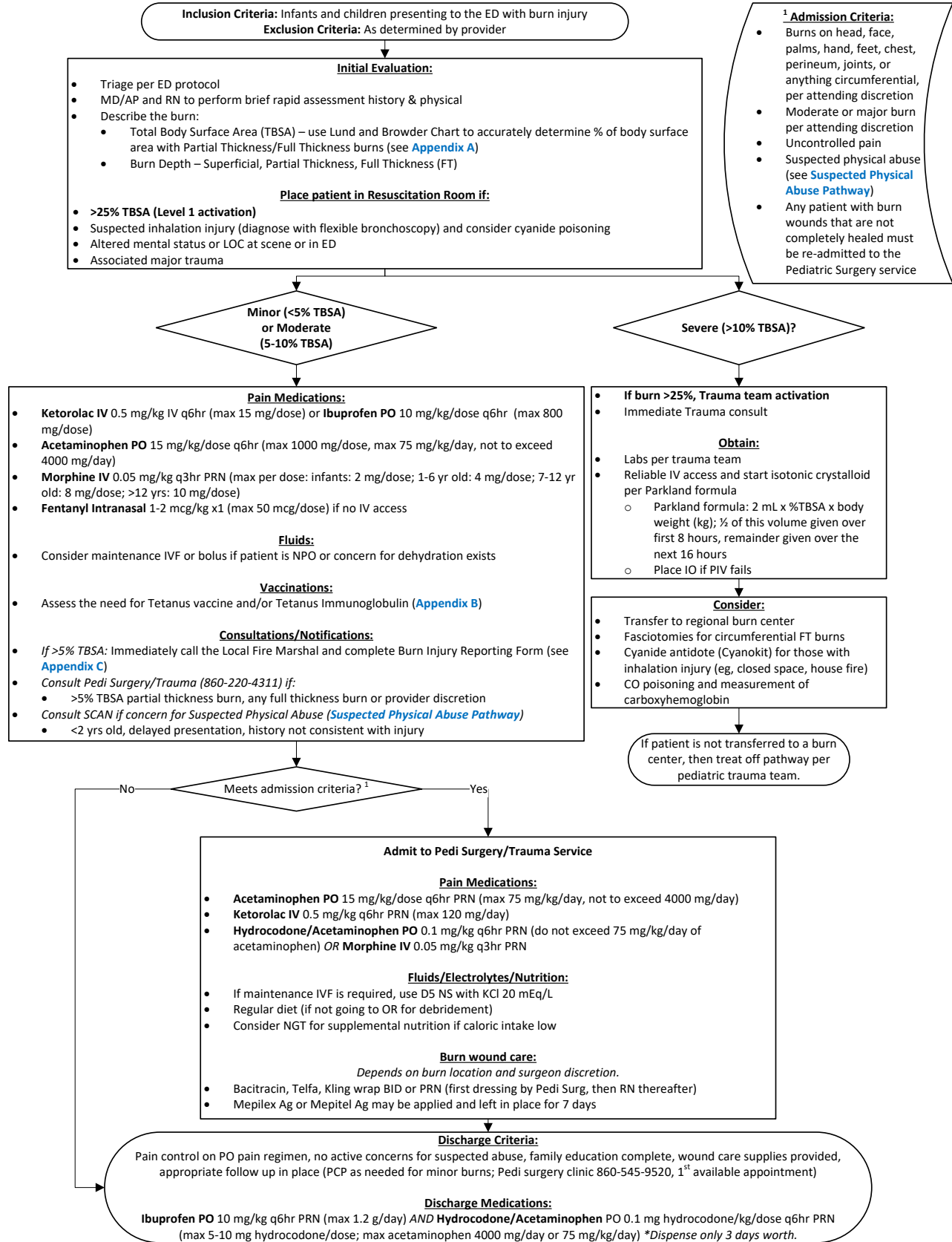


CLINICAL PATHWAY: Burn

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
REPLACE CLINICAL
JUDGMENT.



