

BURNETT BURN CENTER
ADMISSION CALL RECORD

Date: _____ Time: _____ Name of Referring Physician: _____
and/or Hospital: _____ Referring Physician/Hospital Address/Phone: _____

Burn Center Dr. notified of admission: _____ Time Called/Paged: _____ Time Page Returned: _____
Burn Center staff/fellow/and or resident to be present at time of arrival to KU Hospital: Yes No

Name of Patient: _____ **Age:** _____ **Sex:** _____
Residence: _____ **Occupation:** _____
Medical History (to include ETOH/substance abuse): _____

Nature and Extent of Current Injury : (3 applicable boxes, complete remaining blanks with available information)

- Exact Time of Injury: _____ Place: _____
- Circumstances of Injury:

Fall:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MVA:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explosion:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other with Suspicion for trauma:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other:	_____				

- Type of Burn:

<input type="checkbox"/> Flame	Source of Flame: _____		
<input type="checkbox"/> Scald	Type of Liquid: _____		
<input type="checkbox"/> Chemical	Type: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Electrical	Source of Contact: _____ High Voltage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Radiation	Type: _____		
- Inhalation Injury Signs/Symptoms: _____
- Areas of Injury (exclude 1st degree): _____
- Associated Injuries: _____
- Current VS and respiratory status indicative of imminent failure/arrest: Yes No

Current Treatment:

IVF/Rate _____ Foley ____ O₂/route _____ Dressings/Coverings _____
Tetanus Toxoid Administered: Yes No Narcotics Administered/Dose and Route: _____
Mode of Transport: _____ Pre-Hospital Communication: _____
Departure Time from Referring Facility: _____ Confirmed by phone call/RN initials _____
Burn Center Physician to be present at time of admission: _____ ETA @ _____

Patient Accepted for Admission to the Burn Center: Yes No
For Direct Admission: Yes No (Check if a indicates stop point/exclusion for direct admission)
Through Emergency Department: Yes No
If not accepted for admission to the Burn Center, reason for denial (must be completed to comply with COBRA regulations): _____

Burn Center RN Signature: _____