

Step 1

NHS**BURNS**

Burns Referral Systemv3.6.2


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Patient Referral


Your Centre


★ = Required Field


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Please note:
This referral system can only be used to refer to the Burns Services below:

Manchester Adults - Wythenshawe Hospital
Manchester Children's - Royal Manchester Children's Hospital
Plymouth - Derriford Hospital
Preston - Royal Preston Hospital

★ Select Your A&E From List :

Please select your A&E. ▾

(if your centre is not listed please click [here](#) to type the centre)

Add Referral

Step 2

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Information

Referral for patients with a new burn injury

For burn injuries requiring admission, a referral should be submitted within two hours of first presentation. Non-urgent referrals felt not to require admission should be submitted as soon as possible.

Please note, you should only use this system to submit NEW patient referrals.

Your recommended Burns Service based on your location is :

Preston (Royal Preston Hospital)

Service Type : **Burns Facility**

You will need to phone the Burns Service, usually at the end of the referral process, but if you need to contact the Burns Service before making the referral, you will find the contact details below:

★ Burns Service you require:

Please select a Burns Service

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Your Details

* Your Name:

* Your Contact Telephone:

* Your Email:

Confirmation email will be sent to this address (the confirmation email does not contain any patient information)

Your Grade/Role:

Initial Contact with Burns Service:

* Date:

* Time:

 24hrs

(if you have not yet phoned the Burns service click Autofill for current date and time, and phone the [service](#) after submitting the referral)

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Patient Details

★ Given Name(s):

★ Family Name:

★ DOB (dd/mm/yyyy):

NHS No:

Gender:

☐ Male

☐ Female

Vulnerable Person:

☐ Yes

☐ No

Language of Patient:

Select..

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Step 5

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Injury Details

Date & Time of Injury: ★ Date : ★ Time : 24hrs
Arrived in A&E: Date : Time : 24hrs
★ Describe Injury and Mechanism:

Please include any relevant info.. e.g. mechanism, length of exposure, site of burn, secondary injuries, clothing....

★ Type of Injury:
Locality: LivingSpace:
Activity: Category:
What percentage is superficial or superficial dermal burn? % TBSA ? What percentage is deep dermal or full thickness burn? % TBSA ?
Calculated total 0 % TBSA (S/SD TBSA + DD/FT TBSA)
★ Does the patient have an airway injury? ☐ Yes ☐ No
★ Does the patient require major Fluid Resuscitation? ☐ Yes ☐ No
(>15% TBSA in adults, >10% TBSA in children and elderly)
**OFFICIAL FIRST AID GUIDANCE: COOL BURN WITH 20MINS OF COOL RUNNING WATER
PLEASE PROVIDE FIRST AID TO PATIENT IF NOT YET PERFORMED**
Treatment so far:

Please include any relevant info.. eg. first aid type/duration, analgesia, ATLS, blood gas..

Other comments / past medical history / comorbidities:

Please include any relevant info.. eg. allergies, tetanus, illnesses, limitations, psychosis, personality disorders, substance abuse, cigarettes or alcohol per day

You can upload photos from your computer's hard drive here, alternatively you can send photos using the SiD-Secure Image Data mobile phone app and the unique QRcode appearing after you click submit.
(The patient's photo consent form, Lund/Browder and other forms can also be photographed and included)

Choose Files No file chosen Upload

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Step 6 (only appears if patient has airway injury – asked at step 5)

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Airway

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Airway

YOU MUST ENLIST THE HELP OF AN ANAESTHETIST TO COMPLETE THIS PAGE
(Fields can be left blank if you are unsure)

Blast Injury Suspected:

☐ Yes

☐ No

☐ Don't Know

Nostril burns/sooting:

☐ Yes

☐ No

☐ Don't Know

Mouth burns/sooting:

☐ Yes

☐ No

☐ Don't Know

Stained sputum:

☐ Yes

☐ No

☐ Don't Know

Hoarse voice:

☐ Yes

☐ No

☐ Don't Know

Uvula oedema:

☐ Yes

☐ No

☐ Don't Know

Epiglottis oedema:

☐ Yes

☐ No

☐ Don't Know

Vocal cord oedema:

☐ Yes

☐ No

☐ Don't Know

Dyspnoea:

☐ Yes

☐ No

☐ Don't Know

(Difficulty or laboured breathing)

Stridor:

☐ Yes

☐ No

☐ Don't Know

(High-pitched sound during inspiration)

Lung field crackles:

☐ Yes

☐ No

☐ Don't Know

Lung field wheezes:

☐ Yes

☐ No

☐ Don't Know

Intubated:

☐ Date :

Time :

24hrs

Inhalation Severity:

Select..?

Please confirm any ET tube is **not** cut:

☐?

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Step 7 (only appears if patient requires major fluid resuscitation – asked at step 5)

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Resuscitation

(Fields can be left blank if you are unsure)

Height : Metres Weight : KG Calculated BMI:

Formal resusc start: Date : Time : 24hrs

Principle resus fluid:

Circumferential burn on neck: ☐ Yes ☐ No ☐ Don't Know

Circumferential burn on chest: ☐ Yes ☐ No ☐ Don't Know

Circumferential burn on any limb: ☐ Yes ☐ No ☐ Don't Know

Urine Catheter sited: ☐ Yes ☐ No ☐ Don't Know

Central Line sited: ☐ Yes ☐ No ☐ Don't Know

Peripheral line sited: ☐ Yes ☐ No ☐ Don't Know

Arterial line sited: ☐ Yes ☐ No ☐ Don't Know

Inter osseous line sited: ☐ Yes ☐ No ☐ Don't Know

Escharotomies required on neck: ☐ Yes ☐ No ☐ Don't Know ☐ Already Performed

Escharotomies required on chest: ☐ Yes ☐ No ☐ Don't Know ☐ Already Performed

Escharotomies required on limb: ☐ Yes ☐ No ☐ Don't Know ☐ Already Performed

Myoglobinuria Severity:

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Checklist

Immediate Check List	Pre-Transfer Check List
<ul style="list-style-type: none">• All jewellery removed• Analgesia adequate administered• Wound photographed• Wound covered with cling film (if a few hours/or dress the wound if longer)• Airway safe/secured• Tubes/lines secured• Core temperature maintained• NG tube insitu	<ul style="list-style-type: none">• Appropriate staff available for the transfer• Infusions necessary for transit• Send all removed clothes from patient• Documentation with patient• Inform relatives of transfer• Contact receiving unit with time of departure

Transport Type: Select..


By clicking Submit you acknowledge you have or will perform the actions on the checklists

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Referral Complete

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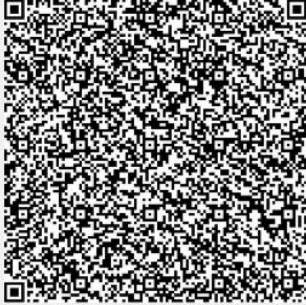
 **Patient Referral Successful - Referral ID : 847**

If you have not already done so, please ensure to contact the Service below


Manchester (Wythenshawe Hospital)
0161 291 6312 / 6313 / 6314

Upload images to your referral

The unique QR Code below can be used with the [SID-Secure Image Data](#) mobile app to upload wound images to this referral.



Export your referral

You can download full details of this referral including images you may have uploaded by clicking this icon 

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