>6 ½</td> <td>5 ½</td> <td>4 ½</td> <td>3 ½</td> </tr> <tr> <td>B= ½ one thigh</td> <td>2 ¾</td> <td>3 ¾</td> <td>4</td> <td>4 ½</td> <td>4 ½</td> <td>4 ¾</td> </tr> <tr> <td>C = ½ of one lower leg</td> <td>2 ½</td> <td>2 ½</td> <td>2 ¾</td> <td>3</td> <td>3 ¼</td> <td>3 ½</td> </tr> </tbody> </table>	Area	Age 0	1	5	10	15	Adult	A= ½ of head	9 ½	8 ½	6 ½	5 ½	4 ½	3 ½	B= ½ one thigh	2 ¾	3 ¾	4	4 ½	4 ½	4 ¾	C = ½ of one lower leg	2 ½	2 ½	2 ¾	3	3 ¼	3 ½
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<b>Wound Management:</b> wash with soap and water and apply cling film ( <i>not to face</i> ) for immediate transfer only, otherwise apply appropriate dressing.																													
<b>Circulation/Observations:</b> Temp: .....Deg HR: ..... B/P: .....RR: ..... SaO2: ..... %																													
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<b>Any other relevant information:</b>	Burn Bed Bureau no. 01384 679 036																												
<i>Please complete legibly:</i> <b>Form completed by:</b> ..... <b>Designation/Grade:</b> ..... <b>Signed:</b> .....  <b>Contact details/direct line:</b> .....																													