

The Royal **Children's**
Hospital Melbourne

UR NUMBER
SURNAME
GIVEN NAME(S)
DATE OF BIRTH
AFFIX PATIENT LABEL HERE ↑

Burns Emergency Management

Details of incident

Presentation date ____/____/____ Presentation time ____:____ hrs

Scald Flame Oil Chemical Electrical Contact Friction Other _____

Injury date ____/____/____ Injury time ____:____ hrs

Weight _____ kg Est/Acc Jewellery removed YES NO

First Aid treatment received YES NO By whom Parents Ambulance Referring centre

Length of time _____ mins Type Cool running water Wet cloth Hydrogel Other _____

Lund and Browder chart

Plot burnt areas on chart below — do not include areas of erythema

Region	%	Circ
Head		
Neck		
Ant. Trunk		
Post. Trunk		
Right arm		
Right hand		
Left arm		
Left hand		
Buttocks		
Genitalia		
Right leg		
Left leg		
Total burn		

Time of assessment ____:____

Date ____/____/____

Superficial/partial thickness Full thickness

Circumferential YES NO Areas: _____ Name of assessor _____

Airway Burn YES NO Signature _____

Designation _____

Age (years)	0	1	5	10	15	Adult	Relative percentage of areas affected by growth
A - 1/2 of head	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2	3 1/2	
B - 1/2 of one thigh	2 3/4	3 3/4	4	4 1/4	4 1/2	4 3/4	
C - 1/2 of one leg	2 1/2	2 1/2	2 3/4	3	3 1/4	3	



Burn resuscitation fluids >10% TBSA

Burns surface area _____ % Time IV commenced _____ : _____ 24 hr clock
 Date of burn ____/____/____ Time of burn _____ : _____ 24 hr clock Weight in kg _____

A	Burn resuscitation	1 st 24 hrs (volume)	1 st 8 hrs (volume)	2 nd 8 hrs (volume)	3 rd 8 hrs (volume)
*	3 mL × kg × % = _____ mL				
*	Type of infusion		½ of 24hr volume	¼ of 24hr volume	¼ of 24hr volume
**	1. 4% Normal Serum Albumin Solution (NSAS)	_____ mL	_____ mL	_____ mL	_____ mL
	2. Remainder as Hartmann's Solution	_____ mL	_____ mL	_____ mL	_____ mL
	50% of each type solution is used concurrently				
B	Maintenance fluid See oral fluids information below 1/2 N Saline in 5% Dextrose (estimated volume on body wt in kg)	_____ mL	⅓ of 24hr volume	⅓ of 24hr volume	⅓ of 24hr volume
	Total A and B Burn resuscitation + maintenance fluid				

Urinary output expected 0.75mL/kg/hr = _____ mL/hr

Oral fluids: Most children with burn injury tolerate oral fluids. Initially all children may be offered small amounts of milk and if tolerated the quantity is increased at hourly intervals. Usually after a few hours the patient is receiving most maintenance fluid by mouth except for those patients with very severe burns. If oral fluids not tolerated see (b) above and titrate maintenance fluid as oral fluid is tolerated.

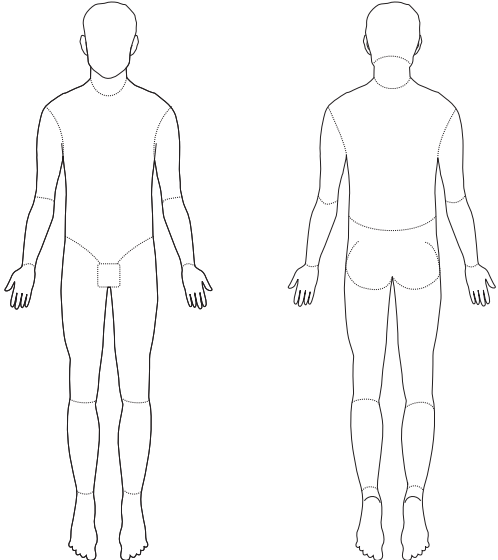
Notes: * In less severe burns 2mL × 1% in the first 24 hours may be sufficient
 ** Normal serum albumin solution (NSAS) is interspersed and not given as one bolus
 *** If no Hartmann's available use normal saline

Name _____ Signature _____ Designation _____

Possible interventions/investigations for all burns (Tick each intervention if completed or NA)

Tetanus required <input type="radio"/> YES <input type="radio"/> NO	Tetanus given <input type="radio"/> YES <input type="radio"/> NO
IDC inserted (if >15% TBSA) <input type="radio"/> YES <input type="radio"/> NA	NGT inserted (if >15% TBSA) <input type="radio"/> YES <input type="radio"/> NA
Bloods: U&E, Ca+/Mg+/PO ⁴ /Albumin (if IV fluids given) <input type="radio"/> YES <input type="radio"/> NA	Carboxyhaemoglobin (if occurred in enclosed space) <input type="radio"/> YES <input type="radio"/> NA
Wound swabs (if wound contaminated) <input type="radio"/> YES <input type="radio"/> NA	Analgesia prescribed <input type="radio"/> YES <input type="radio"/> NA
Splints <input type="radio"/> YES <input type="radio"/> NA	Elevate affected limbs <input type="radio"/> YES <input type="radio"/> NA
Medical photography <input type="radio"/> YES <input type="radio"/> NA	
AUM consults Platypus AUM page 52190 and/or Burns Coordinator page 5959 (if >15% or difficult area to dress) <input type="radio"/> YES <input type="radio"/> NA	
Admission <input type="radio"/> YES <input type="radio"/> NO Ward/ICU _____	Burns clinic review <input type="radio"/> YES <input type="radio"/> NO
Appointment made <input type="radio"/> YES <input type="radio"/> NO Appointment date ____/____/____ Appointment time ____:____hrs	
Theatre required <input type="radio"/> YES <input type="radio"/> NO Date ____/____/____ Time ____:____hrs	
Procedure planned _____	

Dressing details (Please fill out the chart below indicating which dressings are applied to which area)

	<p>Instructions — Please assign a pattern to identify the kind of dressing</p> <p> <input type="radio"/> Acticoat 3 <input type="radio"/> Vaseline <input type="radio"/> Acticoat 7 <input type="radio"/> Solugel <input type="radio"/> SSD cream <input type="radio"/> Mepilex Ag <input type="radio"/> Other _____ </p> <p> <input type="radio"/> Escharotomy Date ____/____/____ Time ____:____ Site of escharotomy _____ </p> <p> Analgesia used <input type="radio"/> Intranasal Fentanyl used <input type="radio"/> Nitrous oxide used <input type="radio"/> Other _____ </p>
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Dressing details

To be changed and reviewed Ward Burns clinic Theatre ICU Date ____/____/____

Appropriate facts sheets given to parents YES NO Date ____/____/____

Name _____ Signature _____ Designation _____