

**UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON  
BLOCKER BURN UNIT  
PATIENT REFERRAL FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Referring Hospital: \_\_\_\_\_

Referring Physician: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_

Hospital Address: \_\_\_\_\_  
\_\_\_\_\_

Date/Time of Burn: \_\_\_\_\_

Source of injury: \_\_\_\_\_

Multiple Trauma  Y

Mech. of injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

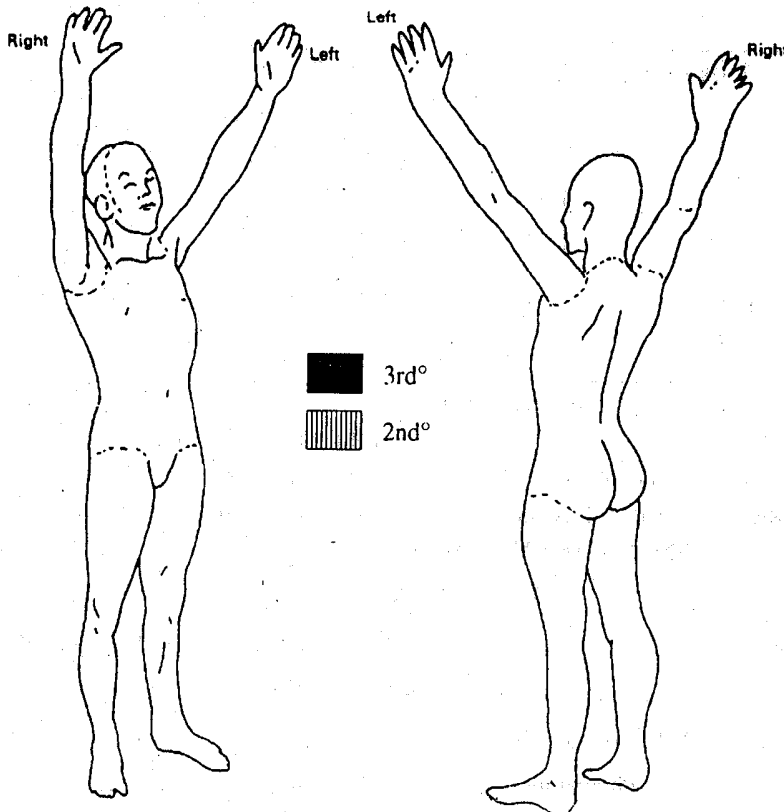
Type: MVA  
Auto/Ped  
Fall  
GSW  
Stab  
Other \_\_\_\_\_

Past med. hist.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injuries(Other than burn): \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**BURN ASSESSMENT**



Inhalation Injury?  Y  N  
Breath Sounds: \_\_\_\_\_  
Oxygen in use? \_\_\_\_\_  
Artificial Airway?  Y  N  
Type/Size/Placement: \_\_\_\_\_

CXR: \_\_\_\_\_  
SAO2: \_\_\_\_\_ Carboxyhemoglobin \_\_\_\_\_

**Ventilator Settings**

Mode: \_\_\_\_\_  
FIO2: \_\_\_\_\_ Rate: \_\_\_\_\_  
Tidal Volume: \_\_\_\_\_  
PEEP: \_\_\_\_\_ PIP: \_\_\_\_\_

Circumferencial Burns: \_\_\_\_\_

Escharotomies/Fasciotomies: \_\_\_\_\_

% Burn	% 3rd°	BSAm2	BSABm2

Peripheral Pulses: \_\_\_\_\_

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**PATIENT REFERRAL FORM**

VITAL SIGNS: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp \_\_\_\_\_

Neurological Status: \_\_\_\_\_

LAB RESULTS:

<u>ABG</u>	<u>CBC</u>	<u>Chemistry</u>	
pH _____	WBC _____	Na+ _____	Creat _____
pCO2 _____	Hgb _____	K+ _____	Glucose _____
pO2 _____	Hct _____	CL- _____	T.P. _____
BE _____	Plt. Ct. _____	Ca++ _____	Albumin _____
HCO3 _____	PT/PTT _____	BUN _____	
Time _____	Other: _____		

MEDICATIONS/SEDATION: \_\_\_\_\_

Tetanus Toxoid given? Y N Date/Time \_\_\_\_\_

INVASIVE LINES                      SITE/FLUIDS/RATE                      DATE INSERTED                      SUTURED(Y/N)

Arterial: \_\_\_\_\_

Central: \_\_\_\_\_

Peripheral: \_\_\_\_\_

Foley Cath      Y      N      Urine Output \_\_\_\_\_

NGT              Y      N      Gastric pH \_\_\_\_\_

PO Intake \_\_\_\_\_

Total Fluids	
IN	OUT

<u>FLUID CALCULATIONS FIRST 24 HOURS</u>	
TBSA: _____ m2	TBSAB: _____ m2
%TBSAB: _____	Kg. Body Wt: _____
4ml./Kg./%TBSAB = 4 X Kg: _____ X %: _____ = _____ ml	
Total for first 24 hours = _____ ml	
First 8 hours = _____ ml/hr	
Next 16 hours = _____ ml/hr	

NOTES

Referring Hospital Notifications

Keep Rectal Temp between 38° and 39°C.                       LR for burns <24 hours old  
 Stop all narcotics                       Foley Cath in place                       Salem Sump NGT  
 Send complete copies of Medical Records and all X-Rays done.                       ½ ml. U/O/Kg./Hr.

TRANSPORT ARRANGEMENTS

ETA: \_\_\_\_\_                      Type:    Air Ambulance                      Pvt. Plane  
 Person(s) Accompanying Patient on Transport:                      Military Aircraft                      Comm. Airplane  
 \_\_\_\_\_                      Ground Ambulance                      Pvt. Automobile

NOTIFICATIONS/TIME:

Charge Nurse \_\_\_\_\_      Faculty MD \_\_\_\_\_      Photography \_\_\_\_\_      Research Nurse \_\_\_\_\_  
 Case Manager 645-5928 \_\_\_\_\_      Trauma Team Activation \_\_\_\_\_

MD completing form \_\_\_\_\_