

AUDIT OF OUTCOMES IN MAJOR BURNS

Please complete this form for all burns >25% TBSA and return it to your unit's audit coordinator when completed.

Patient Identification Label

Demographics

Date of injury _____

Date of admission _____

Injury characteristics

%TBSA _____

% PT _____ / %FT _____

Inhalation injury Yes No

Bronchoscopy Yes No Date _____

Management

Escharotomy Yes No Date _____

Date of first burn excision _____

Date of final burn excision _____

Total number of surgical procedures
(Excluding change of dressings) _____

Number of days on ICU _____

Number of days of ventilatory support
(Mechanical ventilation, CPAP or NIV) _____

Tracheostomy Yes No

Date of tracheostomy _____

To include for 2015

Fluid Resus: mls/ kg of fluid received IN 24 - 48hrs

ITU LoS / % TBSA

Therapies and Complications

- Return to ITU/re-intubation Number of episodes _____
- Graft failure/regrafting TBSA _____ %
- Sepsis
- ARDS
- Inotropic support
- TPN
- Renal failure requiring renal replacement therapy
- Haemofiltration (Other than for renal failure)
- DVT/PE
- Other Please state _____

Number of episodes of blood transfusion

Total number of units transfused _____

Outcome

Date when burn 90% healed _____

Date when formal dressings no longer required
(Excluding e.g. protective Tubigrip or small patches of Duoderm) _____

Date when first independently mobile _____
(for Adults this would be first few steps.
For children this would be when their mobility is at the level appropriate for age)

Admission Weight -----

Discharge Weight -----

Range of movement (ROM)

ROM	Maintained	Reduced
On admission	Yes/No	Yes/No
On Critical Care Discharge	Yes/No	Yes/No
On Hospital Discharge	Yes/No	Yes/No

Date of discharge _____ OR Date of death _____