**Burns Referral**

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| **Date of Referral:**      **Time of Referral:**       | **Referral from:**      **Referral taken by:**       |
| **Title:**       | **Forename:**       | **Surname:**       |
| **D.O.B:**      **Gender:**       | **Marital status:**      **Ethnic group:**      **Religion:**       | **NHS Number:**       |
| **Home Address:**      **Tel. Number:**       | **GP Name:**      **GP Address:**      **Tel. Number:**       |
| **Next of Kin Name:**      **Address:**      **Tel. Number:**      **Relationship:**       | **Other relevant information:**      |

 **Communication and Accessibility needs:**

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| **Interpreter required?:** | **Yes** | **[ ]**  | **No** | **[ ]**  | **Wheelchair access required?**  | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **Language:**  |       | **Learning Disability:**  |       |
| **Hearing:** |       | **Other disability needing consideration:**  |       |
| **Vision:** |       |

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| **[ ]**  | **Military Service Person** | **[ ]**  | **Military Veteran** | **[ ]**  | **Member of Military Family** |

**Plastics and Burns Unit direct line: 01722 345507**

**Burns email for photos:** **shc-tr.burns@nhs.net**

**Burns bleep: 1029**

**Burns and Plastics on call bleep: 1460, ward cover bleep: 1168**

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| **Date of burn:**       **Time of burn:**       |
| **Burn injury details (specify mechanism of injury/area of body affected/depth and size):****First aid given (type and duration):**      **Estimated TBSA% (not including erythema)**       |
| **Airway concerns (refer to guidelines in resource folder):**      **Anaesthetic review required?**      | **Safeguarding concerns:**      |
| **STOP AND THINK!****Is this a major burn (>15% in adult, >10% in child or frail elderly)?****Is the burn estimated to be: > 40% in an Adult OR >20% in a child?****Is the patient already intubated/has a potential requirement for intubation?****Are you unsure about any aspect of this referral?****If yes to any of the above contact the SpR or Consultant to discuss the management plan and also refer to additional information in resource folder.**  |
| **PMH:**       | **Allergies:**      **Tetanus status:**       |
| **Outcome of referral (document clinic date & time/advice given):**      | **Additional communication/advice/information:**      |
| ***Document created by Amy Johnson and Emily Brown*** ***Any feedback gratefully received Version 3 November 2019*** |