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| **Scottish National Burns Hub**  **REFERRAL**  Email form to [ggc.burnshubreferrals@ggc.scot.nhs.uk](mailto:ggc.burnshubreferrals@ggc.scot.nhs.uk)  **AND**  Call Plastic Surgery Team On Call via Glasgow Royal Infirmary switchboard (**0141 211 4000**)  All COBIS Guidelines available here: [Clinical Guidelines – New – Care of Burns in Scotland](https://www.cobis.scot.nhs.uk/clinical-guidelines-new/) |

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| **Please ensure all items in the following checklist have been addressed prior to referral and the referral form has been completed fully- incomplete referrals will not be accepted** | |
|  | The injury meets the criteria for referral to the Scottish National Burns Hub  Available here: [NSD610-006.10.pdf (scot.nhs.uk)](https://www.cobis.scot.nhs.uk/wp-content/uploads/2021/07/NSD610-006.10.pdf)  **Adults**  All injuries >25% TBSA (elderly/ infirm >10%)  Patients requiring level 3 ICU and significant early excision and grafting  Full thickness burns >10% TBSA  Other complex injuries or requiring complex inpatient care (e.g. high voltage electrical burns)  **Children**  All injuries >15%TBSA  All patients requiring level 3 PICU and significant early excision and grafting  Full thickness burns >7%TBSA  All high voltage injuries  Other complex injuries or very young babies. |
|  | Burn wound %TBSA assessment has been performed and documented on a Lund and Browder chart or validated smartphone app. Chart should be either scanned and emailed along with referral (preferably) or included in the transfer notes. |
|  | Photographs have been obtained. |

