

ASSIST BOTH THE REFERRING FACILITY
& THE BURN AND RECONSTRUCTIVE
CENTERS OF AMERICA BY MAKING
DIRECT CONTACT WITH:

FRED MULLINS, M.D.
PRESIDENT & MEDICAL DIRECTOR



BURN AND RECONSTRUCTIVE
CENTERS OF AMERICA



855-863-9595
24 HOURS TOLL FREE

706-830-7511
WWW.BURNCENTERS.COM

BURN TRANSFER INFORMATION FORM

DATE _____ TIME _____ TIME OF INJURY _____

REFERRING HOSPITAL _____ PHONE NUMBER _____

ESTIMATED TBSA% _____ REFERRING PHYSICIAN _____

PATIENT NAME _____ SEX M / F _____ AGE _____

CAUSE OF BURN _____

AREAS BURNED _____

ASSOCIATED INJURIES _____

ALLERGIES _____

CURRENT MEDICATIONS _____

PAST MEDICAL HISTORY _____

SMOKER Yes / No ALCOHOL Yes / No TRAUMA Yes / No

TETANUS STATUS GIVEN / UTD / NEEDS CT SCAN Negative / Positive

PT. WEIGHT _____ LBS _____ KG ALERT & ORIENTED Yes / No

INHALATION INJURY YES / NO INTUBATED Yes / No

CIRCUMFERENTIAL BURN YES / NO LOCATION _____

PULSES PRESENTS YES / NO ESCHAROTOMIES Yes / No

IV LACTATED RINGERS RATE _____ TOTAL INFUSED _____
2-4 cc x %TBSA Burn x weight (kg) half of total given in the first 8 hours

FOLEY YES / NO TOTAL OUTPUT _____

VITALS BP _____ PULSE _____ RESPS. _____

MODE OF TRANSPORTION AMBULANCE / HELICOPTER / PRIVATE VEHICLE / FIXED WING
JMSBC can assist with arranging transportation

ESTIMATED TIME OF ARRIVAL AT JMSBC _____

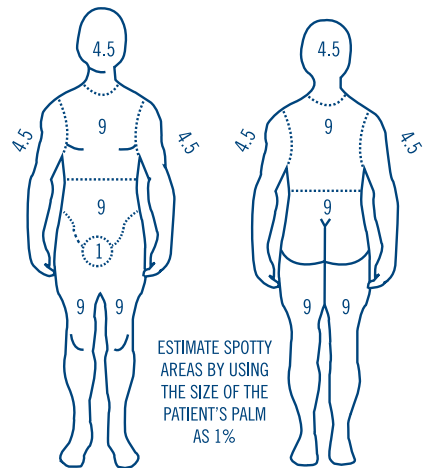
SIGNATURE OF RECORDER _____

AFFILIATED FACILITIES

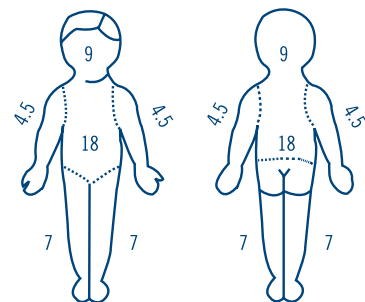


BODY SURFACE AREA IN PERCENT

AGE 15 AND OVER



0-14 YEARS



FOR EACH YEAR OVER AGE ONE:
* SUBTRACT 1% FROM THE HEAD
* ADD 1/2% TO EACH LEG