**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**

|  |  |
| --- | --- |
| **\*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: |