FIRST AID

Cool running water applied for 20 minutes prior to arrival, if burn occurred within previous 3 hours (refer to Paediatric Burns Service Guidelines for chemical burns) □ Yes □ No
Cling film applied □ Yes □ No

HISTORY

History obtained from: .................................................................
When did the injury occur? Date: ........../........./........ Time: ..........:
Has there been any delay in seeking medical attention? Yes / No (If Yes, does this need further consideration?)
What occurred / caused the injury? .................................................................
.................................................................
.................................................................
.................................................................
.................................................................

Was the incident witnessed? Yes / No By whom? .................................................................
Does the history, development level of the child and proposed mechanism of injury fit the clinical findings? Yes / No

Was the child being adequately supervised at the time of injury? Yes / No / Unclear

Conclusion about the injury: (circle applicable) Clearly accidental / Neglectful / Inflicted / Unclear

Note the following situations must be discussed with the PED Consultant:
Any child under 18 months with unclear, neglectful or inflicted injuries where there is a supervision issue or the development capabilities of the child do not fit the injury or its explanation.

Past Medical History: .................................................................
.................................................................
.................................................................

ALLERGIES (document on Alert MR-1 if any): .................................................................
MEDICATIONS: .................................................................

FASTING STATUS:
IS THE CHILD UP TO DATE WITH SCHEDULED IMMUNISATIONS? □ Yes □ No*
("if no, prompt to attend to for Immunisation)
DO THEY REQUIRE ADDITIONAL TETANUS PROPHYLAXIS? □ Yes □ No

BURNS REGISTRAR NOTIFIED FOR:
□ circumferential burns □ burns to face / hands / feet / genitalia / perineum / major joint
□ electrical burns □ all burns > 5% TBSA
□ chemical burns □ inhalation injury
□ associated trauma □ suspicion of NAI
If haemodynamically unstable, such as associated blood loss with trauma

With Hartmann’s solution using Modified Parkland Formula

5% Dextrose and 0.9% Normal Saline (4ml/kg/hr for first 10kg body weight

Is this an isolated burn injury? Yes □

No □ – Preform trauma assessment

Are any of the following present?

□ Possible cervical spine injury

□ Possible inhalation injury (confined space, combustible plastics)

□ Accessory muscle use / tracheal tug

□ Hoarse cough or voice change

□ Neck burns / oedema

□ Respiratory distress

□ Stridor

□ Burns to mouth / nose / pharynx

□ Sooty or productive cough

□ Singed nasal hairs

□ Circumferential chest / abdominal burn

Circulation:

□ Cervical collar placed for any potential cervical spine injury

□ ED Consultant notified / Code Blue called immediately for all potential inhalation injuries

□ Humidified O₂ by NRB at 15L/min for all inhalation burns

□ Anaesthesia / PICU consulted for potential difficult airway

□ Intubation / Surgical airway placed

□ Arterial blood sent for: □ ABG □ Carboxyhaemoglobin for inhalation injuries

Circulation

□ 2 x IV cannulae placed for Burns > 10%

□ 0.9% normal saline bolus(es) of 20 ml/kg (……………….. mL) for haemodynamic instability

(consider other sources if haemodynamically unstable, such as associated blood loss with trauma)

□ IV fluids started for all burns > 10% TBSA (must have both burn resuscitation and maintenance fluids below)

□ Burn resuscitation with Hartmann’s solution using Modified Parkland Formula

4 x weight (……………….. kg) x % TBSA burnt (……………….. %) = ……………… ml over 24 hours

50% of total = ……………… ml in first 8 hours from time of burn = ……………… ml/hr now for ……………… hours

50% of total = ……………… ml over next 16 hours = ……………… ml/hr to start at time ………………

□ Maintenance fluids with 5% Dextrose and 0.9% Normal Saline (4ml/kg/hr for first 10kg body weight

+ 2 ml/kg/hr for next 10kg + 1 ml/kg thereafter) = ……………… ml/hr starting now

□ Venous blood sent for □ FBC □ EUC / LFTs / BSL □ Coags □ Group/Save for > 25% TBSA

□ Urinary catheter placed for all burns > 10% TBSA or any genital / perineal burns;

target urine output of 0.5 - 2 ml/kg/hr (……………….. - ……………… ml/hr)

Circulation Glasgow Coma Score: Eyes ………../4 Verbal ………../5 Motor ………../6 Total ………../15

Burns Service Guidelines for procedural sedation and analgesic recommendations.
PAEDIATRIC BURNS

ASSESSMENT

EXPOSURE / ENVIRONMENT

Ignore simple erythema

Partial

Full thickness

**ERYTHEMA IS NOT INCLUDED IN TBSA**
PAEDIATRIC BURNS
ASSESSMENT

Lund and Browder Chart

<table>
<thead>
<tr>
<th>% TBSA</th>
<th>0 - 1 yr</th>
<th>1 - 4 yr</th>
<th>5 - 9 yr</th>
<th>10 - 14 yr</th>
<th>15 yr</th>
<th>Adult</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head (A)</td>
<td>19</td>
<td>17</td>
<td>13</td>
<td>11</td>
<td>9</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Neck</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ant. Trunk</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Post. Trunk</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>R. Buttock</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>L. Buttock</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Genitalia</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>R. Upper arm</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>L. Upper arm</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>R. Lower arm</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>L. Lower arm</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>R. Hand</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>L. Hand</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>R. Thigh (B)</td>
<td>6</td>
<td>7</td>
<td>8.5</td>
<td>9</td>
<td>9.5</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>L. Thigh (B)</td>
<td>6</td>
<td>7</td>
<td>8.5</td>
<td>9</td>
<td>9.5</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>R. Leg (C)</td>
<td>5</td>
<td>5</td>
<td>5.5</td>
<td>6</td>
<td>6.5</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>L. Leg (C)</td>
<td>5</td>
<td>5</td>
<td>5.5</td>
<td>6</td>
<td>6.5</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>R. Foot</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>L. Foot</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

