Name
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Discharge

Date:

Time:

Discharge summary Yes ❑ No ❑

TTO's given and explained to parents Yes ❑ No ❑

Dressings supplied (if required) Yes ❑ No ❑

Health visitor/social worker informed (if required) Yes ❑ No ❑

Burns outreach nurse informed (if required) Yes ❑ No ❑

Advice sheets given:

Arrangements for dressing change:

Follow-up booked Yes ❑ No ❑

Feedback form given Yes ❑ No ❑

Name: _____ Signature _____

Date: _____ Time: _____ Designation: _____

Paediatric Burn Injuries - Assessment & Admission

Salisbury NHS
NHS Foundation Trust

Patient Details
Hospital number
NHS number

Surname
First name
DOB
Permanent address

Post code
☎
Mobile No

Temporary Address (if above not applicable)

Temporary ☎

Hospital Use

Admission date **time**
Injury date **time**

Admitting consultant
Reason for referral

Referrer

Emergency/planned

Time seen by: Nurse
Doctor

Siblings/other children in household

Name	DOB	Same Address Y/N
1.		
2.		
3.		
4.		

Accompanying Adult(s)

Mother Parental Responsibility Y ❑ N ❑
Name
DOB

Father Parental Responsibility Y ❑ N ❑
Name
DOB

Other adults living in same household

Name
DOB

Name
DOB

Name
DOB

Name
DOB

GP
Name
Surgery name/Address

☎

Other professionals involved
(Midwife, Health Visitor, Social Worker, Police)

1

2

3

School/Nursery/Childminder

Religion

Ethnicity

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Safeguarding *(MUST BE COMPLETED FOR ALL PATIENTS)*

Are there **ANY** safeguarding concerns from initial assessment? Yes/No
Please detail:

If Yes, have safeguarding concerns been discussed with duty consultant or named safeguarding nurse? Yes/No
Has HV liaison form been completed? Yes/No

Immunisations *tick as appropriate*

Neonate	BCG + Hepatitis B	Y ❑	N ❑
2 months	DtaP/IPV/Hib+PCV	Y ❑	N ❑
3 months	DtaP/IPV/Hib+Men C	Y ❑	N ❑
4 months	DtaP/IPV/Hib+Men C+PCV	Y ❑	N ❑
1yr	Hib/Men C	Y ❑	N ❑
13months	MMR+PCV	Y ❑	N ❑
3-5yrs	DTaP/IPV+MMR	Y ❑	N ❑
13-18yrs	Td/IPV	Y ❑	N ❑
Other			

Current Medications

Allergies

DESCRIPTION OF BURN INJURY

SIGNIFICANT PAST MEDICAL HISTORY

Orientated to ward **Yes/No**
Date:

BIBID Completed **Yes/No**
Date:

Photographs **Yes/No**
Date:

HV form completed **Yes/No**
Date:

Paediatricians informed **Yes/No**
Date:

Initial Observations

Date/time:

Weight Kg:

TBSA %:

Temp sub-lingual ❑ axilla ❑ ___________
Heart rate
Resp rate
SpO_2
BP (limb/position)
Blood glucose
Neuro (AVPU)
CRT

Name
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Date	CLINICAL NOTES (Each entry must be signed)

Name
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Airway
IF ANY EVIDENCE OF THE FOLLOWING BLEEP ON-CALL ANAESTHETIST AND PAEDIATRIC REGISTRAR
Facial or neck burns/hoarse voice/stridor/soot in nasal airways/carbon stained sputum

Breathing
Respiratory rate/respiratory effort/SpO2/History of smoke inhalation commence 100% O2

Circulation
Heart rate/CRT skin/CRT burn/temperature/urine output/B.P/consider fluid resus if TBSA >10% (or TBSA >5% in infants under 1year)

Disability
AVPU score/blood glucose in infants <1year

Exposure
Maintain warm environment/expose individual areas in sequence/calculate burn size and depth

Nutrition
Special dietary needs/breast or formula/consider NG tube if TBSA >10% (>5% in infants) and aim to commence enteral feed within 6 hours/refer to dietician

Comfort
Assess pain score using appropriate tool
IV or oral paracetamol 15mg/kg/dose
IV morphine 0.1mg/kg/dose

Safeguarding
Refer to burns safeguarding triage tool/complete HV liaison form/any concerns then inform Safeguarding Nurse and Paediatric Registrar

