

Name _____
 Date of Birth _____
 Hospital Number _____

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: _____

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.

GP
 Name
 Surgery name/Address



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

- 1
- 2
- 3

School/Nursery/Childminder

Religion

Ethnicity

Patient Details

Hospital number
 NHS number

Surname
 First name
 DOB
 Permanent address

Post code



Mobile No

Temporary Address (if above not applicable)

Temporary

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

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Date	CLINICAL NOTES (Each entry must be signed)

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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

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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.

$$\begin{aligned} & \text{Total volume} = \text{ mls} \\ 0 - 8 \text{ hours} & = \text{ mls} = \text{ mls/hr} \\ 8 - 24 \text{ hours} & = \text{ mls} = \text{ mls/hr} \end{aligned}$$

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**

