



Queensland Government

Royal Brisbane Hospital
Professor Stuart Pegg Adult Burns Unit

Referral & Transfer Form

Phone: 3636 8111 (RBWH Switchboard)

Email: burns@rbwh.com.au

Website: www.rbwh.com.au

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: [ ] M [ ] F [ ] I

USE THIS FORM IN PLACE OF A REFERRAL LETTER

Referral Time, Referral Date, Referring Doctor, Designation, Referring Hospital, Accepting Burns Doctor, Accepting ICU Doctor, Next of Kin Name, Next of Kin Phone, Have images been emailed to burns@rbwh.com.au

HISTORY

Mechanism

Date of Injury, Time, Burn Type(s), Flame, Friction, Chemical, Scald, Contact, Electrical, Other/Unknown

Date of Injury Time

Burn Type(s)

Flame, Friction, Chemical, Scald, Contact, Electrical, Other/Unknown

Duration of Exposure

GCS on scene / 15

Where

Workplace Burn No Yes Unknown

First Aid given for burns No Yes Unknown

Type & Duration

Contaminated Burn No Yes Unknown

If YES, with what?

Medical History

Diabetes No Yes Unknown

Pregnant No Yes Unknown

Other

Medications

Tetanus Status Up to date Given

Drug Allergies

Relevant Medications

Social

Smoker No Yes Unknown

Illicit Drugs No Yes Unknown

Occupation

Dominant Hand Left Right Ambidextrous

EXAMINATION

Vitals

HR BPM O2 Sats % via

BP / Resp Rate per min

Airway and Cervical Spine

Intubated No Yes

C-spine Cleared At Risk Immobilised

Breathing (is there suspected inhalational injury?)

Respiratory Distress No Yes

Evidence of Upper Airway Burns No Yes

Singed Nasal hairs No Yes

Sputum containing soot No Yes

Hoarse Voice No Yes

If YES to any reassess need for intubation

Chest Escharotomy Indicated No Yes

Circulation

IV Access 1. Site Size 2. Site Size

ECG Normal Abnormal

Limb Escharotomy Indicated No Yes

Site(s)

Haemoglobin g/dL

Disability

GCS E V M total /15

PEARL No Yes

Environment & Exposure

Core Temp °C

Warm room No Yes N/A

Warm iv fluids No Yes N/A

Warm blankets No Yes N/A

Clothing, Jewellery\* & Watches Removed No Yes

\*including piercings

DO NOT WRITE IN THIS BINDING MARGIN

ADULT BURNS REFERRAL & TRANSFER FORM



Queensland  
Government

Royal Brisbane Hospital  
Professor Stuart Pegg Adult Burns Unit

### Referral & Transfer Form

Phone: 3636 8111 (RBWH Switchboard)  
Email: [burns@rbwh.com.au](mailto:burns@rbwh.com.au)  
Website: [www.rbwh.com.au](http://www.rbwh.com.au)

(Affix identification label here)

URN:

Family name:

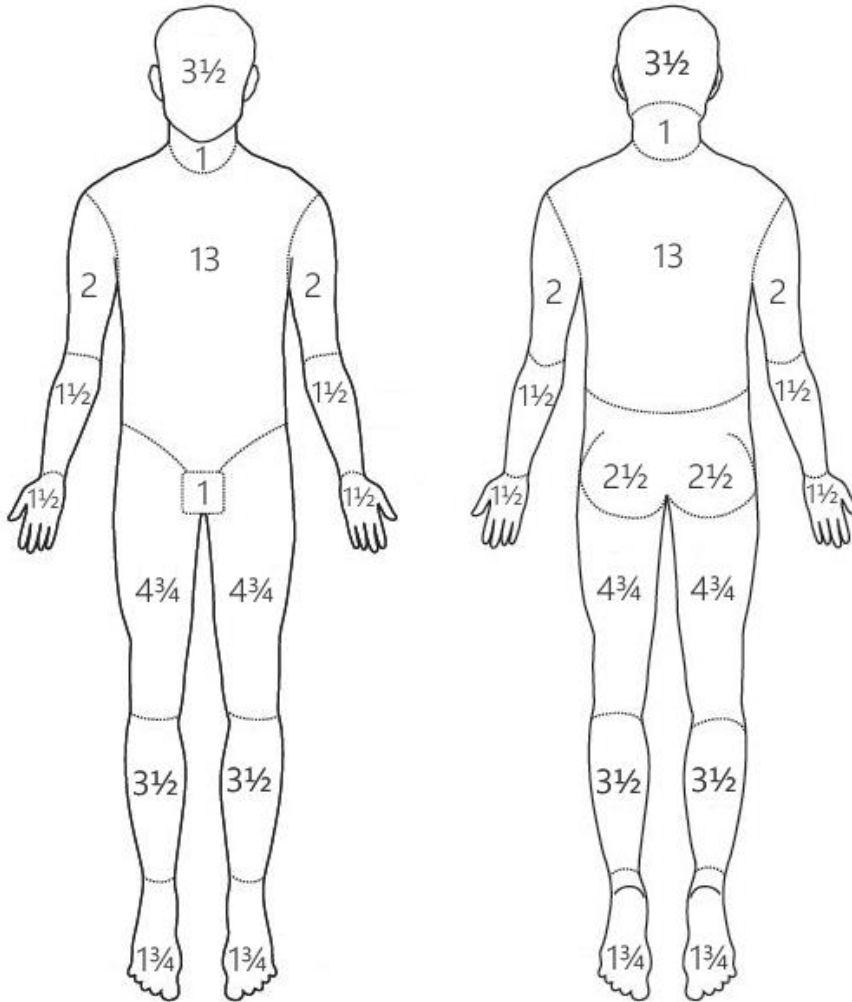
Given name(s):

Address:

Date of birth:

Sex:  M  F  I

BURN SIZE ASSESSMENT



Region	% Burns
Head	
Neck	
Anterior Trunk	
Posterior Trunk	
Right Arm	
Left Arm	
Right Leg	
Left Leg	
Buttocks	
Perineum	
<b>TBSA</b>	<b>%</b>

Ignore Simple Erythema

**Electrical Burns**

Entry Wound .....  
Exit Wound .....

Adapted from Therapeutic Guidelines Limited

A > 15%  No  Yes

Use Modified Parkland formula for fluid requirement

**Modified Parkland Formula**

3-4 ml x weight (kg) x %TBSA = Total 1<sup>st</sup> 24hr

50% of total in first 8 hrs

50% of total in the next 16 hrs

Calculated fluids in first 24hrs ..... L

Urine Output in last hour ..... ml, time ..... :

Total volume of fluids prior to transfer ..... L

Duration of fluid therapy ..... hr ..... min

Type(s) of Fluid used:

Hartmann's volume ..... L

PlasmaLyte volume ..... L

Normal Saline volume ..... L

Other ..... volume ..... L

FLUIDS

CONTACT

**Retrieval Services**

Retrieval Services Queensland (RSQ) 1300 799 127

**Royal Brisbane Hospital**

Burns Registrar (07) 3646 8111 (via switch)

ICU co-ordinator (07) 3646 5946

DEM co-ordinator (07) 3646 5900

Please send digital images to the secure address [burns@rbwh.com.au](mailto:burns@rbwh.com.au) with patient details in order for us to provide real time advice and to include these in the patients' file or upload photos and patient details via the online referral form at [www.rbwh.com.au](http://www.rbwh.com.au)

DO NOT WRITE IN THIS BINDING MARGIN