NEXT PAGE



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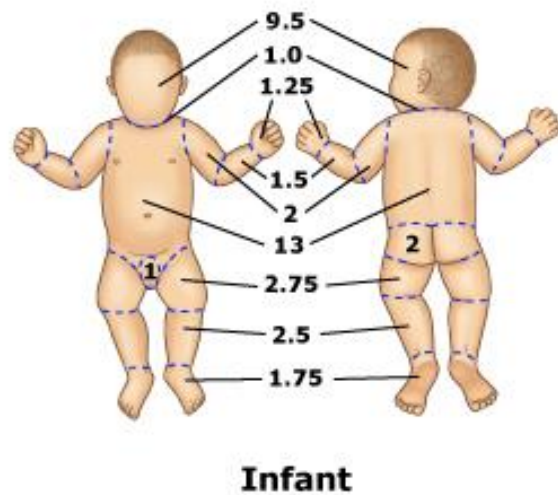
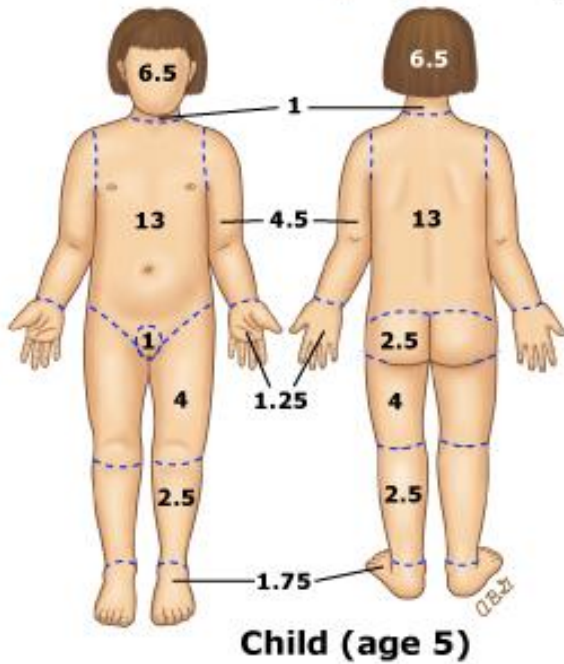
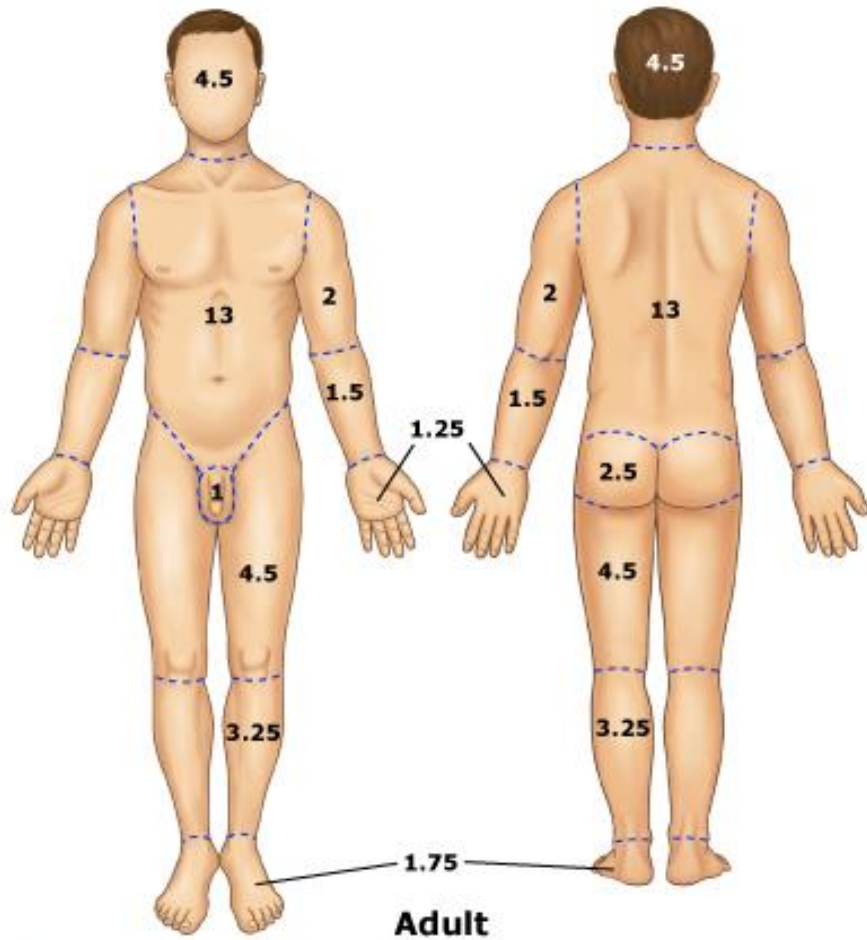
LAST UPDATED: 12.19.19

CLINICAL PATHWAY:

Burn

Appendix A: Lund and Browder Chart

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
REPLACE CLINICAL
JUDGMENT.



