

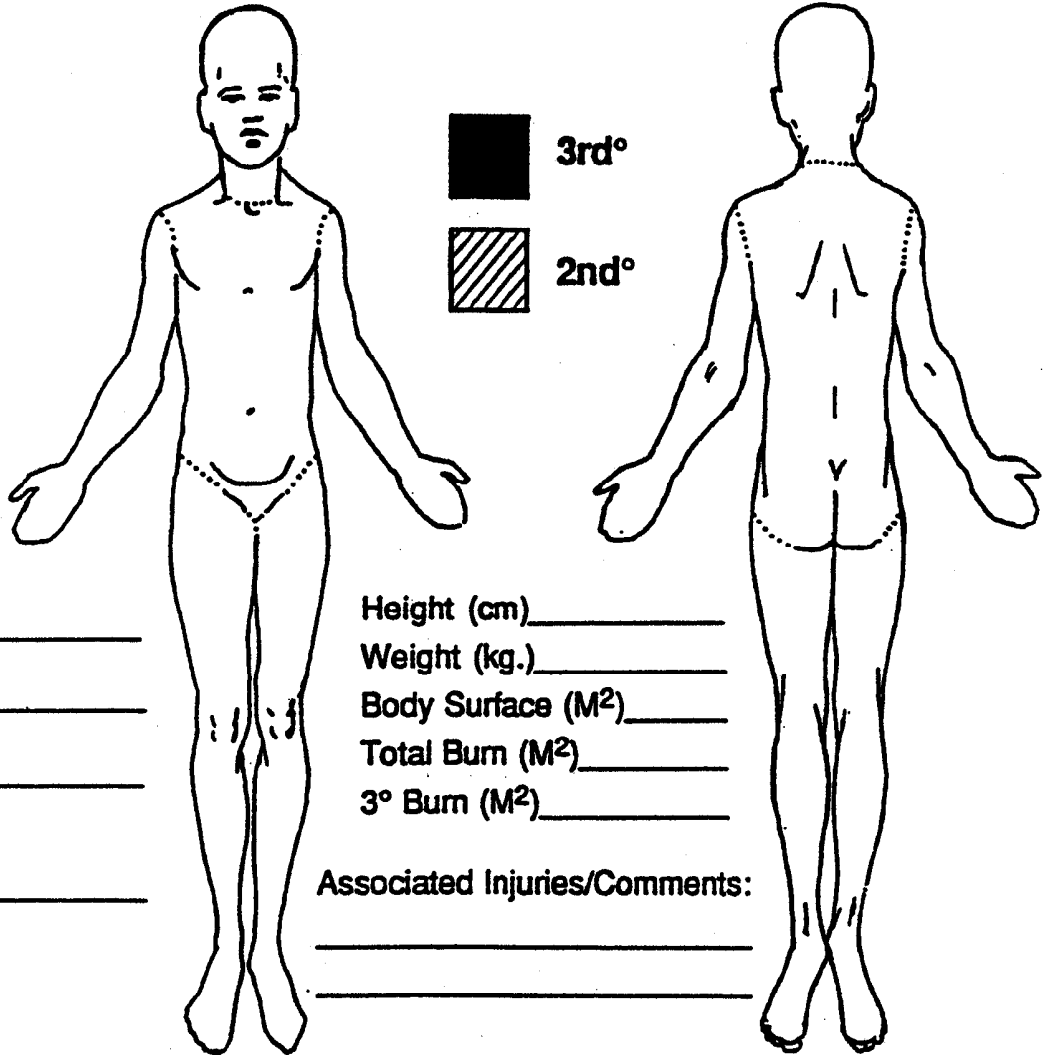
PRELIMINARY ASSESSMENT - BURN DIAGRAM

Shriners Burns Institute
Galveston Unit



Age: _____ Sex: _____ Date of Admission _____

Type of Burn: Flame Electrical Scald Chemical Inhalation Injury
Contact



Date of Burn: _____

Date Completed: _____

Completed By: _____

Attending Physician: _____

Height (cm) _____

Weight (kg.) _____

Body Surface (M²) _____

Total Burn (M²) _____

3° Burn (M²) _____

Associated Injuries/Comments: _____

BURN ESTIMATE - AGE VS. AREA

	Area	Birth-1yr.	1-4 yrs.	5-9 yrs.	10-14 yrs.	15 yrs.	Adult	2°	3°	TBSA%
941	Head	19	17	13	11	9	7			
941	Neck	2	2	2	2	2	2			
942	Ant. Trunk	13	13	13	13	13	13			
942	Post. Trunk	13	13	13	13	13	13			
942	R. Buttock	2.5	2.5	2.5	2.5	2.5	2.5			
942	L. Buttock	2.5	2.5	2.5	2.5	2.5	2.5			
942	Genitalia	1	1	1	1	1	1			
943	R.U. Arm	4	4	4	4	4	4			
943	L.U. Arm	4	4	4	4	4	4			
943	R.L. Arm	3	3	3	3	3	3			
943	L.L. Arm	3	3	3	3	3	3			
944	R. Hand	2.5	2.5	2.5	2.5	2.5	2.5			
944	L. Hand	2.5	2.5	2.5	2.5	2.5	2.5			
945	R. Thigh	5.5	6.5	8	8.5	9	9.5			
945	L. Thigh	5.5	6.5	8	8.5	9	9.5			
9	R. Leg	5	5	5.5	6	6.5	7			
9	L. Leg	5	5	5.5	6	6.5	7			
945	R. Foot	3.5	3.5	3.5	3.5	3.5	3.5			
945	L. Foot	3.5	3.5	3.5	3.5	3.5	3.5			
	TOTAL									

Burn Assessment

Area Burned	TOTAL %	% 3°
Head & Neck		
Ant. Trunk		
Post. Trunk		
Right Arm		
Left Arm		
Right Leg		
Left Leg		
TOTAL		