

## Immediate Burn Consultation or Transfer Form

### Patient Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Where and how the patient was burned: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ Percent of body burned : \_\_\_\_\_

Area of Burn on the body and Depth of Burn (Degree): \_\_\_\_\_

Other injuries: \_\_\_\_\_

Medical History & Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Treatment initiated: \_\_\_\_\_

Medications & Fluids given: \_\_\_\_\_

Current vital signs:

Age	0-1 yr	1-4 yr	5-9 yr	10-15 yr	Adult	% 2 <sup>o</sup>	% 3 <sup>o</sup>	% Total
Head	19	17	13	10	7			
Neck	2	2	2	2	2			
Ant Trunk	13	13	13	13	13			
Post Trunk	13	13	13	13	13			
R. Buttock	2 ½	2 ½	2 ½	2 ½	2 ½			
L. Buttock	2 ½	2 ½	2 ½	2 ½	2 ½			
Genitalia	1	1	1	1	1			
R.U. Arm	4	4	4	4	4			
L.U. Arm	4	4	4	4	4			
R.L Arm	3	3	3	3	3			
L.L. Arm	3	3	3	3	3			
R. Hand	2 ½	2 ½	2 ½	2 ½	2 ½			
L. Hand	2 ½	2 ½	2 ½	2 ½	2 ½			
R. Thigh	5 ½	6 ½	8	8 ½	9 ½			
L. Thigh	5 ½	6 ½	8	8 ½	9 ½			
R. Leg	5	5	5 ½	6	7			
L. Leg	5	5	5 ½	6	7			
R. Foot	3 ½	3 ½	3 ½	3 ½	3 ½			
L. Foot	3 ½	3 ½	3 ½	3 ½	3 ½			

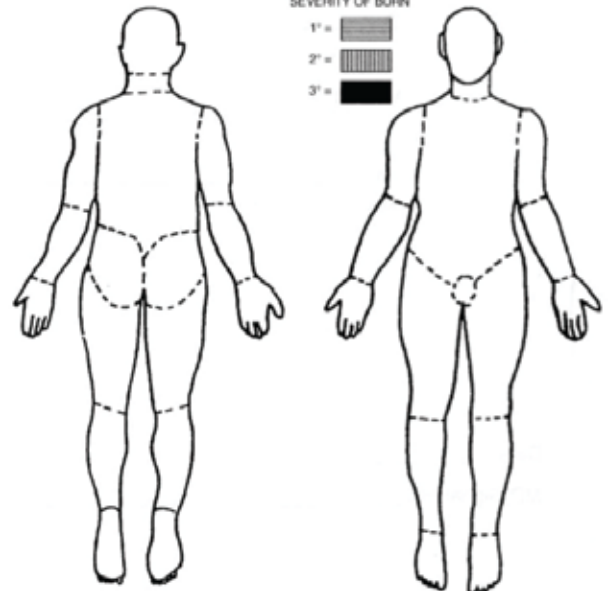
TOTAL Body Surface Area (TBSA) burn

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#### BURN EVALUATION

##### SEVERITY OF BURN

- 1<sup>o</sup> =
- 2<sup>o</sup> =
- 3<sup>o</sup> =



#### Consultation or Admission Guidelines

- Partial thickness (2<sup>nd</sup> degree) burn >10%
- Any full thickness (3<sup>rd</sup> degree) burn
- Burns to face, hands, feet, genitalia or joints
- Electrical or Chemical burn injuries
- Inhalation Injuries with a burn
- Circumferential injuries