

# Burns Transfer Information

**LONDON & SOUTH EAST OF ENGLAND BURN NETWORK (LSEBN) – Version 2 (November 2010)**

See LSEBN website [www.lsebn.nhs.uk](http://www.lsebn.nhs.uk) for adult and paediatric referral guidelines.  
Please complete all details and use when phoning the burn service to refer the patient.

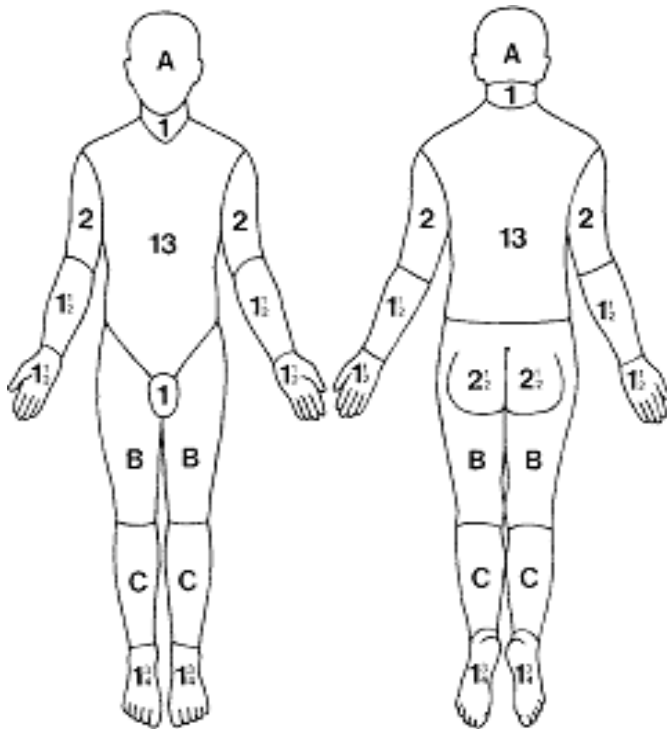
Fax the chart to the accepting burn service and send a copy with the patient.

<b>Referring Hospital</b>	<b>Patients Name</b>	
<b>Referring Doctor</b>	<b>Date of Birth</b>	<b>Weight (kg)</b>
<b>Contact Number</b>	<b>Home Postcode</b>	

<b>Date and Time of Burn</b>	<b>How did the burn happen</b>	
<b>Date &amp; Time Arrived (A&amp;E)</b>	<b>Other Injuries</b>	
<b>Details of First Aid</b>	<b>GCS at scene</b> <b>Tetanus status</b> <b>Allergies</b>	<b>Time last food</b> <b>Time last drink</b>

**Past Medical History**  
(including medications, smoking, alcohol, mental health issues)

**Burn % Chart - Ignore simple erythema**  
Draw what you see



Area	Age 0	1	5	10	15	Adult
<b>A= ½ one head</b>	9 ½	8 ½	6 ½	5 ½	4 ½	3 ½
<b>B= ½ one thigh</b>	2 ¾	3 ¼	4	4 ½	4 ½	4 ¾
<b>C= ½ one lower leg</b>	2 ½	2 ½	2 ¾	3	3 ¼	3 ½

**Estimate Burn Percentage =        %**

**Wound management** (discuss with receiving unit)

For circumferential burns: please discuss if escharotomy is required

**Safeguarding concerns and action taken**

**Next of kin / parental responsibility** (name, relationship and contact details)

**Referral Process**

Please contact your local burns service for advice or admission. The local service may refer you on to another burn service within the network.

Burn Service	Phone Number	Fax Number
Stoke Mandeville, Aylesbury, Bucks	01296 315040	01296 315043
St Andrews Centre, Chelmsford	01245 516037	01245 516171
Chelsea & Westminster, London	0203 3152500	0203 3152510
Queen Victoria Hospital, East Grinstead	01342 414440	01342 414104
National Burns Bed Bureau	01384 215576	01384 215580
Children's Acute Transfer Service (CATS)	0800 085 0003 Phone for referrals / advice	

<p><b>Airway / breathing</b></p> <p>SpO<sub>2</sub> <input type="text"/> %    RR <input type="text"/> /min    Oxygen <input type="text"/> %</p> <p>Suspected Inhalation Injury    Yes / No Seen by Anaesthetist    Yes / No</p> <p>Intubation – please use UNCUT tube</p> <p>Laryngoscopy grade    I    II    III    IV Size ETT    cuffed /    uncuffed</p> <p>Fixed cm at teeth Laryngoscopy findings</p> <p>Pre-intubation GCS</p>	<p><b>Circulation</b></p> <p>HR <input type="text"/> /min    BP <input type="text"/> /    Cap refill <input type="text"/> sec</p> <p>Site and Size of IV cannulae 1 2</p> <p>Fluid resus commenced Yes / No    (see below)</p> <p>Urinary Catheter Yes / No</p> <p>Core Temperature <input type="text"/> °C</p>
<p>C/spine immobilised    Yes / No</p> <p>If not name / grade who cleared c/spine</p>	<p><b>ATLS primary survey done</b>    Yes / No <b>ATLS secondary survey done</b>    Yes / No Performed by</p>

**Fluid Resuscitation** (For adults >15% burn, Children >10% burn)

<b>For 1<sup>st</sup> 8 Hours:</b>	0.25 mls x	% Burn x	Weight (kg) =		mls / hour <b>Hartmann's Solution</b>
<b>For next 16 hours:</b>	0.125 mls x	% Burn x	Weight (kg) =		mls / hour <b>Hartmann's Solution</b>

This is based on 4mls/kg/% burn, half over the first 8 hours, rest over next 16 hours.  
Fluid is calculated from **time of injury** not presentation so a catch up bolus may be required.  
Please check LSEBN referral guidelines to see if maintenance fluid is required and if oral intake is allowed.

**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 5	Hour 7	Hour 8
Hartmann's mls								
Other fluids mls								
Oral fluids (mls)								
Urine output mls (aim 0.5 – 1ml/kg/hr)								

Time	Medication Given	Dose	Route

Tests	ABG
Hb g/dl	pH
WCC x 10 <sup>9</sup> /l	PO2 kPA
Plts x 10 <sup>9</sup> /l	PCO2 kPA
Sickle Cell Screen	HCO3 mmol/l
Na+ mmol/l	BE
K+ mmol/l	Lactate mmol/l
Urea mmol/l	CoHB %
Creatinine µmol/L	Glucose mmol/l
Albumin g/L	Creat Kinase
ECG	

**Other tests / imaging carried out including results**

<b>Pre- Transfer Check List</b>	<b>Completed by:</b>
Airway still safe / secure	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 80%; height: 80%;"></div> </div>
Tubes / lines secure	
Catheter taped	
Warming in place	
Analgesia adequate	
Fluid continued in transit	<b>Position:</b>