

The burn service - referral record

Referral information

Date/Time of call: _____
 Referring MD: _____
 Hospital/City: _____
 Telephone: _____

Patient information

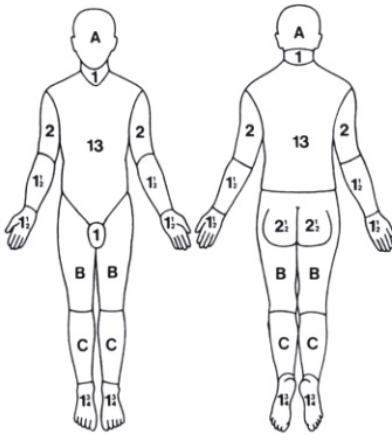
Name: _____
 Age: _____ Date of birth: _____
 Date/time of burn: _____

Mechanism

Thermal Electrical Chemical Frostbite
 SJS/TENS Wound Nec Fasciitis Other

How burn occurred: _____

Estimated %TBSA: _____
 Location of burns: _____



Other traumatic injuries: _____

Allergies: _____

Medications: _____

Past medical history: _____

Disposition

Transfer to CHNOLA: Yes No
 Transport Mode: Air _____ Ground _____ Other _____
 ETA: _____

Burn Clinic follow-up: Tuesday Friday
 Contact phone number: _____
 Parents name: _____

- Patient will be contacted to schedule their clinic appointment between 8-11 am.
- If they have not been contacted by noon, please advise patient to call the burn clinic.

Ped Surgery office number 504.896.9756

Burn education provided

Daily wound cares: Yes No

Wash with soap and water: Yes No

Tetanus updated: Yes No

No systemic antibiotics needed

Elevate extremity as able

Encouraged range of motion exercises

Tylenol/Motrin OTC alternating for pain control

Notification of:

- Admission to CHNOLA
- ER transfer
- Staff MD _____
- Person taking call _____

Please fax completed sheet to 504.896.3979

