

## Enhancing Clinical handover by using Burn External Referral form in a burn centre

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**Background:**  
Burns Centre, PWH is one of referral center for extensive burn cases in Hong Kong. It develops the coordination of burn service with their supporting network of Burn facilities. Also, burn cases of cross-territory & cross center are consulted and transferred to the Centre for further management. Therefore, a Burn External Referral form was designed to enable comprehensive clinical handover.



### Objectives :

1. Essential information are received before burn patients transfer to Burns Centre.
2. Guidance provides to healthcare professionals of referring hospitals for managing acute burn stage.
3. Referred burn patients receive acute assessment & management safely before transfer.

### Methodology:

The Form established. Briefing sessions conducted. An auditing was performed during Jan. 16 to Jun. 17 with 49 nos. of samples.

Brief mechanism of injury

Guide on life threatening measures

**Prince of Wales Hospital Burns Centre – External Referral Form**  
*Confidential once completed*

Please Complete All Items & Fax This Form To Burns Centre: 26324660  
TRANSFER THE PATIENT AFTER CONFIRMATION

**PLEASE COMPLETE ALL ITEMS & FAX THIS FORM TO BURNS CENTRE: 26324660  
TRANSFER THE PATIENT AFTER CONFIRMATION**

Name: \_\_\_\_\_ Referring Unit: \_\_\_\_\_  
M/F: \_\_\_\_\_ Hospital: \_\_\_\_\_  
Age: \_\_\_\_\_ Patient Care Label: \_\_\_\_\_

**INJURY:**  
Date and time of injury: \_\_\_\_\_ Mechanism of burn injury: \_\_\_\_\_  
Other associated injuries: \_\_\_\_\_ First Aid: Yes / No

**Burn distribution:**

**LUMB AND BROWDER CHARTS:**  
LUNGS: \_\_\_\_\_ SHOULDERS: \_\_\_\_\_ NECK: \_\_\_\_\_  
ANT. TRUNK: \_\_\_\_\_ POST. TRUNK: \_\_\_\_\_  
LEFT ARM: \_\_\_\_\_ RIGHT ARM: \_\_\_\_\_  
LEFT LEG: \_\_\_\_\_ RIGHT LEG: \_\_\_\_\_  
GENITALIA: \_\_\_\_\_  
LEFT LEG: \_\_\_\_\_ RIGHT LEG: \_\_\_\_\_  
TOTAL BURN: \_\_\_\_\_

**REGIONAL BURN CHART:**

REGION	HEAD	NECK	ANT. TRUNK	POST. TRUNK	LEFT ARM	RIGHT ARM	LEFT LEG	RIGHT LEG	GENITALIA	TOTAL
HEAD	13									
NECK		13								
ANT. TRUNK			13							
POST. TRUNK				13						
LEFT ARM					13					
RIGHT ARM						13				
LEFT LEG							13			
RIGHT LEG								13		
GENITALIA									13	
TOTAL BURN										13

**RELATIVE PERCENTAGE OF BODY SURFACE AREA AFFECTED BY AGE:**

AREA	AGE 0-1	1-5	6-10	11-15	16-18	ADULT
A= 1/3 OF HEAD	8-12	9-12	9-12	5-12	4-12	3-12
B= 1/2 OF THIGH	2-24	2-18	4	4-12	4-12	4-24
C= 1/2 OF ONE LOWER LEG	2-12	2-12	2-24	2-24	2-24	2-24

**Fluid resuscitation required?** (≥15% in adult, ≥10% in children):  
 No  Yes. IV fluid has been started according to Parkland's formula and urinary catheter has been inserted

**Fluid calculation** (Parkland's formula using Hartmann's soln. – this is a guide, please aim for write output of 0.5ml/kg/hr. in adults, 1.0ml/kg/hr. in children):  
 $2-4 \text{ (ml)} \times \text{\% TBSA} \times \text{Weight (kg)} \div 2 = \text{Hourly fluid requirement in the 1st 8 hours}$

Maintenance fluids required in children (0.45% NaCl in 5% dextrose soln.) or alternative

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**AIRWAY:**  
**THE AIRWAY MUST BE ASSESSED AND SECURED PRIOR TO TRANSFER.** (Risk factors for inhalational injury include: dyspnea, soot/sputum, mouth burns/soot, hoarse voice/stridor, swelling of upper airway)  
 No risk of airway obstruction  
 Patient will be escorted by someone who is able to assess and secure the airway during transfer  
 Intubated

**Limb circulation:**  
**PLEASE ELEVATE BURNED LIMBS AND REMOVE JEWELRY.**  
Risk of compartment syndrome:  
 No circumferential burns  
 Circumferential injury, no risk of compartment syndrome  
 High risk of compartment syndrome. Escharotomy/fasciotomy performed

**Chemical burn:**  
**IN CASE OF CHEMICAL BURN, IRRIGATION MUST BE STARTED PROMPTLY. IRRIGATION FOR OCULAR BURNS SHOULD CONTINUE FOR AT LEAST 30 MINUTES.**  
pH before irrigation: \_\_\_\_\_ pH after irrigation: \_\_\_\_\_

**Past medical history:** \_\_\_\_\_

**Regular Medications used:** \_\_\_\_\_

**Treatment given prior to transfer:**  
Type and total amount of fluid given: \_\_\_\_\_  
**Keep patient warm, cover burns with saline gauze**  
Urinary catheter inserted? Yes / No Tetanus prophylaxis given: Yes / No  
Medications given (name of medication, dose and time): \_\_\_\_\_

**Other information (including blood test results):** \_\_\_\_\_

Signature: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Name of referring doctor: \_\_\_\_\_  
Referring Hospital: \_\_\_\_\_ Date: \_\_\_\_\_

Guide on burn area assessment

Guide on fluid resuscitation during transfer

More information on related treatment

Audit result	Compliance rate
Burn mechanism documented	87.8%
Associated injury documented	63.3%
Correct burn area assessed	47%
Fluid challenge a/c area given	91.4%
Airway examined	98%
Limb circulation examined	93.9%
Tetanus prophylaxis given	75.5%

### Conclusion:

The use of Burn External Referral form provides guidance to healthcare professionals for managing & stabilizing burn patients. Essential information are received for preparation for admission in Burns Centre. But there still need for improvement in evaluating the area of burn injury which affects the treatment regime especially for extensive burns.