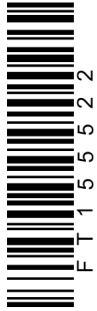


**REFERRAL TO BURNS  
OUTPATIENT CLINIC**  
TASMANIAN BURNS SERVICE

PT ID									
SURNAME..... D.O.B.....									
OTHER NAMES.....									
ADDRESS.....									
.....									

FACILITY: \_\_\_\_\_

Date of referral to Burns Outpatient Clinic – Royal Hobart Hospital: DD / MM / YYYY		(Tick <input checked="" type="checkbox"/> as appropriate)
<b>HISTORY OF BURN:</b>	Date: DD / MM / YYYY	Time: 00 : 00 (24 hour)
Cause / duration: _____		
_____		
_____		
<b>SITE AND DEPTH</b> (including Total Body Surface Area):		
Epidermal:		
Dermal:		
Full thickness:		
<b>FIRST AID RECEIVED:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type:	Duration:	
TET TOX:	Date last given: DD / MM / YYYY	Given today:
Past Medical History: _____		
_____		
_____		
Medications: _____		
_____		
<b>ARE THERE ALLERGIES or ADVERSE DRUG REACTIONS (ADR) FOR THIS PATIENT?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____		
Allergies and ADR must also be documented on the Medication Chart (NIMC), DMR Alert form and registered in iPM, PAS For Alert information, refer to the patient's Digital Medical Record (DMR)		
Dressing: _____		
_____		
Date appointment required at the Burns Outpatient Clinic: DD / MM / YYYY		
Does the child require a minimal – moderate sedation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <b>Discuss with Burns Unit</b>		
Referred by (print name):	Designation:	
Signature:	Date: DD / MM / YYYY	
Telephone contact details:	Facsimile:	
<b>NOTE:</b>		
<ul style="list-style-type: none"> <li>Refer to the Burns Referral Criteria. If the patient fills the criteria, please contact the <b>Burns/Plastic Registrar</b> at the Royal Hobart Hospital or refer the patient to the Emergency Department.</li> <li>For the initial 48 hours, we recommend a foam dressing or an alginate or hydrofibre dressing with gauze &amp; a bandage.</li> <li>If the first aid was contaminated or the wound appears clinically infected, use a silver-based dressing.</li> <li>Include a shaded Lund and Browder Chart.</li> <li>Refer to the classification of burn depth in the Burn Depth and Minor Burn Dressing document.</li> <li>If concerned about the burn or require advise discuss with the Burns Outpatient clinic or Burns Unit</li> <li><b>Fax</b> a referral letter (details below).</li> <li>Give all patients the <b>Burns Care Patient Handout which includes our contact details</b></li> <li><b>Patient will be contacted next business day and provided with a day/time to present.</b></li> </ul>		
<p><b>Contact Details:</b> Burns Outpatient Clinic, 12<sup>th</sup> Floor, Wellington Clinics, Argyle Street, Hobart  <b>Business Hours:</b> Monday- Friday Telephone: <b>6166 0098</b> Fax: <b>6234 9636</b>  <b>Weekends, Public holidays and after hours contact:</b> Tasmanian Burns Unit, Ward K9 East, RHH  <b>Telephone:</b> 6166 8566 Fax: <b>6234 9636</b></p>		



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REFERRAL TO BURNS OUTPATIENT CLINIC