|  |  |  |
| --- | --- | --- |
| **NAME:** | | |
| **AGE:** | **GENDER:** Male Female | |
| **DATE & TIME OF INJURY:** | | |
|  | | |
|  | | |
| **INJURY MECHANISM:** | | |
|  | | |
| **INHALATION INJURY EXPOSURE:** | | |
| * **Enclosed Space** | **Yes** | **No** |
| * **Toxic Chemical Exposure** | **Yes** | **No** |
| * **Facial Burns** | **Yes** | **No** |
| * **Intubation /Mechanical Ventilation** | **Yes** | **No** |
|  | | |
| **Total Body Surface Area Burned:** | | |
| * **Partial Thickness %** |  | |
| * **Full Thickness %** |  | |
| **Body regions burned:** | | |
|  | | |
| * **Circumferential torso burn** | **Yes** | **No** |
| * **Circumferential extremity burn** | **Yes** | **No** |
| * **Decreased peripheral perfusion** | **Yes** | **No** |
|  | | |
| **Concurrent Trauma** | **Yes** | **No** |
| **Injuries:** | | |
|  | | |
| **Co-Morbidities/Past Medical History:** | | |
| **Wound Management (Dressings):** | | |
| **Institutional Location (BSF, ICU/Floor):** | | |
| **Contact Information:** | | |
|  | | |