

## CIRCULAR

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### NSW BURNS TRANSFER INFORMATION CHART

#### **This Circular supersedes Circular 88/25**

Circulars 88/25 advised staff of the location of specialised burns units, the referral networks for access to these units and appropriate clinical protocols for the care of burned patients.

This Circular supersedes instructions in Circular 88/25 detailed under HISTORY OF THE BURN where hospitals were requested to provide a detailed history of the burn, related injury and other relevant medical history with every patient transferred.

For each patient transferred to a specialist burns unit, hospitals are asked to provide the information detailed on the *NSW Burns Transfer Information Chart* which forms part of the instructions in *Transfer Guidelines for People with Burn Injury*. It includes information about the circumstances of the burn, first aid, tetanus immunisation, circulatory care, respiratory care, pain management and blood gases.

The *NSW Burns Transfer Information Chart* is attached as a pro forma for providing the required information. Hospitals may copy this form or may provide the information in an alternative manner, as long as all details are completed.

The *NSW Burns Transfer Information Chart* (or equivalent) should accompany the patient being transferred or be faxed to the appropriate burns unit as early as possible.

John Wyn Owen  
**Director-General**

Distributed in accordance with circular list(s):

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# NSW BURNS TRANSFER INFORMATION CHART

*This form should be forwarded with patient or faxed to specialist unit*

**TO: Receiving Hospital** .....

**A. HISTORY**

1. Time of incident: \_\_\_\_\_
2. Time of arrival at your hospital: \_\_\_\_\_
3. How accident happened: \_\_\_\_\_
4. Referral criteria: *(please tick)*
  - Burn > 10% adult (5% child)
  - Burn to: face  hands  feet
  - perineum  inner joint surfaces
  - Inhalation injury
  - Electrical/chemical injury
  - Burn + concomitant injury
  - Possible child abuse
  - Pre-existing injury
  - Other \_\_\_\_\_
5. Associated injuries: \_\_\_\_\_
6. State of consciousness when found: \_\_\_\_\_
7. First aid given: \_\_\_\_\_ How long for? \_\_\_\_\_
8. Tetanus toxoid (please tick):      Up to date       Given
9. Allergies? \_\_\_\_\_

Catheter passed    Yes/no    Time passed: \_\_\_\_\_  
 (Discard urine obtained initially)  
 Total urine output: \_\_\_\_\_ ml  
 (Since catheter inserted)  
 Time measured: \_\_\_\_\_ (24 hour clock)

**B. RESPIRATORY CARE**

- |                              |        |        |
|------------------------------|--------|--------|
| Smoke inhalation suspected ? |        | Yes/no |
| Soot in throat/nose          | Yes/no |        |
| Hoarse voice                 |        | Yes/no |
| Stridor                      |        | Yes/no |
| Intubation required          | Yes/no |        |
| Size of tube: _____          |        |        |
| Blood gases:(if taken)       |        |        |
| Carboxyhaemoglobin level     |        | %      |

**C. PAIN MANAGEMENT**

Analgesia

Amount	Route (IV)	Time

Insert patient ID sticker or write in patient details

Name of person making the referral:

Designation:

Hospital:

Date:

Time:

Contact No:

**D. FLUID REQUIREMENT CALCULATION**

*Use Hartmann's Solution*

WEIGHT OF PATIENT: \_\_\_\_\_ kg

ESTIMATED BURN AREA: \_\_\_\_\_ %BSA

TOTAL FOR FIRST 24 HRS:  
 (2-4ml x %TBSA x kg) \_\_\_\_\_

GIVE ½ THIS AMOUNT IN FIRST 8 HOURS AFTER INJURY, REMAINDER IN FOLLOWING 16 HOURS

REMEMBER TO GIVE MAINTENANCE FLUIDS IN ADDITION TO ABOVE AMOUNTS (see 4.0 Fluid Resuscitation in "Transfer Guidelines for People with Burn Injury")

**Fluid regime-first 12 hours from injury**

Hour	Fluid	Amount	Urine output
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			