% TBSA total

☐ Lund and Browder chart completed at left
*If TBSA > 10% circulation section of form
MUST be completed

**ERYTHEMA IS NOT INCLUDED IN TBSA
CALCULATIONS**

☐ If TBSA > 20% activate Level 1 Trauma team
and refer to Major Burn Pathway

☐ Other examination findings noted above (include
medical findings and secondary survey for
trauma)

☐ Log roll to assess posterior thorax burn and
potential for spinal injury or soft tissue trauma

☐ Ensure environmental control and commence
active warming methods if required

☐ All jewellery / constrictive clothing removed

☐ Beware potential need for escharotomy in
circumferential limb and trunk burns.
Contact Burns Registrar

Sign: ........................................ Name: ........................................ Designation: .................................
(print clearly)
### TO BE COMPLETED BY BURNS SERVICE

<table>
<thead>
<tr>
<th>Age: ........... yrs ........... month</th>
<th>Postcode: ...........</th>
<th>Ethnic background: ...............................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>First language: ........................................</td>
<td>Interpreter required? Yes / No</td>
<td></td>
</tr>
</tbody>
</table>

### PATIENT INITIALLY PRESENTED TO:

- PED (WCH) □
- GP □
- Other Hospital □

### WHERE DID THE INJURY OCCUR?

- Home □
- Workplace □
- School □
- Road □
- Traffic Way □
- Waterway □
- Campsite □
- Farm □
- Shop □
- Park □
- Other □

Specify: ...................................................................................

### IN WHAT LOCATION?

- Bathroom □
- Bedroom □
- Dining □
- Kitchen □
- Laundry □
- Living □
- Shed □
- Vehicle □
- Outdoors □
- Unknown □
- Other □

Specify: ...................................................................................

### TYPE OF BURN?

- Chemical □
- Contact □
- Electrical □
- Flame □
- Friction □
- Inhalation □
- Sun □
- Cold □
- Radiation □
- Scald □
- Specify fluid: ....................................... Unknown □
- Other □

### CAUSE OF BURN?

- Bath □
- Bucket □
- Cup/Mug □
- Bowl □
- Kettle □
- Microwave □
- Stove □
- Frypan □
- Saucepan □
- BBQ □
- Heater □
- Flammable liquid □
- Fireplace □
- Housefire □
- Campfire □
- MVA □
- Exhaust pipe □
- Hair straightener □
- Iron □
- Powerpoint □
- Treadmill □
- Flash □
- Ingestion □
- Cleaning products □

### WERE FLAMES PUT OUT?

- Yes / No □
- Unknown □
- Not a flame burn □
- Blanket □
- Drop and roll □
- Hands □
- Water □
- Other □

Specify: ...................................................................................

### WHAT FIRST AID WAS ADMINISTERED?

- Running water □
- For how long?: ........................................ Min
- Wet cloth □
- Ice □
- Creams □
- None □
- Unknown □
- Other □

Specify: ...................................................................................

### WAS THERE CLOTHING ON THE AFFECTED AREA?

- Yes / No □
- Was this removed immediately? Yes / No □
- Cotton □
- Synthetic □
- Wool □
- Other □

Completed by: ................................................................................ Date: ........../........../...........
BRANZ ASSESSMENT QUALITY INDICATORS for INPATIENTS ONLY

1. Physical functioning assessment by Physiotherapist / Occupational Therapist if LOS > 48 hours
   - Yes Date / Time ............................................ No / NA / Not stated

2. Paediatric Nutrition Screening Tool completed Date / Time ............................................
   - 1. Has the child unintentionally lost weight lately? Yes / No
   - 2. Has the child had poor weight gain over the last few months? Yes / No
   - 3. Has the child been eating/feeding less in the last few weeks? Yes / No
   - 4. Is the child obviously underweight? Yes / No

   If yes to two or more of the above check if the child is known to a dietician and if no refer the child to the burn dietician.

   Dietician referral Date / Time ............................................

   Burns service screening
   - 1. Burn > 10% TBSA Yes / No
   - 2. Burn to child < 12 months Yes / No
   - 3. Burn to area that affects oral intake (e.g. hands, mouth) Yes / No

   Dietician referral Date / Time ............................................

   Dietician assessment Date / Time ............................................

3. Did the patient receive enteral or parental feeding? Yes Date / time commenced .................................. No / Not stated

4. If > 10% TBSA was the Parkland Formula used to estimate the fluid resuscitation requirements? Yes / No / Not stated

5. Psychosocial screening if LOS > 24 hours Date / time seen by social worker ..................................

6. Pain assessment completed within 24 hours of admission Yes / No

---

Legend:
- TBSA = total body surface area
- LFTs = liver function tests
- ABG = arterial blood gas
- BSL = blood sugar level
- FBC = full blood count
- NAI = non-accidental injury
- EUC = electrolytes, urea, creatinine