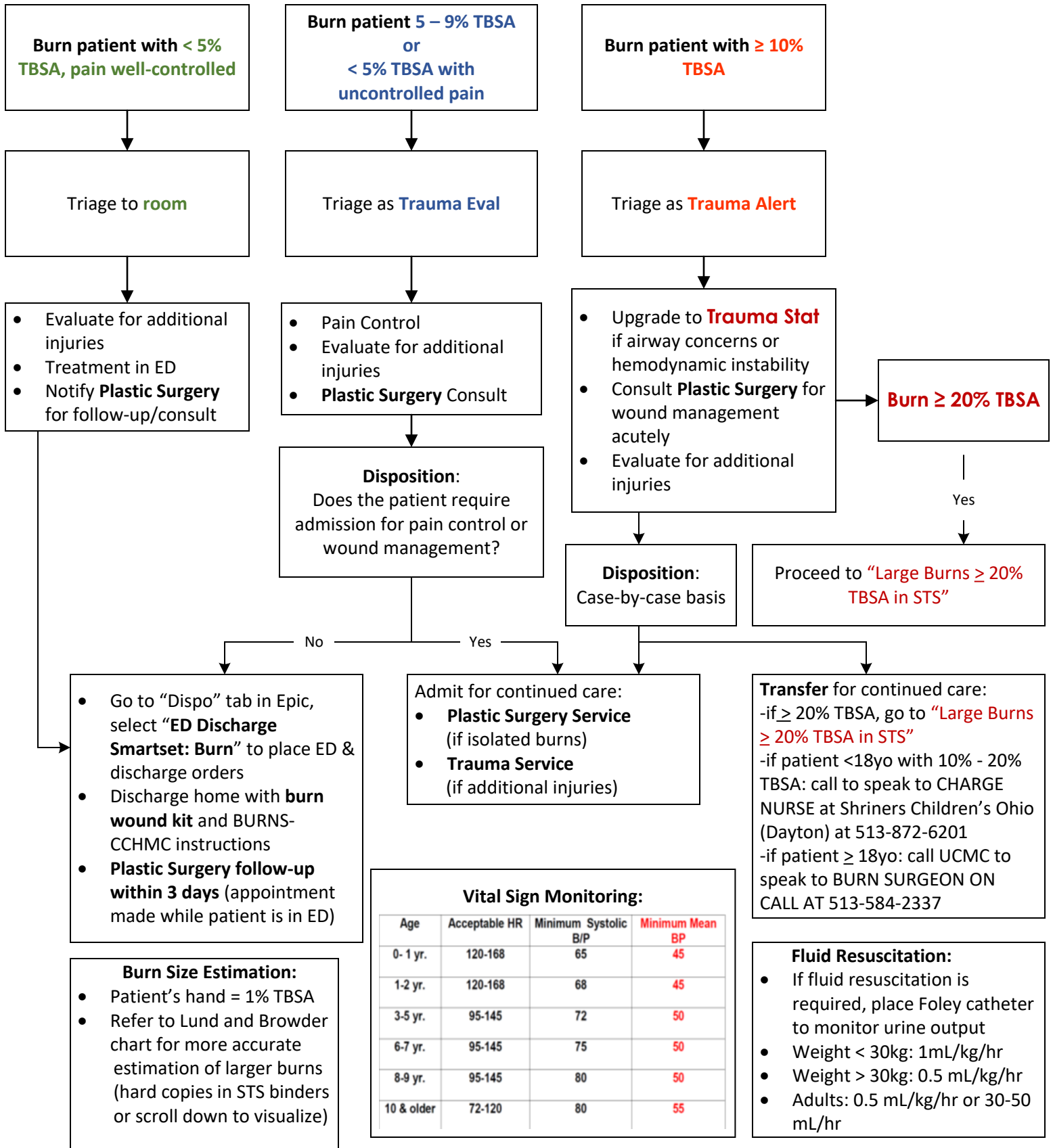


CCHMC ED – General Thermal Burns

* **For Burn Referrals:** Assist outside hospital with estimation of TBSA affected, assess need for transfer to CCHMC to assist with acute stabilization versus direct transfer See “Transfer” box below for additional details regarding transfer criteria.





