**BURN TRIAGE**

**DATE OF ASSESSMENT:**

**DATE OF INJURY:**

### WOUND MANAGEMENT

<table>
<thead>
<tr>
<th>AGE</th>
<th>WEIGHT</th>
<th>UCSа/DEEP BURNS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TBSA</th>
<th>TBSA w/DEEP BURNS</th>
<th>ASSOCIATED TRAUMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CHEST ABDOMINAL HEAD LIMBS OTHER:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESCHAROTOMY NEEDED</th>
<th>SURGERY NEEDED EXCISION AND GRAFTING OTHER COMMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

### GENERAL STATUS

#### SUSPECTED INHALATION INJURY

YES NO

#### RESPIRATORY

- VENTILATED TRACHEAL TUBE
- FiO2/PEEP
- Vt / RR
- PIP / PFR
- SpO2

YES NO ETT TRACHEOST NONE

#### CIRCULATION

- PULSE
- BLOOD PRESSURE
- VASOPRESSORS
- AGENT/DOSE

YES NO

#### INFECTION

- NONE
- SKIN
- LUNG
- BLOOD
- OTHER:

YES NO

#### ANTIBiotic TREATMENT

YES NO

#### KIDNEY

- URINARY OUTPUT
- Creatinine clearance
- Creatinine/urea
- RRT

- Hemofiltration
- Hemodialysis
- NO

#### NEUROLOGICAL

- INITIAL CURRENT SEDATED
- RASS

<table>
<thead>
<tr>
<th>A</th>
<th>V</th>
<th>P</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>+4</td>
<td>+3</td>
<td>+2</td>
<td>+1</td>
</tr>
</tbody>
</table>

#### COMORBIDITIES

- ALLERGY
- MEDICINES
- PAST MEDICAL HISTORY
- EVENTS

YES NO

#### TRANSFER RECOMMENDATION

NEEDED NOT NEEDED FUTILE

#### FIT FOR TRANSPORTATION

YES NO REEVALUATE

#### RECOMMENDED EN ROUTE CARE LEVEL

CRITICAL STANDARD

#### RECOMMENDED BURN CENTER CARE LEVEL

ICU MEDIUM CARE SURGICAL WARD

#### PRIORITY LEVEL

1 2 3 4

#### SIGN

Sketch burns, surgery, trauma, drains and tubes


**BAUXr SCORE**

\[ \text{TBSA} + \text{Age} + 17 \ (\text{if inhalation syndrome}) \]