Paediatric Burn Inju Burns Unit Page 1	uries - outpatients Salisbury NHS Foundation Trust	NHS
Patient Details Hospital number NHS number  Surname First name DOB Permanent address	Date of initial attendance:  Time:  Date/time of injury:  Admitting consultant:	е
Post code  Mobile No  Temporary Address (if	Referrer  Emergency/planned  Siblings/other children Name DOB  1. 2.	i <b>n household</b> Same Address Y/N
Accompanying Adu	3. 4.	
Name DOB Father Pather Name DOB  Other adults living in the policy of th	Parental Responsibility Y N N N  Parental Responsibility Y N N N  Other professionals in (Midwife, Health Visitor, Social 1)  In same household  Other professionals in (Midwife, Health Visitor, Social 1)  2  3	<b>volved</b> Worker, Police)
DOB  Name DOB	School/Nursery/Childr	ninder
Name DOB	Religion	
	Ethnicity	

Burns	Jnit Pa	age 2
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Name
Date of Birth
Hospital Number

	Hospital Number	
Safeguarding (MUST BE COMPLETED FOR ALL PATIENTS) Are there ANY safeguarding concerns from initial assessment? Please detail:		Yes/No
If Yes, have safeguarding concerns been discussed named safeguarding nurse? Has HV liaison form been completed?	l with duty consultant or	Yes/No 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 □	Current Medications	
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	Allergies	
DESCRIPTION OF BURN INJURY	BIBID Completed	Yes/No
	Date: Photographs	Yes/No
	Date: Swabs	Yes/No
	Date:	
	Weight Kg: TBSA %:	
		_
SIGNIFICANT PAST MEDICAL HISTORY	Heart rate	<u> </u>
	Resp rate	<u> </u>
	SpO <sub>2</sub>	_
	CRT skin	_
	CRT burn	_

# Burns Unit Page 7

Name
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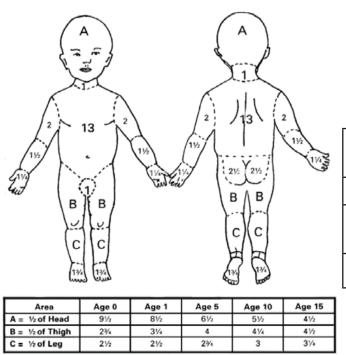
Date	CLINICAL NOTES (Each entry must be signed)

# Burns Unit Page 6

Name Date of Birth Hospital Number

Date	CLINICAL NOTES (Each entry must be signed)

# Burns Unit Page 3



3½ 2½

4 2¾

Name Date of Birth Hospital Number

	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

SUPERFICIAL	%	PARTIAL	%	FULL THICKNESS	%

SUPERFICIAL% PART	TIAL% FULL THICKNE	SS%
When an intentional scald must be excluded	When an intentional scald must be considered	When an intentional scald is unlikely
Physical features	Physical features	Physical features
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	Pattern:  Uniform scald depth Skin fold sparing Central sparing buttocks  Distribution: Glove and stocking distribution Ilimb 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	Mechanism:

Name:	Signature:	position:
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### Burns Unit Page 4

Name
Date of Birth
Hospital Number

Date	CLINICAL NOTES (Each entry must be signed)

# **Burns Unit Page 5**

Name Date of Birth Hospital Number

Date	CLINICAL NOTES (Each entry must be signed)