Modified from

Shriners Hospitals for Children™

CINCINNATI

Burn Estimate and Diagram Form

INITIAL Lund Browder Burn Diagram

Name

Age

Date of Burn

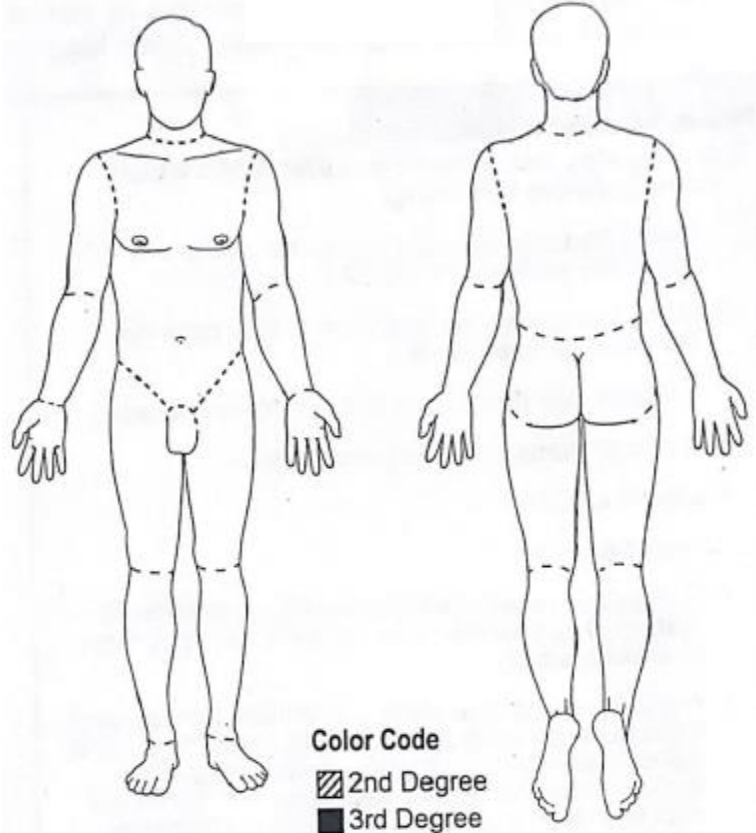
Time of Burn

Height (cm)

Weight (kg)

CAUSE OF BURN:

- Chemical
- Contact
- Electrical
- Flame
- Questionable Circumstances
- Inhalation Injury
- Scald
- Other: _____



Area	Birth 1 yr.	1-4 yrs.	5-9 yrs.	10-14 yrs.	15 yrs.	Adult	Initial TBSA	
							2°	3°
Head	19	17	13	11	9	7		
Neck	2	2	2	2	2	2		
Ant. Trunk	13	13	13	13	13	13		
Post. Trunk	13	13	13	13	13	13		
R. Buttock	2.5	2.5	2.5	2.5	2.5	2.5		
L. Buttock	2.5	2.5	2.5	2.5	2.5	2.5		
Genitalia	1	1	1	1	1	1		
R.U. Arm	4	4	4	4	4	4		
L.U. Arm	4	4	4	4	4	4		
R.L. Arm	3	3	3	3	3	3		
L.L. Arm	3	3	3	3	3	3		
R. Hand	2.5	2.5	2.5	2.5	2.5	2.5		
L. Hand	2.5	2.5	2.5	2.5	2.5	2.5		
R. Thigh	5.5	6.5	8	8.5	9	9.5		
L. Thigh	5.5	6.5	8	8.5	9	9.5		
R. Leg	5	5	5.5	6	6.5	7		
L. Leg	5	5	5.5	6	6.5	7		
R. Foot	3.5	3.5	3.5	3.5	3.5	3.5		
L. Foot	3.5	3.5	3.5	3.5	3.5	3.5		
Total:								

Resuscitation Guidelines

- 4 ml x % TBSA burn _____ x kg _____ = _____ ml / 24 hrs
- Total ml calculated amount divided by 16 = initial hourly rate
(Repeated Bolus Therapy NOT Recommended)