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| **Paedatric Burns Telephone Referral Form** |
| **Referred from**: (Name of referring centre) | **Referred to**: (Name and Grade of Plastics doctor receiving referral) |
| Date of referral: | Time of referral: | Date of injury: | Time of injury: |
| Referred by (Name and Grade): | Patient name: | Age/DOB: |
| Contact number of referring doctor: | Weight: | Male/Female: |

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| **Burn details** |
| Burn mechanism: | Scald/Flash/Flame/Contact/Chemical/Electrical/Radiation/Other (Please Specify) |
| Events leading to injury |  |
| TBSA estimate *after* phone referral/discussion with Plastics |   |
| Details of 1st aid |  |
| Suspicion of non-accidental injury (NAI) /neglect? Yes / No | Local referral to social services made by referring centre? Yes / No |

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| **Patient History** |
| Allergies |  |
| Medications |  |
| Past Medical History & Vaccinations |   |
| Last meal |  |
| **Patient Examination : Primary Survey** |
| * **Airway:**

*Inhalation injury?/Other airway issues?* |  |
| * **Breathing:**

*Full thickness chest/abdomen burn?/ Other findings on auscultation?* |  |
| * **Circulation:**

*Any circumferential burns? IV access? Urine output and method of measuring?* |  |
| * **Disability**
 | **A V P U** |
| * **Exposure**

*Measures taken to keep patient warm?* |  |
| **Patient Examination : Secondary Survey** |
| * Any other injury/findings?
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| **Parkland Fluid:** (indicated if burn >10% TBSA)3mls warmed Hartmann’s x kg x % burn*Adjust resuscitation fluid to maintain urine output 1ml/kg/hr**Plus***Maintenance Fluid**: 0.9% NaCl & 5% Glucose4ml/kg/hr for 1st 10kg2ml/kg/hr for each kg over 10kg and less than 20kg 1ml/kg/hr for each kg over 20kg*Given in addition to Parkland fluid and remains constant* | Total **Parkland** Fluid Volume = \_\_\_\_\_\_\_\_\_\_\_\_\_\_ml/24 hours½ Parklands = \_\_\_\_\_\_ ÷ 8 = \_\_\_\_\_\_\_ml/hr (Given in 1st 8 hrs from time of burn) ½ Parklands = \_\_\_\_\_\_ ÷ 16 = \_\_\_\_\_\_\_ml/hr (In next 16 hrs from time of burn)*Plus*  Total **Maintenance** Fluid Volume = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ml/hour |
| Decision by Plastics **where to assess/admit patient** | CHI at Crumlin ED / Direct to St Annes Ward / ICU/ Other:  |

