Stick patient label here
Patient name:
NHS number:

#### **BLOOD RESULTS**

			DLO	OD KE	.001					
Date										
Time										
Hb										
Wbc										
Plts										
Hct										
Neuts										
Na										
K										
Urea										
Creat										
INR										
APPT										
CRP										
Tot Prot										
Alb										
Globulin										
Bilirubin										
ALT										
AlkPhos										
Gamma										
Amylase										
Phoshate										
Calcium										
Ca Corr										
Mag										
eGFR										
CK										
AST										
LDH										
TROP										
Glucose										
Fast Gluc										
Chol										
UIIUI					1	1	1			

12



	BIBID form
Stick patient label here	
Patient name:	
NHS number:	

# **Adult Minor Burns Assessment - Integrated Care Pathway**

### **Inclusion Criteria:**

Adults (> 16 years) with burn <15% (<10% for patients > 70 years but decided on an individual basis).

### **Exclusion Criteria**

Children < 16 years

Adults with burns < 15 %

Patients admitted for palliative care only.

If you have any queries about using this pathway, please speak to the ward manager or a member of the Burns Unit Team.

Contact sheet e.g SW, CPN, Nursing Home, NOK				
Name:	Name:			
Tel. No.:	Tel. No.:			
Profession:	Profession:			
Date contacted:	Date contacted:			
Comments:	Comments:			
Name:	Name:			
Tel. No.:	Tel. No.:			
Profession:	Profession:			
Date contacted:	Date contacted:			
Comments:	Comments:			
Name:	Name:			
Tel. No.:	Tel. No.:			
Profession:	Profession:			
Date contacted:	Date contacted:			
Comments:	Comments:			
Name:	Name:			
Tel. No.:	Tel. No.:			
Profession:	Profession:			
Date contacted:	Date contacted:			
Comments:	Comments:			
Name:	Name:			
Tel. No.:	Tel. No.:			
Profession:	Profession:			
Date contacted:	Date contacted:			
Comments:	Comments:			

Stick patient label here
Patient name:
NHS number:

**Adult Minor Burns Assessment - Integrated Care Pathway (ICP)** 

This document is for use on admission and is to be completed in conjunction with the nursing assessment and BIBID documents.

For subsequent inpatient days, a daily nursing care plan must be completed. Dressing care plans should be completed when necessary.

#### How to use an ICP

- a All staff must state their name, job title, band and give a sample signature and initials. (see example below).
- b Make sure that each page is marked with the patient's unique identifier e.g. NHS number
- c If you are recording an event that is predicted by the ICP, then just initial against that predicted activity or intervention in the column provided.
- d If your intervention is not in line with the ICP, you must record this as variance. Variance will allow the ICP to reflect the patient's experience.
- e The additional information/variance pages are also for you to write free text about problems identified and the care given to the patient. These records must always be timed and dated.

## **Signature Record**

All members of staff who are using this ICP should use black ink and complete this section. You can then use initials when recording care.

	Print name	Job title Grade/Band	Bleep No. or ext.	Signature	Initials
1	Jane Bloggs	Staff Nurse	1234	J Bloggs	jb
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

	Stick patient label here			
	Patient name:			
	NHS number:			
nuation Sheet - Date, time, sign and add bleep No. against each entry				
nuation Sheet - Date, time	, sign and add bleep No. against each entry			
nuation Sheet - Date, time	, sign and add bleep No. against each entry			
nuation Sheet - Date, time	, sign and add bleep No. against each entry			

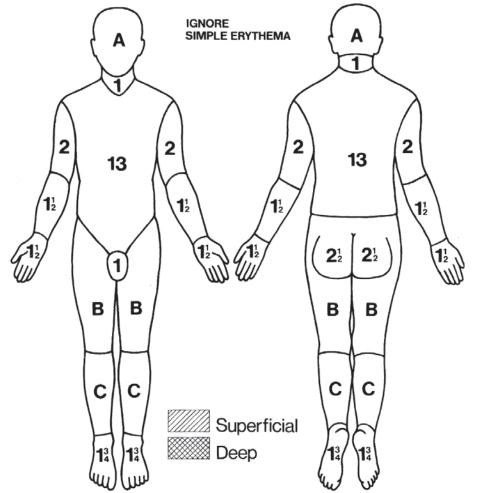
Continuation Sheet - Date, time, sign and add bleep No. against each entry	
Section 13. Variance record (date, time and initial each entry)	
(date, time and mittal each entry)	

Stick patient label here Patient name: NHS number: Continuation Sheet - Date, time, sign and add bleep No. against each entry

	Stick patient label here
	Patient name:
	NHS number:
Section 1. Burn History	
Date and time of injury: Date and time of admission: Delay:	Weight on admission:
Description of incident:	kg
First aid given:	Allergies:
a. Thermal burn	
Source of heat:  Water: □ Gas: □  Fire: □ Oil/fat: □ Flamr Burn mechanism:	Electrical:   Bitumen:   nable liquids:   Other:
Scald: ☐ Explosion: ☐ Clothes: ☐ Flash: ☐	Flame:  Other:  Contact:
b. Non-thermal burn	
	ss:  state cause:
Section 2. Patient consent  Patient has given consent for relatives to specomments	eak to care providers? yes □ no □
Section 3. Airway assessment	
☐ Burns to mouth, nose, singed nasal hair	
☐ Change of voice, hoarse brassy cough	Suspect inhalation injury:
<ul><li>☐ Inspiratory stridor</li><li>☐ Restlessness</li></ul>	<ul> <li>□ O<sub>2</sub> required to keep SpO<sub>2</sub>&gt;98%(prescribe on drug chart)</li> <li>□ Intubation required</li> </ul>
□ Soot in sputum	If O <sub>2</sub> is not given this must be recorded as a variance
Section 4. Breathing	
Increased respiratory effort □ no □ yes	
Chest x-ray required ☐ no ☐ yes	□ requested
Section 5. Circulation	
Capillary refill time (CRT) skin: se	cs CRT burn secs
Routine bloods taken □ no □ yes Grou	p and save □ Ck □ CoHb □ ABG □
Admission observations	BP: SpO <sub>2</sub> (air):
Temp: Pulse:	RR: SpO <sub>2</sub> (O <sub>2</sub> ):
date: time:	initial:

