



OREGON BURN CENTER TRANSFER SHEET

To facilitate the transfer of your patient to the **Oregon Burn Center**, please fax the following information to us prior to transfer.

Nathan Kemalyan M.D., *Medical Director* Joseph Pulito, M.D. Niknam Eshraghi, M.D.
503-413-4232 Fax 503-413-4592 Toll free 1-888-598-4232

Date _____ Referring facility _____ Referring Physician _____

Your phone number and fax number _____

Patient's name _____ **Weight in Kg.** _____ Age _____ **M / F**

Mechanism of burn _____

Associated injuries **Yes / No** _____

Allergies _____ Current Meds _____

Tetanus Booster given Today/Prior _____

Inhalation injury present **Yes / No** Intubated **Yes / No**

Circumferential burn of extremities or chest present **Yes / No** Distal pulses present **Yes / No**

% TBSA burned x weight (kg) x 4ml = total amount given over first 24 hours

% TBSA _____ x weight (kg) _____ x 4ml = _____

1/2 to be given in first 8 hours; 1/2 to be given over next 16 hours

IV fluids starting time _____ hourly rate _____ total fluids given at discharge _____

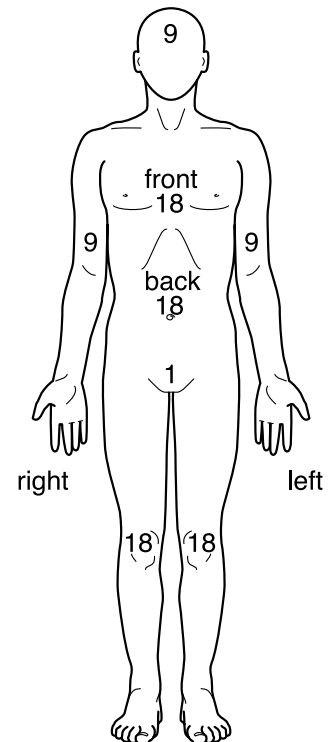
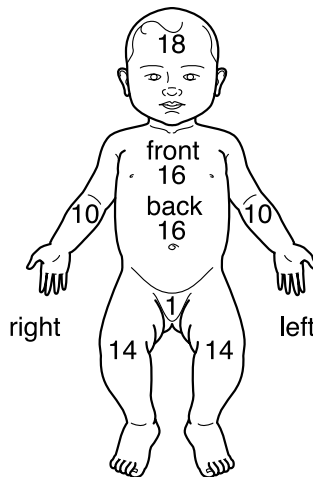
Urinary output - first hour _____ Total urinary output at discharge _____

Vital signs at discharge BP _____ P _____ R _____ T _____

The Oregon Burn Center can assist in arranging transportation. Call 503-413-4232

Patient transported by **ground / air** Est. time of arrival at Oregon Burn Center _____

Shade in burned areas



Est. time of burn _____

Time of arrival at your facility _____

Est. % of body burned _____

Pt Weight (kg) _____

Oregon
Burn Center

