

Institution: _____

Encounter Form: Burns

Name: _____ CDC# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief complaint (document in the patient's own words):

Date and time of injury: _____

Mechanism of injury: thermal chemical radiation
 electrical

Other items burned in the fire: _____

Pain assessment rated on a scale of 0-10 (0 = no pain, 10 = worst pain): _____

Location and any radiating characteristics: _____

Accompanying symptoms: numbness tingling
 loss of motor function to any part of the body or to any extremity distal to the burn _____

History of chronic illness: _____

Relevant medical or surgical history: (e.g., previous history of burns, respiratory complications):

Allergies especially to sulfa: _____

Current medications: _____

Date of last tetanus immunization: _____

OBJECTIVE:

Vital signs: Temp _____ Weight: _____ Resp: _____
Pulse (sitting) _____ Pulse (standing) _____
BP (sitting) _____ BP (standing) _____
Time BP Pulse Resp. O2 Sat.

Lungs Fields: Clear Crackles Wheezes
 Diminished breath sounds
 Abnormal
(describe/location) _____

Signs of smoke inhalation: Burns on head/neck
 Soot in mouth/nose Wheezing Coughing
 Change in voice Singed nasal/eyebrow hairs
 Other: Describe: _____

Area 1: See BSA Chart

Blisters: absent intact broken
Color: Pink Red White brown/black
Blanching: present absent
Depth: 1st degree 2nd degree, deep
 2nd degree, superficial 3rd or 4th degree

Other: _____

Area 2: See BSA Chart

Blisters: absent intact broken

Color: Pink Red White brown/black

Blanching: present absent

Depth: 1st degree 2nd degree, deep
 2nd degree, superficial 3rd or 4th degree

Other: _____

Total amount of BSA burned: _____ % (See BSA Chart)

Extremity involvement: None Circumferential

CSM: Right upper: _____

Left lower: _____

Right upper: _____

Left lower: _____

Peripheral pulses. Note sensation and perfusion distal to the injury

Time	Cap. Refill Time (specify extremity): _____	Cap. Refill Time (specify extremity): _____

Assessment for ancillary injuries or trauma

Observation for symptoms of shock:

fever significant blisters pale or clammy skin
 weakness bluish lips and fingernails drop in alertness
 rapid and weak pulse breathing shallow BP below normal

ASSESSMENT:

Impaired skin integrity as evidenced by/related to: _____

Impaired gas exchange as evidenced by/related to: _____

Pain as evidenced by/related to _____

Other: _____

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PLAN:

Initial treatment for burns

- Stop the burning process and provide immediate care.
 - Fire: wet clothing using any available non-flammable liquid, or smother flames by logrolling the patient on the ground.
 - Scalds: pour cool water over the patient and clothing or place the clothed patient in a cool shower to stop the burning process.
 - Chemical burn: Remove clothing if contaminated. If the chemical is in powder form, dust the powder from the patient. Avoid self-contamination through the use of gloves, masks and other personal protective equipment. Irrigate the contaminated area with copious amounts of cool water. If possible, determine the type of chemical. Contact the physician immediately for further direction.
 - Radiation (sunburn): remove the patient from the source of the heat or light.
 - Electrical burn: move the patient away from the electrical source using a dry, non-conducting object such as a broom, rope, chair, or cushion. Take precautions to avoid electrical injury. Observe the patient for seizures, headache, or loss of consciousness. If symptoms of these conditions are present, place a cervical collar and spinal board on the patient. Transport the patient to the Triage Treatment Area as soon as possible. Obtain a rhythm strip via EKG machine or cardiac monitor.
- Perform a primary survey: airway, breathing, circulation, and level of consciousness.
- Observe for hemorrhage.
- Refer to a physician **STAT** for:
 - First degree burns that involve a substantial portion of the hands, feet, face, groin, buttocks or a major joint
 - Second degree, superficial, partial thickness burns over 10% of BSA
 - All second degree, deep, partial thickness burns
 - All third or fourth degree burn
 - Suspected inhalation injuries
 - All chemical burns
 - All electrical burns
 - Burns with associated major trauma
 - Burns in any high-risk patient (e.g., age 60 or older, underlying medical problems).
- For suspected inhalation injuries:
 - Place the patient on a pulse oximeter and administer oxygen via mask or nasal cannula to maintain oxygen saturation above 90%.
 - Monitor condition closely.
- First Degree burns
 - Gently wash the area with soap and water.
 - Apply cool, moist compresses PRN to relieve the burning sensation
 - Acetaminophen 325 2 tabs PO Q4-6 hours PRN pain while symptoms persist; not to exceed 12 tabs in 24 hours. **or**
 - Ibuprofen 200mg 1-2 tabs PO Q4-6hrs PRN pain while symptoms persist; not to exceed 6 tabs in 24 hrs **or**
 - Naproxen 220mg 2 tabs PO 1st hour; 1 tab Q8-12 hrs PRN pain while symptoms persist; not to exceed 3 tabs in 24hrs
 - Instruct the patient to follow up in RN clinic if condition does not improve in 7 days or if infection develops. Refer to the physician as needed.
- Second degree, superficial, partial-thickness burns
 - Cleanse the area gently with soap and water. Use 4 x 4 gauze pads if necessary to remove dirt and grease. Do not break blisters.
 - Cover the wound with Silver Sulfadiazine 1% cream and a non-adherent dressing. Secure the dressing with Kerlix wrap.
 - Administer tetanus prophylaxis per Tetanus Immunization Guidelines if indicated.
 - Acetaminophen 325 2 tabs PO Q4-6 hours PRN pain while symptoms persist; not to exceed 12 tabs in 24 hours. **or**
 - Ibuprofen 200mg 1-2 tabs PO Q4-6hrs PRN pain while symptoms persist; not to exceed 6 tabs in 24 hrs **or**

