

**REGIONAL PAEDIATRIC BURN SERVICE**

**Royal Manchester Children's Hospital  
EXTERNAL BURNS REFERRAL FORM**

**FAX BACK TO: 0161 701 8199**

**CONFIDENTIAL ONCE COMPLETED**

Referral date: \_\_\_\_\_ Time: \_\_\_\_\_ Name of person taking referral: \_\_\_\_\_  
Referring hospital: \_\_\_\_\_  
Referring doctor: \_\_\_\_\_ Grade: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_  
Contact fax number: \_\_\_\_\_

---

Childs name: \_\_\_\_\_  
Childs D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Childs weight: \_\_\_\_\_ Actual/Estimated  
Current location of child: \_\_\_\_\_

---

Date of injury: \_\_\_\_\_ Time: \_\_\_\_\_  
Nature of injury: \_\_\_\_\_  
Estimated %TBSA: \_\_\_\_\_  
Distribution: \_\_\_\_\_

Brief history of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other injuries/relevant medical history (vaccination history): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child protection issues raised by referring doctor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Airway involvement** (dyspnoea, nostril/mouth involvement, soot in nostrils/mouth, hoarse voice, stridor, swelling/redness of uvula, vocal chord, epiglottis): Yes/No

**Smoke inhalation:** Yes/No

**Anaesthetic review:** Yes/No

**Intubated:** Yes/No Oral/Nasal Size: Length

**Blood gasses:** Yes/No Arterial/Capillary

FiO<sub>2</sub>: pH: pCO<sub>2</sub>: pO<sub>2</sub>: Bicarb: Base: COHb:

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

**Clinical:**

Best neurological response: **Alert / Voice / Pain / Unresponsive** Pupils: Equal: Yes/No Reacting: Yes/No Size:

HR: RR: BP: Systolic/diastolic: \_\_\_\_\_ Mean: Pulse oximeter: Yes/No SaO<sub>2</sub>:

Core temperature: Peripheral temperature: Capillary refill time:

Bloods: Yes/No

Hb: WCC: Platelets: PCV:

Na<sup>+</sup>: K: Urea: Lactate: Glucose:

Other Bloods: \_\_\_\_\_

---

**Treatment instigated by referring doctor to date:**

Analgesia given: \_\_\_\_\_

Sedation given: \_\_\_\_\_

IV/IO access: Yes/No Site: IV fluids: Yes/No

Catheterised: Yes/No

If chemical burn: what measures have been instituted? \_\_\_\_\_

Has the poison centre been contacted? Yes/No

Poison centre advice: \_\_\_\_\_

---

On-Call burns Consultant: \_\_\_\_\_ Patient Discussed: Yes/No

Advice from On-Call burns Consultant: \_\_\_\_\_

Patient Accepted: Yes/No Time: \_\_\_\_\_

IF NO: complete refusal form

IF YES:

Burns Unit Informed: Time: \_\_\_\_\_

Senior nurse on Burns Unit Informed: Yes/No/Not Applicable Time: \_\_\_\_\_

CCA SpR Informed: Yes/No/Not Applicable Time: \_\_\_\_\_

Critical care consultant Informed: Yes/No/Not Applicable Time: \_\_\_\_\_

PETS activated: Yes/No/Not Applicable Time: \_\_\_\_\_

**Advice given to referring hospital:** (time and date :.....)

**Anaesthetic review requested:** Yes / No / not applicable

**Analgesia:** opiates: IV / oral dose and duration:

**IV access:** Yes / No

**Blood tests:** please specify \_\_\_\_\_

**Fluid management:**

**Resuscitation fluids:** %TBSA x weight of patient in kg x 3mls/16 = ml's/hour of **Hartmann's Solution** for the first 8 hours post-injury. **Therefore the calculated volume of resuscitation fluid as per telephone discussion is:** .....

**Maintenance fluids** (0.45% sodium chloride in 5% dextrose): 100ml/kg for the first 10 kg body weight  
50mls/kg for the next 10kg body weight  
20mls/kg for each kg thereafter

The above volume is divided by 24 to obtain the fluid requirement per hour of maintenance fluids.

**Therefore the calculated volume of maintenance fluid as per telephone discussion is** .....

*NB: Maintenance fluid is to be given in **addition** to the resuscitation fluid.*

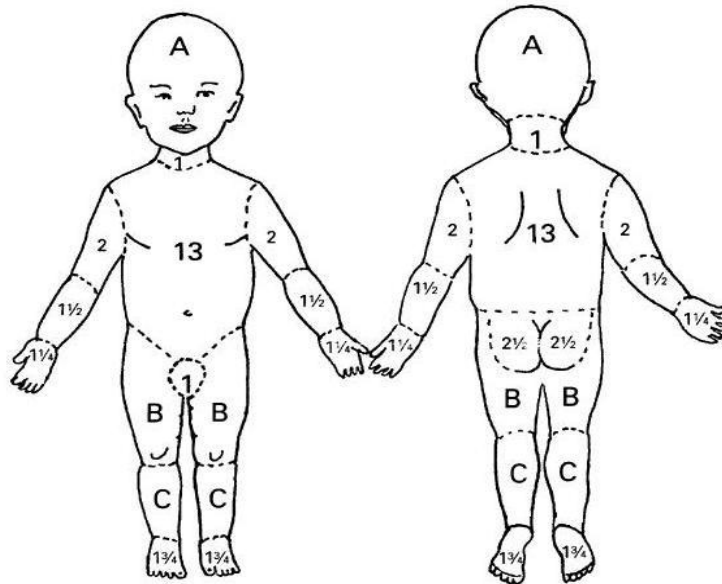
**Urinary catheterisation:** Yes / No / Not applicable

**NG tube:** Yes / No / not applicable

**PETS team retrieving:** Yes / No / not applicable

Please record your findings on the following chart (exclude areas of **Erythema** if epithelium intact)

Fax back on **0161 701 8199**



For further assessment and advice as necessary please call direct to **0161 701 8100**

Age	1	5	10	15	_A=	9	8	6	5	4	_B=	2	3	4	4	4	_C=	2	2	2	3	3
0	Yea	yea	Yea	Yea	Hea						one						one					
	r	rs	rs	rs	rs	d					Thi						Lo					
											gh						wer					
																	Leg					

**Wound management:**

- Cling film *loosely* and wrap in sterile towels.
- Please place hands in poly-bags and elevate on pillows; ensure the bandage is not tight, as the limbs will swell.
- Cover patient in clean blankets and keep patient warm.
- Place sterile Gamgee around head to reduce heat loss.
- Please monitor circulation to digits and limbs and ensure the cling film is not acting as a tourniquet as the affected limbs/trunk swell.
- Other advice:

**Please record the following parameters:**

Hourly TPR, BP, urine output, fluid input, circulation to limbs and ventilatory parameters if applicable.

Please repeat FBC including PCV, U&E, and serum lactate every 4 hours

Please contact us on **0161 701 8181 (EMERGENCY REFERRAL HELP LINE)**

**Please send a copy of the above record and requested parameters with the patient.**

Thank you.

Name of Senior Nurse / Doctor:

Signature:

Date: