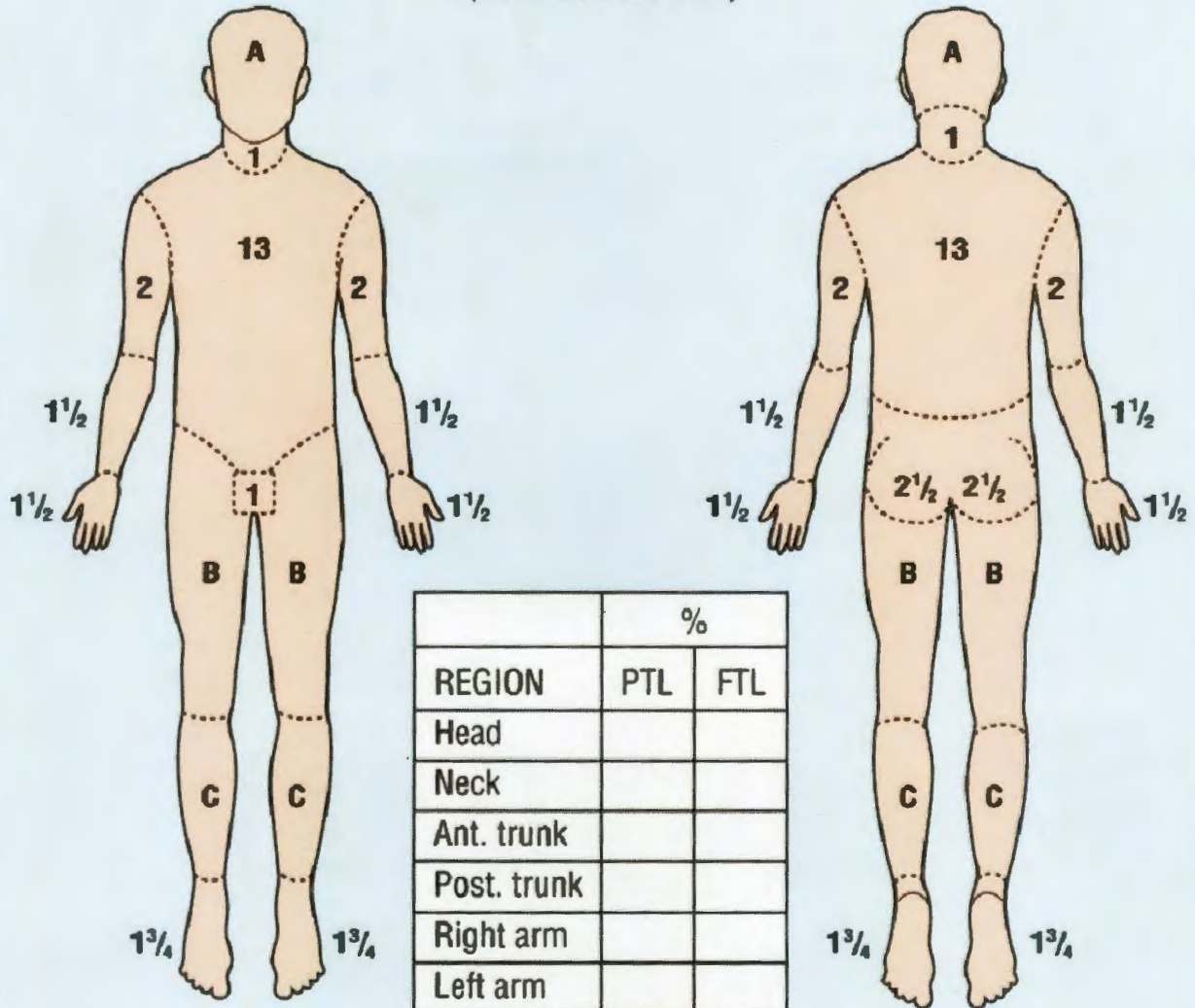


% Total Body Surface Area Burn

Be clear and accurate, and do not include erythema
(Lund and Browder)



REGION	%	
	PTL	FTL
Head		
Neck		
Ant. trunk		
Post. trunk		
Right arm		
Left arm		
Buttocks		
Genitalia		
Right leg		
Left leg		
Total burn		

AREA	Age 0	1	5	10	15	Adult
A = 1/2 OF HEAD	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2	3 1/2
B = 1/2 OF ONE THIGH	2 3/4	3 1/4	4	4 1/2	4 1/2	4 3/4
C = 1/2 OF ONE LOWER LEG	2 1/2	2 1/2	2 3/4	3	3 1/4	3 1/2

BURN PATIENT TRANSFER FORM

Date: _____ Time: _____ AM/ PM Contact: _____

Referring Hospital: _____ Telephone: _____

Referring Physician: _____ Burn MD: _____

PATIENT INFORMATION

Name: _____ Age: _____ Sex: M / F Pre-burn Wt: _____ Lb/Kg

Burn Date: _____ Time of injury: _____ AM / PM Allergies: _____

Burn Type

Source

- Flame _____ /clothes sent
- Inhalation _____ enclosed space / open air
- Scald _____
- Chemical _____
- Electrical _____
- Contact _____
- Radiation _____

Total % BSA _____
Complete the attached graph to show burn areas
Other Notes _____

Respiratory Status: _____ Intubated Yes Tube Size _____ No ABG's _____ O₂ _____

POX% _____ ETCO % _____ Respiratory Treatments _____

Non-burn Wounds: _____

Complications - Other injuries: None/ _____

Medical History: _____

Vital Signs

Immunizations Up-to-date: Yes / No

_____	Pulse: _____	Tetanus / Diphtheria	Yes / No
_____	RR: _____	Hypertet	Yes / No
_____	B/P: _____	Antibiotics (List)	Yes / No
_____	Temp: _____	Cyanokit	Yes / No