Name: ____________________ Signature ____________________

Date: ______________ Time: ______________ Designation: ____________________

Burns Unit Page 4

Name
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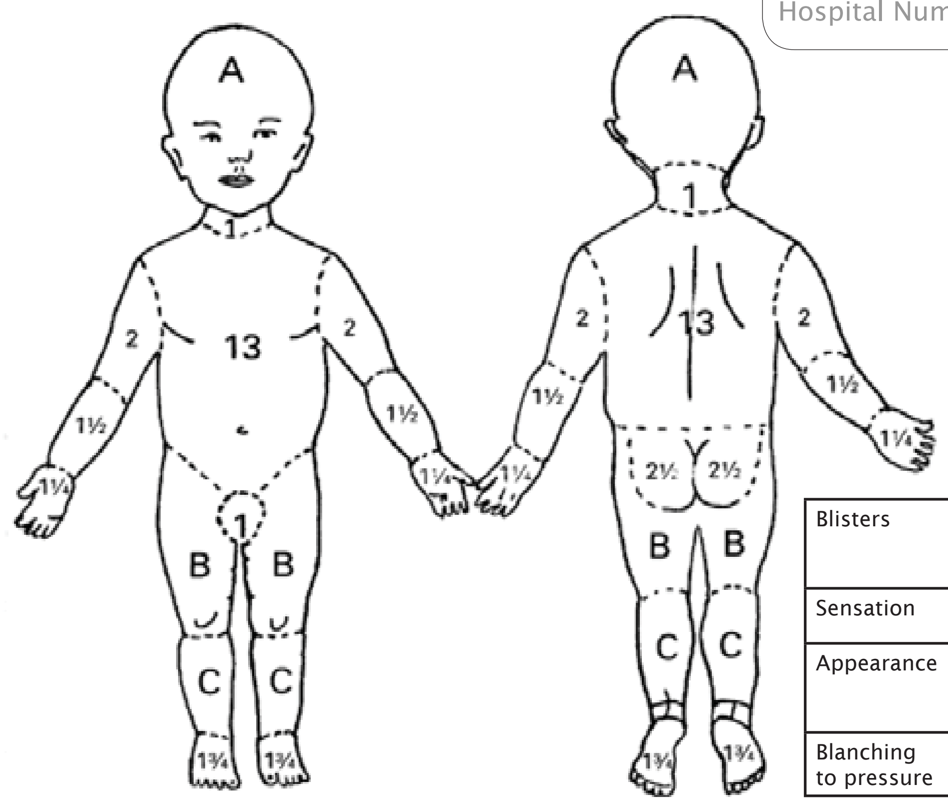

	Superficial	Superficial dermal	Deep dermal	Full thickness
Blisters	Possible	Possible	Possible but unlikely	None
Sensation	Painful	Painful	Dull	None
Appearance	Red, glistening	Dry, whiter	Cherry red	Dry, white, leathery
Blanching to pressure	Yes, brisk return	Yes, slow return	No	No

Area	Age 0	Age 1	Age 5	Age 10	Age 15
A = ½ of Head	9½	8½	6½	5½	4½
B = ½ of Thigh	2¾	3¼	4	4¼	4½
C = ½ of Leg	2½	2½	2¾	3	3¼

SUPERFICIAL_______% PARTIAL_______% FULL THICKNESS_______%

If Biobrane Indicated to remain nil by mouth

When an intentional scald must be excluded

<u>**Physical features**</u>

Mechanism:
- Immersion

Agent:
- Hot tap water

Pattern:
- Clear upper limits
- Scald symmetry (extremities)

Distribution:
- Isolated scald buttock / perineum
- +/- lower extremities
- Isolated scald lower extremities

Classical features
- Associated unrelated injury
- History incompatible with examination findings
- Co-existing fractures

Historical / Social features
- Passive, introverted, fearful child
- Previous abuse
- Domestic violence
- Numerous prior accidental injuries
- Sibling blamed for scald

When an intentional scald must be considered

<u>**Physical features**</u>

Pattern:
- Uniform scald depth
- Skin fold sparing
- Central sparing buttocks

Distribution:
- Glove and stocking distribution
- 1 limb glove / stocking

Clinical features
- Previous burn injury
- Neglect / faltering growth
- History inconsistent with assessed development

Historical / social features
- Trigger, such as:
- Soiling / enuresis / misbehaviour
- Differing historical accounts
- Lack of parental concern
- Unrelated adult presenting child
- Child known to social services

When an intentional scald is unlikely

<u>**Physical features**</u>

Mechanism:
- Spill injury
- Flowing water injury

Agent:
- Non tap water (hot beverage)

Pattern:
- Irregular margin and burn depth
- Lack stocking distribution

Distribution
- Asymmetric involvement lower limbs
- Head, neck and trunk or face and upper body

Burns Unit Page 9

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MODIFIED PARKLANDS FORMULA

2 ml Hartmann Solution x weight in Kg x TBSA % 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

CALCULATING MAINTENANCE FLUIDS IN PAEDIATRICS

0.9% SALINE & 5% DEXTROSE

Maintenance fluid is required in addition to resuscitation fluids for children under 1yr.
Calculate as follows:

First 10kg: - 100ml/kg/day **A**

Second 10kg: - 50ml/kg/day **B**

For each kg over 20kg: - 20 ml/kg/day **C**

Maintenance fluid = **A** + **B** + **C** divided by **24** to get the number of **mls per hour**

Name
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CHECKLIST

Is the TBSA Accurate?
If child in E.D assess prior to transfer
Threshold for Unit:-
<30% scalds
<20% flame burns
<15% Infants under 1 Year

Is Fluid Resus Indicated?
Consider when TBSA >10%
Maintenance fluids required in addition for infants under 1 year

Notify Relevant Staff
Plastics F2 on call bleep 1460
Plastics registrar on call via switch
Paediatric registrar bleep 1165
Trauma co-ordinator bleep 1515 (If surgery indicated)
Inform Site bleep 1312 if additional staffing required
Contact Sarum Ward ext 2561 for nursing assistance/support

Photographs
Contact medical photography/ward camera

Swabs
Only if indicated- wound contamination or delayed presentation

Documentation
Complete HV Liaison form
Commence BIBID
Inform Safeguarding Nurse (ext 2272) and Paediatrician if any safeguarding concerns

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