**REFERRAL DETAILS**

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| **I** | **IDENTITY** | | | | | | |
| **Patient Details** | | | | | **Referrer Details** | | |
| **Name** | | Click here to enter text. | | | **Name/ Grade/** | | Click here to enter text. |
| **DoB** | | Click here to enter text. | | | **Named Consultant** | | Click here to enter text. |
| **CHI** | | Click here to enter text. | | | **Referring Dept/ Hosp** | | Click here to enter text. |
| **Address** | | Click here to enter text. | | | **Date/ Time** | | Click here to enter text. |
| **Sex** | | Click here to enter text. | | | **Contact No** | | Click here to enter text. |
| **S** | **SITUATION (Summary and reason for referral to National Burns Hub)** | | | | | | |
| Click here to enter text. | | | | | | | |
| **B** | **BACKGROUND** | | | | | | |
| **Of Burn** | | **Injury Date:** Click here to enter a date.  **Injury Time**: Click here to enter text.  **Mechanism of injury:** Click here to enter text.  **First aid:** Click here to enter text. | | | **ED Arrival Date**: Click here to enter a date.  **ED Arrival Time:** Click here to enter text. | | |
| **Of Patient** | | **Weight / height:** Click here to enter text.  **PMH:** Click here to enter text.  **Tetanus Status:** Choose an item.  **Medications pre-admission:** Click here to enter text.  **Allergies:** Click here to enter text. | | | | | |
| **A** | **ASSESSMENT** | | | | | | |
| **Trauma (ATLS)** | | **Airway** | | **Airway patency**: Choose an item.  **Airway review by consultant anaesthetist performed?** Choose an item.  *Please note airway review by Consultant Anaesthetist is* ***required*** *in all facial burns and/ or when smoke inhalation is suspected* | | | |
| **Breathing** | | **COHb on arrival (in suspected smoke inhalation):** Click here to enter text.  **O2 demands / ventilator settings (if applicable):** Click here to enter text.  **Any suspicion of cyanide toxicity?** Click here to enter text.  *Suspect CN poisoning in fires involving synthetic materials, and when patients have lactate >7mmol/L, persistent elevated anion gap acidosis, cardiovascular arrhythmias and CNS depression. Consider antidote: hydroxycobalamin (Cyanokit) – note this can affect colorimetric blood samples.*  **Other injuries:** Click here to enter text. | | | |
| **Circulation** | | **Circulatory support required?** Choose an item.  **Any blood products administered? (specify)** Click here to enter text. | | | |
| **Disability** | | **GCS score:** Click here to enter text. | | | |
| **Exposure** | | **Significant other trauma:** Click here to enter text. | | | |
| **Burn** | | **%TBSA** | | **Total %TBSA:** Click here to enter text.  **%TBSA deep:** Click here to enter text.  **%TBSA superficial:** Click here to enter text.  *Lund and Browder Chart overleaf or Mersey Burns App to be used for TBSA calculation.*  *Do not count erythema in TBSA calculations.*  *Please scan or photograph the chart and email separately* | | | |
|  | | **Burn characteristics** | | **Location of deep burns:** Click here to enter text.  **Location of SPT burns:** Click here to enter text.  **Any circumferential burns? (please specify location):** Click here to enter text.  **Escharotomies required/ performed?** Click here to enter text.  **Ocular injuries?** Click here to enter text.  **pH (if suspicion of chemical burns):** Click here to enter text.  **Any NAI concerns?:** Click here to enter text.  **Photographs obtained?** Choose an item. (*Please email photographs to Hub)* | | | |
| **R** | | **RECOMMENDATIONS** | | | | | |
| **Fluids** | | **Fluid resuscitation to commence for burn injuries >15%TBSA in adults and >10%TBSA in children (excluding erythema)** | | | | | |
| **Adult resuscitation (1st 24 hours)** | | | | | | | |
| **Use Parkland’s formula and warm Hartmann’s**  **Total 24h volume:**  **4mls** x Click here to enter text. **Kg** x Click here to enter text. **%TBSA** **= Click here to enter text.**  **Volume to be infused in first 8h from injury:**  Click here to enter text. **ml / 2** = **Click here to enter text.** ml  **Remainder to be transfused over next 16h:**  **Click here to enter text.** | | | | | | **Titrate according to urine output as below**   * Aim for 0.5-1mls/Kg/h- use ideal body weight) * If urine volume between 0.25-0.5mls/kg/h (ideal body weight) fluid challenge with 250mls * If urine volume less than 0.25mls/kg/h (ideal body weight) fluid challenge with 500mls * If urine volume between 1-2mls/kg/h (ideal body weight) reduce fluid rate by 50mls/h (unless higher rate required e.g. myoglobulinurea) * If urine volume >2mls/kg/h (ideal body weight) reduce fluid rate by 100mls/h | |
| **Paediatric resuscitation** | | | | | | | |
| **Use warm Plasmalyte or Hartmann’s**  **First 8 hours from injury: modified Parkland formula**  **2mls x** Click here to enter text.**Kg x** Click here to enter text. **%TBSA = Click here to enter text.**  **Second 16 hours: further fluid given as Human Albumin Solution (HAS)**  **Hourly rate of HAS 4.5% = 0.1mls x** Click here to enter text.**Kg x** Click here to enter text. **%TBSA = Click here to enter text.** | | | | | | **Remember to add maintenance fluids (Plasmalyte or 0.45% NaCl and Glucose 5%) as below**   * Rate of maintenance fluids: * 100mls/kg/day for first 10kg body weight * 50mls/kg/day for second 10kg * 20mls/kg/day for each kg over 20kg body weight | |
| **RELEVANT INVESTIGATIONS** | | | Bloods Click here to enter text.  Gases Click here to enter text.  G&S  Imaging Click here to enter text. | | | | |
| **LINES** | | | Please specify type and location of vascular access (e.g. peripheral line, central line, arterial line, IO line) Click here to enter text.  NG tube  Urinary catheter | | | | |
| **BURN WOUND MANAGEMENT** | | | First aid completed  Wound debridement and dressings (jelonet or similar, gauze, bandage- cling film might be considered for rapid transfer)  Actively warm patient (hypothermia is an independent mortality factor in major burns)  Photographs obtained | | | | |

**APPENDIX 1. LUND AND BROWDER CHART**

*Please complete chart, scan and email it along with referral (preferably), or include with transfer notes.*

