BIBID form ☐

Salisbury NHS
NHS Foundation Trust

Stick patient label here
Patient name:
NHS number:

Adult Burns Outpatient Care Pathway

Section 1. Burn History

Date and time of injury:
Date and time first attended clinic:
Delay:
Description of incident:

First aid given:

a. Thermal burn - source of heat:

Water: ☐ Gas: ☐ Electrical: ☐ Bitumen: ☐
Fire: ☐ Oil/fat: ☐ Flammable liquids: ☐ Other: _____ ☐

Burn mechanism:

Scald: ☐ Explosion: ☐ Flame: ☐ Other: _____ ☐
Clothes: ☐ Flash: ☐ Contact: ☐

b. Non-thermal burn

Chemical ☐ Friction: ☐ Skin loss: ☐ state cause: _____

Allergies:
Relevant past medical history:
Current medication:

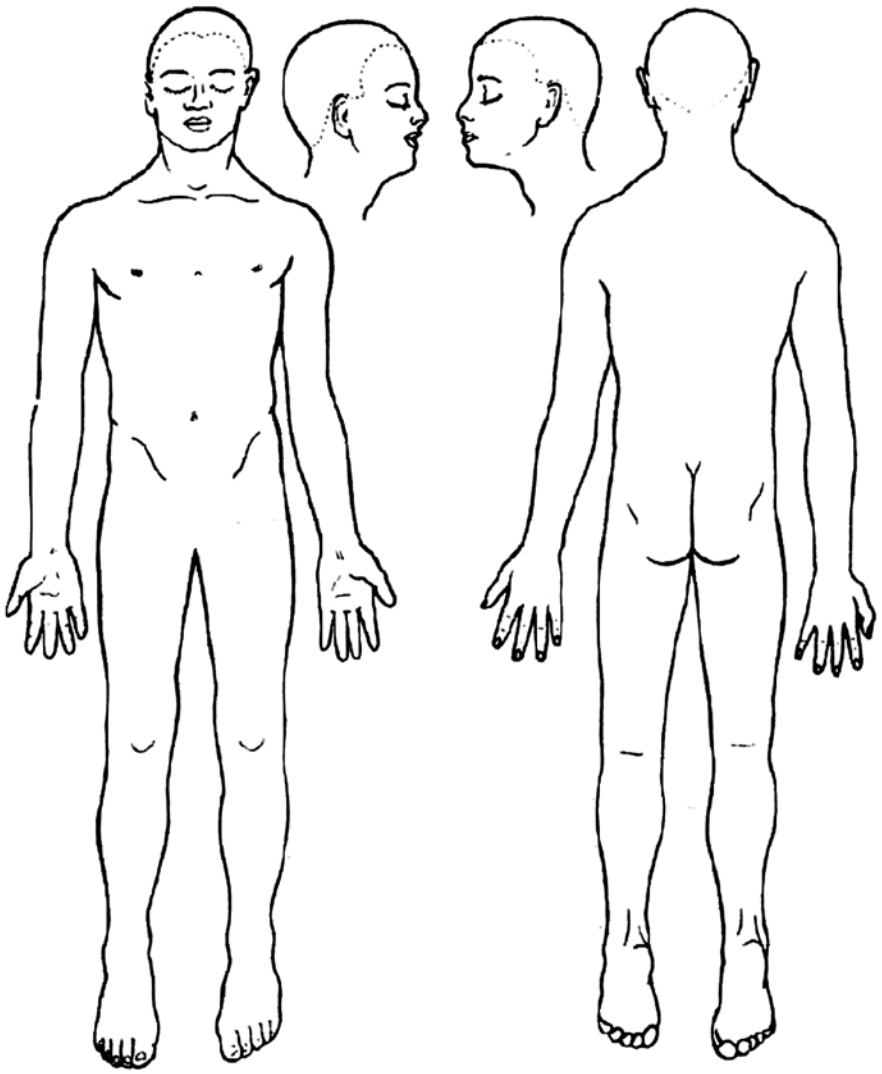
GP name:
Address:
Tetanus up-to-date? If no, prescribe Rovaxis
Next of kin:

Section 2. Initial assessment

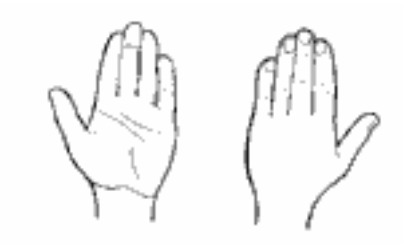
Depth:
Superficial: _____ %
Partial: _____ %
Full thickness: _____ %

Total burn percentage (not erythema): _____ %

Circumferential yes ☐ no ☐ if yes, commence limb assessment chart and identify site
Photography referral made? yes ☐ no ☐



left



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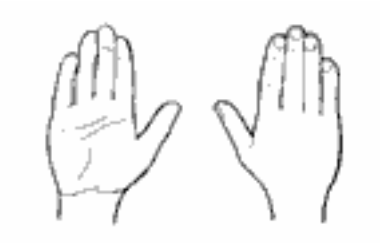

superficial	
partial	
DD	
full thickness	

Section 3. Infection Control

MC&S

- ☐ Throat
- ☐ Nose
- ☐ Wound site please state:
- ☐ Not indicated at this stage
- ☐ Other : _____

MRSA

- ☐ Nose one swab both nostrils
- ☐ Groins one swab both sides
- ☐ Wound site please identify

Antibiotics prescribed: yes ☐ no ☐

If +ve commence MRSA pathway

Section 4. Pain Management

Pain on arrival: _____ Pain score after 30 mins: _____

Analgesia given prior to being seen:

Further analgesia required? yes ☐ no ☐ Please state action taken:

Drug: _____ Dose: _____ Route: _____ Time given: _____

Section 5. Physiotherapy/Occupational Therapy

Is burn affecting patient's rage of movement/function? yes ☐ no ☐ if yes, consider referral to physio and OT

Seen by physio ☐

Seen by OT ☐

Comments

Section 6. Management Plan. To be completed by the assessing professional

Checklist	
Discussed signs and symptoms of infection	☐
Advice booklet given	☐
GP letter sent	☐

Progress Notes. Please date, time and sign all entries

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Section 7. Discharge from the clinic

Date discharged from the clinic: _____

SMC ☐

GP letter ☐