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| **Scottish National Burns Hub****REFERRAL**Email form to 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 graftingFull thickness burns >10% TBSA Other complex injuries or requiring complex inpatient care (e.g. high voltage electrical burns)**Children**All injuries >15%TBSAAll patients requiring level 3 PICU and significant early excision and graftingFull thickness burns >7%TBSAAll high voltage injuriesOther 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
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| **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
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| **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.*

