**MDCH Mass Casualty Incident Burn Plan**

**Patient Management Worksheet**

*Please upload this information into the Patient Database located at* [*www.michiganburn.org*](http://www.michiganburn.org) *when time and personnel allow*

**\*Indicates a required field**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Incident** |  | | | | | | | | | | | | | |
| **\*Patient Status:** | **(circle one) Inpatient Released Deceased** | | | | | | | | | | | | | |
| **\*Date:** |  | | | | | | | | | | | | | |
| **\*Facility:** |  | | | | | | | | | | | | | |
| **\*Patient ID** |  | | | | | | | | | | | | | |
| **First Name** |  | | | | | | **Last Name** | |  | | | | | |
| **Sex: Male / Female** | | **Age:** | | | | | **Race:** | | | | | | | |
| **Eye Color: (**Choose one)Brown Blue Green Other: (describe) | | | | | | | | | | | | | | |
| **Approximate Height:** | | | | | | | **Approximate Weight:** | | | | | | | |
| **Hair Color:** | | | | | | | **Hair Length:** | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Personal Belongings:** | | | | | | | | | | | | | | |
| **Identifying Marks: (**Tatoos, scars, birthmarks etc.) | | | | | | | | | | | | | | |
| **Related Patients:** (If known**)** | | | | | | | | | | | | | | |
| **Injury Date:** | | | | | | | **Injury Time:** | | | | | | | |
| **Inhalation Exposures: (**Circle all relevant**)** Enclosed space Toxic Chemical Facial Burns Intubation | | | | | | | | | | | | | | |
| **Total Body Surface Area:** | | | | **Partial:** | | | | | | | **Full:** | | | |
| **Body Regions Burned: (**Circle all involved areas) | | | | | | Face | | | | Neck | | | | Chest |
| Abdomen | | | Back | | | | Upper Extremity: L / R | | | | | Lower Extremity: L / R | | |
| Buttock | | | Groin | | | | Genitalia | | | | | Inhalation | | |
| **Circumferential Burn:** | | | Chest | | Abdomen | | | Arm: L / R | | | | | Leg: L / R | |
| Compromised Circulation: | | | (describe) | | | | | | | | | | | |
| Concurrent Trauma: | | |  | | | | | | | | | | | |
| Initial Dressings: | | | Normal Saline Acticoat Silver Sulfadiazine | | | | | | | | | | | |
| Additional Information: | | | | | | | | | | | | | | |