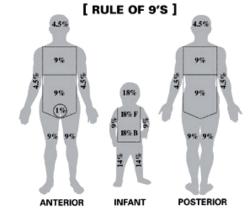
Stick patient label here
Patient name:
NHS number:

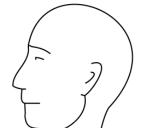
#### LUND AND BROWDER CHARTS

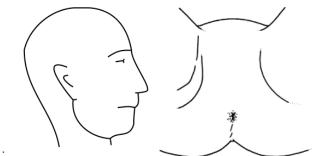


Region	%
Head	
Neck	
Ant. trunk	
Post trunk	
Right arm	
Left arm	
Buttocks	
Genitalia	
Right leg	
Left leg	
Total burn	

Relative percentage affected by growth	e of body surface
Area	Adult
$A = \frac{1}{2}$ of head	3½
$B = \frac{1}{2}$ of one thigh	43/4
$C = \frac{1}{2}$ of one leg	3½









	Stick patient label here
	Patient name:
	NHS number:
ontinuation Sheet - Date, time, sign and	

Stick patient label here					
Patient name:					
NHS number:	mant DL				
Medical Manage	ment Plai	ompleted by the a	admitting	plastic surgeon	
Surgery:	Immediate				
	Early				
	Delayed				
Signed:		date:		time:	

n 6. Burn Assessment		
	NHS number:	
	Patient name:	
	Stick patient label here	

Section 6. Burn Asses	ssment
Depth	Superficial:%
	Partial:%
	Full thickness:%
· · · · · · · · · · · · · · · · · · ·	hema):%  ed on an individual assessment)  □ no □ if yes, complete major burn care pathway
Circumferential?: Photography referral made?	yes □ no □ Site: yes □ no □
Date: t	ime: Initial:
Section 7. Fluid balan	ce
Eating and drinking?	yes □ no □

yes □ no □

yes □ no □

Initial:

NBM for theatre?

Date:

IV fluids commenced?

Section 8. Urinary Cathete	r		
Urinary catheter already inserted? □		г — — —	_ ¬
Type: s	size:	place sticky label here	•
Date to be changed:			
Urinary Catheter inserted on the unit?	yes □ no □		
Date:	Time:	Initial:	

Fluid balance chart commenced to record input and output? yes □ no □

time:

		Stick patient label here	
		Patient name:	
		NHS number:	
		IN IS Humber.	
Section 9. Pain Man	agement		
Commence pain assessm	ent chart complete vari	ance record (section 13) if this is not done	
Pain on arrival:		Pain score after 30 mins:	
Analgesia given in ED:			
Further analgesia required? Please state action taken:	' yes □ no □		
Date:	Time:	Initial:	
Date.	Tillie.	IIIIIai.	
Section 11 Nutrition	nal Assessmen	t (please refer to Nutritional R	isk Tool)
Ocolion III. Natitio	nai Assessinei	t (please refer to Natificolial IX	isk iooij
Burns Nutritional Risk Score Is the score greater than 11?  Yes - refer to dietitian a		d within 6 hrs of admission)	
	·	a skin graft or if their condition	deteriorates.
Refer to dietitian?	If burn greater than	15%, then pass nasogastric tu	be
□ Yes □ No	NG Tube passed:	yes □ no □	
Date referred:		fine bore ☐ large bore ☐	
If patient should be referred and is not, record as a variance in section 13.	If > 15% and NG not inserted	please complete variance section 13	
date:	time:	initial:	
Section 10. Infectio	n Control		
MC&S	MRSA		
□ Throat	□ Nose one swab b	oth nostrils   Sputum	
□ Nose	☐ Groins one swall	both sides	<b>)</b>
☐ Wound site please state:	□ CSU	☐ Tracheosto	my
	☐ Wound site pleas	se identify Skin lesions	S please identify:
☐ swabs not indicated at th	is stage		
date:	time:	initial:	
Section 12. Nursing	Assessment		
Nursing assessment record of		No - complete variance section 13	
BIBID commenced?	□ Yes	No - complete variance section 13	
date:	time:	initial:	

Olankina Dana Bi ki di ki k	
NHS number:	
Patient name:	
Stick patient label here	

NHS number:		
Clerking Page. Please date, time and sign all entries		
Prescription chart		
Allergies:		
VTE risk assessment completed:	Yes 🗖	No 🗖
Dalteparin prescribed?	Yes 🗖	No 🗖
Tetanus up-to-date? Yes  No  If no, prescribe Rovaxis	Van 🗖	No 🗖
Appropriate analgesia prescribed for both background and procedural pain? eg Paracetamol, Ibuprofen, Oramorph	Yes 🗖	No 🗆
Consider prescribing antiemetics PRN and Piriton PRN		
Laxatives to be prescribed with opiates - senna prescribed as per protocol?	Yes 🗖	No □
Admitting Plastic Surgeon to complete Medical Management Plan on Page 8 on	ce clerking	g done