**Burns Referral**

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| **Date of Referral:**  **Time of Referral:** | | **Referral from:**  **Referral taken by:** |
| **Title:** | **Forename:** | **Surname:** |
| **D.O.B:**  **Gender:** | **Marital status:**  **Ethnic group:**  **Religion:** | **NHS Number:** |
| **Home Address:**  **Tel. Number:** | | **GP Name:**  **GP Address:**  **Tel. Number:** |
| **Next of Kin Name:**  **Address:**  **Tel. Number:**  **Relationship:** | | **Other relevant information:** |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Interpreter required?:** | **Yes** |  | **No** |  | **Wheelchair access required?** | **Yes** |  | **No** |  |
| **Language:** |  | | | | **Learning Disability:** |  | | | |
| **Hearing:** |  | | | | **Other disability needing consideration:** |  | | | |
| **Vision:** |  | | | |

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|  | **Military Service Person** |  | **Military Veteran** |  | **Member of Military Family** |

**Plastics and Burns Unit direct line: 01722 345507**

**Burns email for photos:** [**shc-tr.burns@nhs.net**](mailto:shc-tr.burns@nhs.net)

**Burns bleep: 1029**

**Burns and Plastics on call bleep: 1460, ward cover bleep: 1168**

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| --- | --- | --- |
| **Date of burn:**       **Time of burn:** | | |
| **Burn injury details (specify mechanism of injury/area of body affected/depth and size):**    **First aid given (type and duration):**  **Estimated TBSA% (not including erythema)** | | |
| **Airway concerns (refer to guidelines in resource folder):**  **Anaesthetic review required?** | **Safeguarding concerns:** | |
| **STOP AND THINK!**  **Is this a major burn (>15% in adult, >10% in child or frail elderly)?**  **Is the burn estimated to be: > 40% in an Adult OR >20% in a child?**  **Is the patient already intubated/has a potential requirement for intubation?**  **Are you unsure about any aspect of this referral?**  **If yes to any of the above contact the SpR or Consultant to discuss the management plan and also refer to additional information in resource folder.** | | |
| **PMH:** | | **Allergies:**  **Tetanus status:** |
| **Outcome of referral (document clinic date & time/advice given):** | | **Additional communication/advice/information:** |
| ***Document created by Amy Johnson and Emily Brown***  ***Any feedback gratefully received Version 3 November 2019*** | |