

# Regional Burn Unit REFERRAL

Call Plastic Registrar On Call

Patient Sticker OR Name / DoB / M/F / NHI

INITIAL ASSESSMENT GUIDELINES

[www.nationalburnservice.co.nz/pdf/NBS-initial-assessment-guideline.pdf](http://www.nationalburnservice.co.nz/pdf/NBS-initial-assessment-guideline.pdf)

## I IDENTITY

Referrer	Date & Time: / / ____ : ____	Contact No (24/7):
	Key Contact (Name/role):	Referring Hospital & department:

## S SITUATION

Summary	
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## B BACKGROUND

Of Burn	Injury Date & Time: / / ____ : ____	ED Arrival Date & Time: / / ____ : ____
	What Happened:	

Of Patient	Past Medical History:	Medications prior to admission:
	Tetanus Cover: Up-to-date / ADT Given / Immunoglobulins	Allergies:

## A ASSESSMENT

Trauma	Airway & Breathing: Own / Intubated / Potential airway compromise	COHb on arrival: _____ %
	Circulation: Stable / Unstable / Inotropes (Y / N)	
	Significant other injuries:	
	<i>In burns with trauma, non-burn trauma injury should dictate the initial pathway of care</i>	

## Burn

**Burn % TBSA Chart**

Shade burnt areas / do not include simple erythema in % TBSA estimation.

## Burn Assessment

Burn _____ % TBSA	
Sites of Circumferential or near circumferential Y / Unclear / N (if Y or unclear list sites below)	
Location(s):	Escharotomy:
<ul style="list-style-type: none"> <li>• chest/torso/neck breathing,</li> <li>• limb/digit perfusion</li> </ul>	Completed / Planned / Maybe

**Send images of cleaned wounds to Regional Burn Unit**

Area/Age	0	1	5	10	15	Adult
A = ½ one head	9½	8½	6½	5½	4½	3½
B = ½ one thigh	2¾	3¾	4	4½	4½	4¾
C = ½ one lower leg	2½	2½	2¾	3	3¾	3½
Partial Thickness	Full Thickness					

R	RECOMMENDATION	
FLUIDS	For burn injuries in Adults > 20% TBSA burn & Children > 10% TBSA estimate fluid resuscitation requirements from time of injury Titrate formula to urine output especially if concomitant major trauma, inhalation or electrical; injury, delay between time of injury & presentation <b>3ml/kg/%burn, half over the first 8 hrs, remainder over next 16 hrs from time of burn not admission</b>	
	<b>Resuscitation – Parkland (1<sup>st</sup> 24 hours)</b> <b>Warmed Plasmalyte / Hartmann's</b>	<b>Paediatric Maintenance Formula</b> <b>5% Dextrose &amp; 0.9% saline</b>
	$3 \text{ ml} \times \text{_____ kg} \times \text{_____ \% TBSA} = \text{_____ ml}$ <p style="text-align: center;">24 hour volume</p> $\frac{\text{_____ ml}}{24 \text{ hour volume}} \div 2 = \text{_____ ml}$ <p style="text-align: center;">half 24 hour volume</p> $\frac{\text{_____ ml}}{\text{half 24 hour volume}} \div 8 = \text{_____ ml/hr}$ <p style="text-align: center;">given over first 8 hours from time of burn</p> $\frac{\text{_____ ml}}{\text{half 24 hour volume}} \div 16 = \text{_____ ml/hr}$ <p style="text-align: center;">given over next 16 hours from time of burn</p>	Paediatric maintenance fluid is <i>in addition</i> to the resuscitation fluid and remains constant  Up to 10kg...      4ml/kg/hr = _____ + from 10–20kg... 2ml/kg/hr = _____ + each kg >20kg... 1ml/kg/hr = _____  TOTAL                                      _____ ml/hr
	<b>ADJUST RESUSCITATION FLUID TO MAINTAIN URINE OUTPUT (0.5ml/kg/hr for adult, 1ml/kg/hr for paediatric patients)</b>	

ANALGESIA	<input type="checkbox"/> IV analgesia (e.g. morphine)
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TESTS	<input type="checkbox"/> FBC & U&Es	<input type="checkbox"/> Blood gas		
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TUBES	<input type="checkbox"/> IVL x2	<input type="checkbox"/> IDC	<input type="checkbox"/> NG	
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TRAUMA	<input type="checkbox"/> Primary & Secondary trauma survey completed
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WOUND Mx	<input type="checkbox"/> Access burn cache (remember to restock) <input type="checkbox"/> First Aid completed <ul style="list-style-type: none"> <li>❖ 20 min cool running water</li> <li>❖ May need to be prolonged if chemical injury (check pH of skin with litmus paper)</li> </ul> <input type="checkbox"/> Cover cleaned wound with loose longitudinal strips of Cling Film <ul style="list-style-type: none"> <li>❖ Do not apply Cling Film to face</li> <li>❖ Chemical injuries must be fully decontaminated prior to covering</li> </ul> <input type="checkbox"/> Ophthalmology review (if required) <input type="checkbox"/> <b>Prevent hypothermia</b> (consider active warming if required) <input type="checkbox"/> Monitor perfusion <input type="checkbox"/> Photos – images of cleaned wounds to Regional Burn Unit sent
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Ring On Call Plastic Surgery Registrar. Send THIS COMPLETED FORM to

<ul style="list-style-type: none"> <li>• Auckland Regional Burn Unit, Middlemore Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Ph: 09 276 0000 (ask for on call Plastic Surgery Registrar) / 021 784057</li> <li>• email: plasticreferrals@middlemore.co.nz</li> </ul>
<ul style="list-style-type: none"> <li>• Waikato Regional Burn Unit, Waikato Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Ph: 07 839 8899 (ask for on call Plastic Surgery Registrar)</li> <li>• Fax: 07 839 8725</li> </ul>
<ul style="list-style-type: none"> <li>• Wellington Regional Burn Unit, Hutt Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Ph: 04 570 9999 (ask for on call Plastic Surgery Registrar)</li> <li>• Fax: 04 570 9239 (Plastic and Burn Ward)</li> <li>• email: plastics_referrals@huttvalleydhb.org.nz</li> </ul>
<ul style="list-style-type: none"> <li>• Canterbury Regional Burn Unit, Christchurch Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Ph: 03 364 0640 (ask for on call Plastic Surgery Registrar)</li> <li>• Fax: 03 364 0456 (Dept. Plastic Surgery)</li> </ul>

Access INITIAL ASSESSMENT GUIDELINES – [www.nationalburnservice.co.nz/pdf/NBS-initial-assessment-guideline.pdf](http://www.nationalburnservice.co.nz/pdf/NBS-initial-assessment-guideline.pdf)

Referral criteria for a Regional Burn Centre :      fulfilment of ANY of the following  
 OR      any burn which has failed to heal with conservative management after 10 days  
 OR      ANY CONCERNS CONTACT ON CALL PLASTICS REGISTRAR

Size	>10% TBSA (adult) > 5% TBSA (child) > 5% TBSA full thickness (any age)
Person	Pre-existing illness (pre-existing medical disorders that could complicate management, prolong recovery or increase mortality) Pregnancy Extremes of age (e.g. <2yrs or > 70yrs)
Area	Face / hands / feet / perineum / major joints Circumferential (limb or chest) Lungs (inhalational – including suspected)
Mechanism	Chemical / electrical Major trauma Any unexplained injury