

Stick patient label here  
 Patient name:  
 NHS number:

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**BLOOD RESULTS**

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

**Adult Major Burns Assessment - Integrated Care Pathway**

**Inclusion Criteria:**

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

**Exclusion Criteria**

Children < 16 years (use Paediatric Pathway)  
 Adults with burns < 10%  
 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.

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

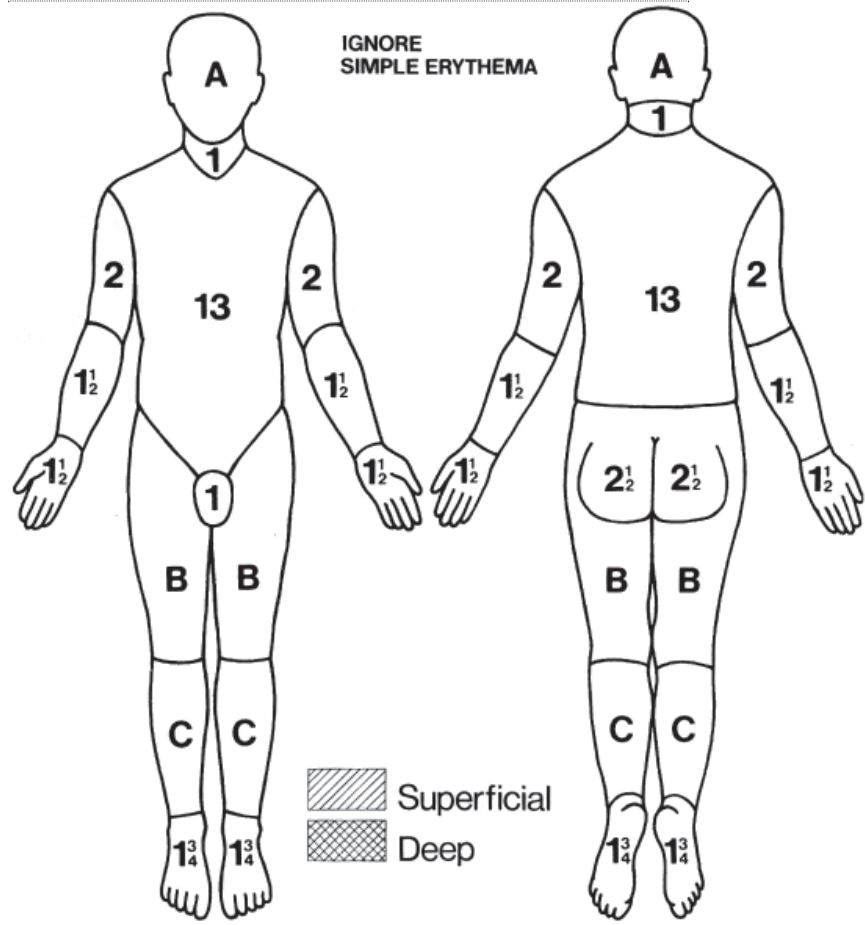




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Patient name:

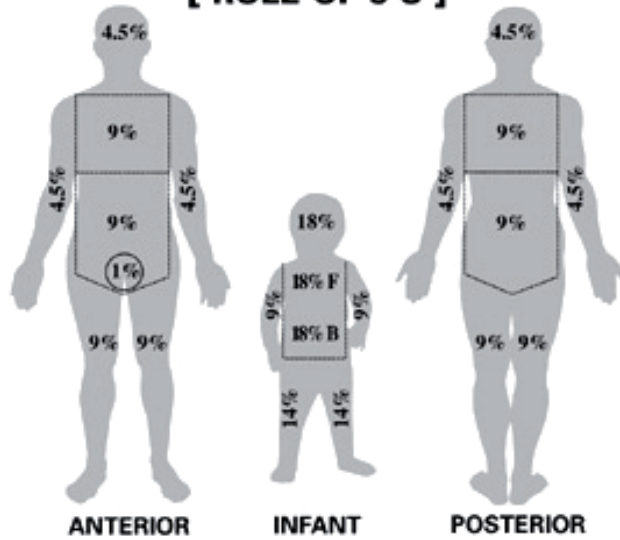
NHS number:



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

Relative percentage of body surface affected by growth	
Area	Adult
A = 1/2 of head	3 1/2
B = 1/2 of one thigh	4 3/4
C = 1/2 of one leg	3 1/2