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- Naproxen 220mg 2 tabs PO 1st hour; 1 tab Q8-12 hrs PO PRN pain while symptoms persist; not to exceed 3 tabs in 24hrs
- Notify the physician.
- Follow up in RN clinic daily for dressing changes. Apply Silver Sulfadiazine 1% cream and a non-adherent dressing daily until healed. Refer to a physician if symptoms do not improve or if infection develops.
- Deep partial-thickness or full thickness burns; third or fourth degree burns
 - Transport the patient to the Triage Treatment Area **STAT**.
 - Place the patient on pulse oximeter and administer oxygen via mask or nasal cannula to maintain oxygen saturation above 90%.
 - If transport time to a hospital is greater than 30 to 60 minutes, or if other injuries are present, insert a large-bore intravenous catheter and infuse Ringer's lactate or Sodium Chloride Intravenous Solution (0.9%) at KVO rate.
 - Remove debris from the burn using sterile-saline soaked gauze.
 - Cover wound with a dry, sterile dressing.
 - Elevate all burned extremities.
 - Monitor and record vital signs every 15 minutes. Observe depth and quality of respirations.
 - Monitor and record the capillary refill time of affected extremities every 15 minutes.
 - Observe and monitor the level of orientation status of the patient every 15 minutes.
 - Prepare to transfer patient to an outside facility or admit to a facility capable of providing a higher level of care.

- Document the education provided and the patient's level of understanding on the nursing protocol encounter form or emergency care flow sheet.
- Refer patient to other resources as needed. Document all referrals on the nursing protocol encounter form.

- Follow-up appointments should be scheduled for dressing changes and to monitor for signs of infection, pallor or hypesthesia / paresthesia distal to wound. _____
- Patient Health Care Education Forms given to patient: (specify) _____

DISPOSITION

Time released: _____
 Condition on release: _____
 Returned to housing unit
 Housing reassignment to: _____
 Referred for follow-up
 Physician clinic RN clinic
 Referred to higher level of care: (specify) _____

Person/time contacted: _____
 Time/Mode of transfer: _____
 ERV contacted (time) _____
 ERV arrived (time) _____

List Name(s) of RN Protocols used: _____

EDUCATION:

- Assess patient's potential for understanding the health information to be provided.
- Provide patient education consistent with the assessment of the condition.

Signature / Title

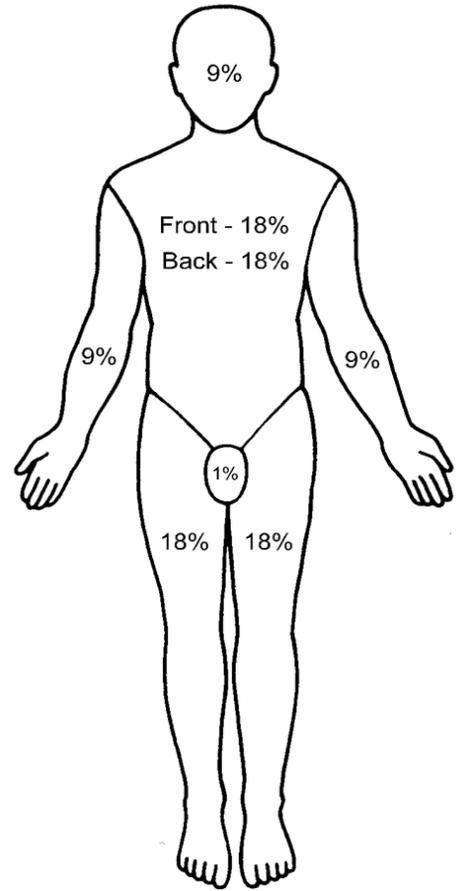
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Body Surface Area Chart
Rule of Nines

Head and neck, total for front and back	9%
Each upper limb total for front and back	9%
Thorax and abdomen, front only	18%
Thorax and abdomen, back	18%
Perineum	1%
Each lower limb total for front and back	18%



CALCULATE THE EXTENT OF THE BURN

Head and neck, total: _____

Upper limbs, total: _____

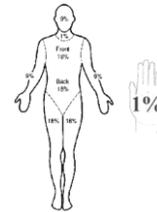
Thorax and abdomen, front: _____

Thorax and abdomen, back: _____

Perineum: _____

Lower limbs, total: _____

TOTAL _____



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1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached <small>*See chrono/notes</small>
4. Comments: _____		