Intravenous Fluids

Medications (List)

Other Tests

IV: _____ at _____ Site: _____	Analgesia _____	Foley <input type="checkbox"/> _____ ml
IV: _____ at _____ Site: _____	Sedative _____	NGT <input type="checkbox"/> _____ ml
	Paralytic _____	X-Ray <input type="checkbox"/> _____
		Dressings <input type="checkbox"/> _____

Blood Work: _____ (Not required) (No wet dressings. Use clean, dry sheet & blankets)

Family/Guardian: _____ Contact #: _____ Notified: Yes/ No

TRANSPORT

To Referring Hospital

Burn Center

to arrange

Final Disposition:

Basic Life Support <input type="checkbox"/>	Notification _____ AM/ PM	Transfer accepted <input type="checkbox"/>
Critical Care <input type="checkbox"/>	Departure _____ AM/ PM	
Helicopter <input type="checkbox"/>	DC DOH Notified Yes/ No	Referred to Outpatient <input type="checkbox"/>

Other: _____

Comments:(Use back too) _____ Signature: _____

Attachment 3: HCRT Operational Checklist

For Mass Casualty Burn Incident

PURPOSE: This attachment to the DC Emergency Healthcare Coalition (DCEHC) Mass Casualty Burn Incident Annex provides checklist guidance to HCRT personnel supporting an incident in which the number and severity of burn injured patients in the Washington DC area has severely challenged Healthcare Coalition member organizations.

Other attachments to the DCEHC EOP may be utilized in conjunction with this document. As with any component of the DCEHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

Initial Incident Operations

Date/Time accomplished

- Contact DC FEMS ELO at 202-373-3713 for initial incident information (document on DC EHC 201). Confirm receipt of burn patients at non-burn facilities. Establish projected number of patients being transported out of District. ___/___/___, ___:___
- Send HIS ALERT with incident details as known including instructions for hospitals to populate POC and situation and status grid on HIS. ___/___/___, ___:___
- Activate and staff HCRT based on initial incident parameters and utilizing HCRT burn support task force template. Post DC EHC 202 and 207 to HIS. ___/___/___, ___:___
- Establish contact with any DC DOH representative dispatched into field (by calling HECC at 202-671-5000 or 202-671-0722). ___/___/___, ___:___
- Conduct initial Situation Update teleconference as appropriate and as jurisdictional representatives are available. ___/___/___, ___:___
- As indicated, establish through CNC regional bed capacity ___/___/___, ___:___

Ongoing Incident Operations

Date/Time accomplished

- Review for appropriateness and post to HIS burn care instructions for non-burn centers (**Attachment 4** to this annex). Include announcement on HIS regarding posting of instructions. __/__/__, __:__

- As indicated, send HIS notification instructing receiving facilities to fill out and submit a Burn Patient Form (**Attachment 2** to this annex) for each patient received from the incident. Specify submission method as established by the HCRT (e.g. electronic, email, FAX) __/__/__, __:__

- As burn patient information is collected, fill out Summary Burn Data Form (**Attachment 5** to this annex). __/__/__, __:__

- As approved by DC DOH, assemble DC Burn Task Force:
 - Contact WHC through 800-824-6814 for a representative to participate (ask for burn surgeon on call). __/__/__, __:__
 - Contact CNMC through 202-476-5000 for a representative to participate (ask for burn surgeon on call)
 - Ensure availability of DC DOH HEPRAs representative to participate
 - As indicated, obtain ERBDC representative to participate by calling 866-778-3659
 - Facilitate documentation of meeting minutes
 - Document transfer priorities and receiving Facilities on **Attachment 5** to this annex.
 - Disseminate minutes from meeting and completed **Attachment 5** as appropriate (e.g. email, posting to HIS, etc.)¹

- Record patient transfers on **Attachment 5** as they occur __/__/__, __:__

¹ Note: It is recognized that the initial version of Attachment 5 may not be complete depending on incident circumstances. It is therefore important to date and time the form when it is posted to distinguish different/updated versions.

- Identify unmet transportation needs of non-burn facilities as indicated and convey pass information to DC DOH
- Facilitate mutual aid requests as required utilizing DC EHC Resource Sharing Annex.
- Facilitate tele-medicine consultations, as requested, by providing contact information for WHC and CNMC specialists to non-burn facilities caring for burn patients.
- As requested, interface with DoD and NDMS assets to provide incident information.
- As indicated, record numbers of in-patient deaths by requesting treating facilities to submit information. Convey to OCME.
- Establish contact with NRH, Capitol Hill, Hadley to ascertain rehabilitation capacities in DC and assist DC DOH in identifying other regional resources.
- Assist burn specialists from WHC and CNMC in developing and disseminating outpatient follow up guidance for burn patients.

 ___/___/___, __:___ ___/___/___, __:___ ___/___/___, __:___ ___/___/___, __:___ ___/___/___, __:___ ___/___/___, __:___ ___/___/___, __:___

Demobilization and Transition to Recovery

Date/Time accomplished

- Collect aggregate non-reimbursed costs from appropriate healthcare organizations.
- Convey instructions (as provided by DC DOH) to healthcare organizations regarding funding eligibility for unreimbursed costs.
- Convey instructions (as provided by DC DOH) to healthcare organizations regarding submission instructions for reimbursement.

 ___/___/___, __:___ ___/___/___, __:___ ___/___/___, __:___

*Mass Burn Incident Specific Annex to
DC Emergency Healthcare Coalition's EOP*

- Establish any post-incident system needs and initiate AAR process.

<input type="checkbox"/> __/__/__, __:__
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