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CLINICAL PATHWAY:

Burn

Appendix B: Tetanus Vaccine and IG Considerations

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
REPLACE CLINICAL
JUDGMENT.

- If the patient has completed primary Tetanus series, is up to date on Tetanus vaccination, and received a dose in the past 5 years, no tetanus prophylaxis is indicated.
- If the patient is up to date on Tetanus vaccine but has not completed DTaP series (4 vaccines in total), provide a dose of DTaP if the minimum interval has occurred. Need to Tetanus Immunoglobulin (TIG) should be assessed below:
 - If the patient received at least 3 doses of a Tetanus-containing vaccine, no TIG is needed.
 - If the patient has received fewer than 3 doses of a Tetanus-containing vaccine, TIG is needed.



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State of Connecticut
Department of Administrative Services
Office of Education and Data Management

Burn Injury Reporting Form

www.ct.gov/dcs | phone 860.713.5522 | 860-920-3093

To Report Burn Injuries:

- Immediately** call the Local Fire Marshal in whose jurisdiction the injury occurred.
- Tell the Fire Marshal you are reporting a burn injury and give the following information:

A. Victim's name, address and date of birth	D. Area(s) of body injured	G. Apparent cause of burn injury
B. Address when burn injury occurred	E. Degree of burns and percent of body burned	H. Name and address of reporting facility
C. Date and time of injury	F. Injury severity	I. Attending physician
- Complete the Burn Injury Reporting Form **within 48 hours** of the incident. This is a fillable-form in PDF. Please complete the form electronically and email to: **oedm@ct.gov** with the subject line: Burn Injury Report. You may also print and mail the form to: **Office of Education and Data Management, DAS, 450 Columbus Blvd., Suite 1306, Hartford, CT 06103.**

Victim's Name _____ DOB _____ Gender Male
Last, First, MI mm/dd/yy Female

Victim's Address _____ Victim's Phone _____ Check if incident has received prior treatment (transfer patient)
Number, Street, City, State, Zip

Address Where Burn Occurred _____ County _____
Number, Street, City, State, Zip

Date of Injury _____ Time of Injury _____ hours Percent Burned _____% Degree(s) of Burn 1st 2nd 3rd Inhalation Burn

Area(s) of Body Injured (Put and "X" by all that apply)

Face, Head Leg
 Neck, Shoulder Foot
 Chest, Abdomen Arm
 Back, Buttocks Hand
 Groin, Genitals Internal (including trachea and larynx)

Injury Severity (Put an "X" in the appropriate box)

Moderate (treated and released)
 Serious (hospitalized)
 Life Threatening (death is imminent and/or probable)
 Dead on Arrival

Apparent Cause of Burn Injury (Put and "X" in the appropriate box)

- Chemical - Contact or exposure to reactive, caustic, corrosive or irritating substance
- Contact with Hot Object - Woodstove, stovepipe, furnace, iron, steam pipe, exhaust pipe, etc.
- Cooking - Stove, oven, hotplate, barbecue, hot grease
- Electrical - Electrocutation, electrical equipment and flash burns
- Explosive - Gun powder, TNT, dynamite
- Fireworks - Sparklers, firecrackers, rockets, smoke bombs, etc.
- Flammable Liquids - Ignition of flammable/combustible liquids such as gasoline, kerosene, diesel fuel, jet fuel, lighter fluid, etc.
- Gas/Vapor Explosion - Ignition of flammable gases or the explosion of flammable liquid vapors
- Hot Liquid - Hot water, coffee, tea, hot food, hot tar, melted plastic, etc.
- Other Open Flame - Welding, matches, lighter, torch, etc.
- Outside Fires - Grass and brush, forest, bonfires, dump, trash and refuse fires, etc.
- Radiation - Burns caused by contact or exposure to any radioactive materials
- Steam - caused by escaping steam from radiators, boilers, pipes, etc.
- Structure Fire - any uncontained burning within a structure, including smoking accidents, trash fires, etc.
- Sunburn - Exposure to ultraviolet light, including sun lamps
- Vehicle Fire - Car, truck, plane, boat, tractor, lawnmower, etc., carburetor and engine fires, etc.

Name of Reporting Facility _____ Date of Report _____
mm/dd/yy

Address of Reporting Facility _____
Number, Street, City, State, Zip

Name of Attending Physician _____ Name of Person Completing Report _____
Last, First, MI Last, First, MI



RETURN TO THE BEGINNING