**Burn Patient Transfer Form**

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| --- | --- | --- |
| Date: | Time: | Contact: |
| Referring Hospital:  | Physician: |
| Telephone: | Burn Physician: |

**PATIENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Name:** | Age: | Sex: M / F |
| Incident Date: | Time: | Pre-Burn Weight: Kg |
| Allergies: |
| Family Contact: | Notified: Yes No |
| **Burn Type:** | **Source:** | **Total TBSA:** |
| Flame | Clothes sent with patient | Send Wound Document Flowsheet |
| Inhalation | Enclosed space/Open air |  |
| Scald | Type of Fluid |  |
| Chemical | Type |  |
| Electrical | Contact wounds? |  |
| Radiation |  |  |
| **Respiratory Status:** | Oxygen: | Intubated: Yes / No | Trach:  |
| Tube Size:  | Secured @ cm @ teeth/gums | Secured with: |
| Vent Settings: |
| ABGs: |
| Respiratory Treatments: |
|  |
| Other Injuries: |
| Complications: |
|  |
| **Medical History:** | **Vital Signs** | **Immunizations:** |
|  | Pulse | Up to date:  | Yes No |
|  | Resp | Tetanus/Dip | Yes No |
|  | B/P | Cyanokit | Yes No |
|  | Temp |  |  |
|  | SaO2 |  |  |
| **Lines** | **IV fluids** | **Medications** | **Tests** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Dressing:** |
| **TRANSPORT** |
| **To Referring Hospital** |  **Burn Center** | **Final Disposition** |
| Basic Life Support | Time Notified | Transfer Accepted |
| Critical Care | Time Departed | Referred to Outpatient Clinic |
| Helicopter | SBCC Notified |  |
| Comments: (Use back if needed) |
|  | Signature: |