**[ RULE OF 9'S ]**



**PALMAR METHOD**  
(Patient's hand)



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**Medical Management Plan - to be completed by the admitting plastic surgeon**

Surgery: Immediate   
 Early   
 Delayed

Signed:

date:

time:

Stick patient label here

Patient name:

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

Gastric protector e.g. Omeprazole, prescribed? Yes  No

Appropriate analgesia prescribed for both background and procedural pain? Yes  No   
eg Paracetamol, Ibuprofen, Oramorph

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 9 once clerking done

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**Section 6. Burn Assessment**

Depth Superficial: \_\_\_\_\_%  
Partial: \_\_\_\_\_%  
Full thickness: \_\_\_\_\_%

Total Burn Percentage (not erythema): \_\_\_\_\_%

Consider fluid resuscitation for:  
>15% burns in adults and  
>10% in elderly patients (based on an individual assessment)

For fluid resuscitation? (see next page) yes  no

Circumferential?: yes  no   
Site: \_\_\_\_\_

Photography referral made? yes  no

Date: \_\_\_\_\_ time: \_\_\_\_\_ Initial: \_\_\_\_\_

**Section 7. Fluid requirements in adults**

Parklands Formula (for the first 24 hours)

**3 - 4 ml Hartmann Solution x weight in Kg x % of burn**

Half the calculated volume is given in the first 8 hours (since the time of injury, not admission), and the remaining half given over the subsequent 16 hours.

Note: the calculation of fluid requirements commences at the time of burn, not from the time of presentation.

Total volume = \_\_\_\_\_ mls

0 - 8 hours = \_\_\_\_\_ mls = \_\_\_\_\_ mls/hr

8 - 24 hours = \_\_\_\_\_ mls = \_\_\_\_\_ mls/hr

**(Take into account fluid that has already been given)**

Colloid fluid can be added to help restore circulating volume in the **second** 24 hours.

0.5 ml of 5% albumin x weight in Kg x % of burn

Total volume = \_\_\_\_\_ mls over 24 hours

In addition, electrolyte solution should be provided to account for:

- evaporative loss
- normal maintenance requirements
- vomiting

Date: \_\_\_\_\_ time: \_\_\_\_\_ Initial: \_\_\_\_\_

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**Section 8. Urinary Catheter**

Urinary catheter already inserted?

Type: \_\_\_\_\_ size: \_\_\_\_\_

Date to be changed: \_\_\_\_\_

Urinary Catheter inserted on the unit? yes  no

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initial: \_\_\_\_\_

**Section 9. Pain Management**

**Commence pain assessment chart** complete variance record (section 13) if this is not done

Pain on arrival: \_\_\_\_\_ Pain score after 30 mins: \_\_\_\_\_

Analgesia given in ED: \_\_\_\_\_

Further analgesia required? yes  no

Please state action taken: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initial: \_\_\_\_\_

**Section 10. Infection Control**

MC&S MRSA

Throat  Nose one swab both nostrils  Sputum

Nose  Groins one swab both sides  IV cannulae

Wound site please state:  CSU  Tracheostomy

Wound site please identify:  Skin lesions please identify:

swabs not indicated at this stage

Commenced on antibiotics Yes  No

date: \_\_\_\_\_ time: \_\_\_\_\_ initial: \_\_\_\_\_

**Section 11. Nutritional Assessment (please refer to Nutritional Risk Tool)**

Burns Nutritional Risk Score \_\_\_\_\_ (must be completed within 6 hrs of admission)

Is the score greater than 11?

Yes - refer to dietitian and follow action plan

No - no action necessary unless patient has a skin graft or if their condition deteriorates.

Refer to dietitian? <input type="checkbox"/> Yes <input type="checkbox"/> No	If burn greater than 15%, then pass nasogastric tube NG Tube passed: yes <input type="checkbox"/> no <input type="checkbox"/> fine bore <input type="checkbox"/> large bore <input type="checkbox"/>
Date referred: _____ 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: \_\_\_\_\_

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Patient name: \_\_\_\_\_

NHS number: \_\_\_\_\_

**Section 12. Nursing Assessment**

Nursing assessment record completed  Yes  No - complete variance section 13

BIBID commenced?  Yes  No - complete variance section 13

date: \_\_\_\_\_ time: \_\_\_\_\_ initial: \_\_\_\_\_

**Section 13. Variance record** (date, time and initial each entry)
