
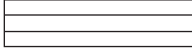



Cause of Burn:

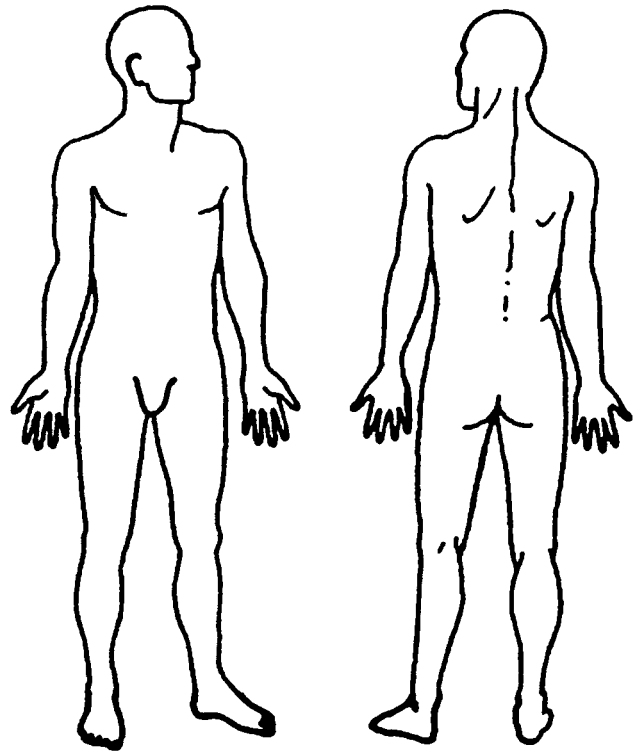
- Flame _____ Electrical _____
 Chemical _____ Entry _____
 Steam _____ Exit _____
 Scald _____

Time of Incident: _____

Key:

		
First Degree	Second Degree	Third Degree

Burn Diagram



Burned Area	AGE (YEARS)					
	1	1 to 4	5 to 9	10 to 14	15	Adult
	Total Body Surface					
Head	19%	17%	13%	11%	9%	7%
Neck	2	2	2	2	2	2
Anterior Trunk	13	13	13	13	13	13
Posterior Trunk	13	13	13	13	13	13
Right Buttock	2.5	2.5	2.5	2.5	2.5	2.5
Left Buttock	2.5	2.5	2.5	2.5	2.5	2.5
Genitalia	1	1	1	1	1	1
R. U. Arm	4	4	4	4	4	4
L. U. Arm	4	4	4	4	4	4
R. L. Arm	3	3	3	3	3	3
L. L. Arm	3	3	3	3	3	3
Right Hand	2.5	2.5	2.5	2.5	2.5	2.5
Left Hand	2.5	2.5	2.5	2.5	2.5	2.5
Right Thigh	5.5	6.5	8	8.5	9	9.5
Left Thigh	5.5	6.5	8	8.5	9	9.5
Right Leg	5	5	5.5	6	6.5	7
Left Leg	5	5	5.5	6	6.5	7
Right Foot	3.5	3.5	3.5	3.5	3.5	3.5
Left Foot	3.5	3.5	3.5	3.5	3.5	3.5

Additional Burn Assessment:

Head

- Singed Nasal hairs Oral Edema Other _____

Chest

Respiratory Status _____

Breath Sounds _____

Intubated by _____ Tube size _____

Extremities

Pulses distal to burns _____

Fluid Replacement

_____ wt. (kg) x _____ % TBSA x 4cc = _____ Total Fluid 24 hrs.

1/2 in 1st 8 hours _____ ÷ 8 = _____ cc/hr LR x 8 hours

1/4 in 2nd 8 hours _____ ÷ 8 = _____ cc/hr LR x 8 hours

1/4 in 3rd 8 hours _____ ÷ 8 = _____ cc/hr LR x 8 hours

ABG'S time: _____

pH _____

po2 _____

pCO2 _____

Criteria for Admission to Burn Center

1. Second and Third degree burns BSA 10% - Age < 10 years > 50 years.
2. BSA 20% all other areas.
3. Significant burns to face, hands, feet, genitalia, perineum, major joints.
4. Electrical, chemical, inhalation injury (with or without burns).
5. Patients with concurrent trauma-pre-existing diseases.
6. Patients with circumferential burns to torso, extremities or head.
7. Major burns with trauma.

Wound Management:

No dressings - cover with dry sterile sheet.

Burn Centers:

- Memorial Hermann Hospital 713-704-2500
- Shriners Burn Hospital for Children . . . 409-770-6600
- UTMB Burn Center 409-926-3648

Memorial Hermann Hospital System

FOR YOUR WHOLE LIFE.

Burn Evaluation Form



SOUTH EAST TRAUMA REGIONAL ADVISORY COUNCIL

BURN TRANSFER INFORMATION FORM

Today's Date: _____ Time: _____

Information obtained from: _____ Referring Agency: _____

Referring Physician: _____ Phone: _____

Patient's Name: _____ Age: _____ Sex: _____ Wt.: _____ lbs _____ K

Time of burn: _____ Source of burn: _____ Est % BSA: _____ %

Body areas burned: _____

Associated injuries: _____

Allergies: _____ Current meds: _____

Past medical history: _____

Tetanus: _____ Analgesics given: _____ Route/dosage: _____ Time: _____

Inhalation: Yes No Intubated: Yes No O₂@: _____ Per: _____

Circumferential: Yes No Where: _____ Distal pulses: Yes No

Escharotomies: Yes No Where: _____ Pulses after: Yes No

IV's: 1. _____ Rate: _____ /hr.

2. _____ Rate: _____ /hr. Total IV since burn: _____ cc

Output (Foley) _____ cc past hrs Total output post burn: _____ cc

RX of burn: _____

Time: _____ Present status: T: _____ BP: _____ P: _____ R: _____ Combative: Yes No

Recommendation from burn center:

1. _____

2. _____

Return Call To/From referring agency: Time: _____

How will patient be transported: _____

Name of airport: _____ Helipad at Hospital: Yes No

Estimated time of transport team arrival: _____ Mode of travel: _____

Recorder's signature: _____

BE SURE TO ADVISE BURN UNIT PRIOR TO TRANSFER

Area Code: _____ # _____ - _____

Memorial Hermann Hospital System

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