

### Nutrition and Dietetic Transfer Summary

This form is to be completed by the Dietitian to aid nutrition and dietetic handover of burn injured patients **within the Midland Burn Operational Delivery Network and transferring or receiving patients outside the region, in conjunction with the Midland Burn Operational Delivery Network Repatriation Form.** It can be e-mailed (via a secure NHS address), faxed or posted but does not replace a verbal handover.

*\*delete as appropriate*

**Patient's Name:** .....

**Date of Birth:** .....

**Date of transfer:** ..... to **Critical Care/Burns Unit/Outpatient\***

**Anthropometrics**

**Date**

Pre-burn injury weight: .....kg (estimate/actual\*) .....

Dry admission weight: .....kg (estimate/actual\*) .....

Current weight: .....kg (estimate/actual\*) .....

Height: .....m (estimate/actual\*)

Other anthropometrics/ weight history: .....

**Current Nutritional Requirements**

Energy: .....kcal/d

Protein: .....g/d

**Current Method(s) of Nutrition Support** *(tick all that apply)*

NG  Type of tube: ..... Date placed: .....

NJ  Type of tube: ..... Date placed: .....

ONS products (prescribable)

ONS products (non-prescribable)

Nutrient or trace element supplements (medicines)

Food first principles/high protein diet

**Summary of Dietetic Intervention including ONS products/enteral feeds  
already tried:**

.....  
.....  
.....  
.....  
.....  
.....  
.....

**Relevant Social History including details of normal eating pattern and  
food/drink preferences:**

.....  
.....  
.....  
.....

**Functional Status at Transfer i.e. ability to eating and drink or equipment  
aids used:**

.....

**Current Bowel Habits: .....**

**Specific Nutritional Aims/Nutritional Care Plan:**

.....  
.....

**Current Dietetic Plan including clear details of ONS products, feeding  
regimens, nutrient supplements prescribed**

.....  
.....  
.....

.....  
**Nutrient and Trace Element Biochemistry History** (or attach printouts)

	Units	Date							
Copper									
Zinc									
Selenium									
Fe									
Ferritin									
Folate									
Vitamin B12									
Alb									
TPro									
PO <sub>4</sub>									
Ad Ca									
Mg									

**Additional Comments:**

**Signed:** ..... **Date:** .....

**Print name:** .....

**Hospital:** .....

**Contact Telephone Number:** .....