

Personal Information redacted by the USI

Information Chart

The Queen Victoria Hospital NHS Trust, East Grinstead

Date/Time arrived A&E _____

Date of Birth _____ Weight(kg) _____

BURNDate 21/08/21Time 2315

Details of First Aid _____

How Accident Happened House fire

Other Injury (C-Spine?) _____

Past medical history _____
(Drugs, Allergies, Smoking)**AIRWAY**Suspected respiratory injury ☒ Yes ☐ NoSoot ☒ Yes ☐ NoSingeing ☒ Yes ☐ NoSwelling ☒ Yes ☐ No

Intubation Grade/Findings _____

Tube Size _____ mm

HbCO(%) _____ Time taken _____

CIRCULATIONIV cannula size 18 Green
site headFluid Resus with Hartmanns (see over) ☒ Yes ☐ NoUrinary Catheter ☒ Yes ☐ No

FBC (Hct) _____

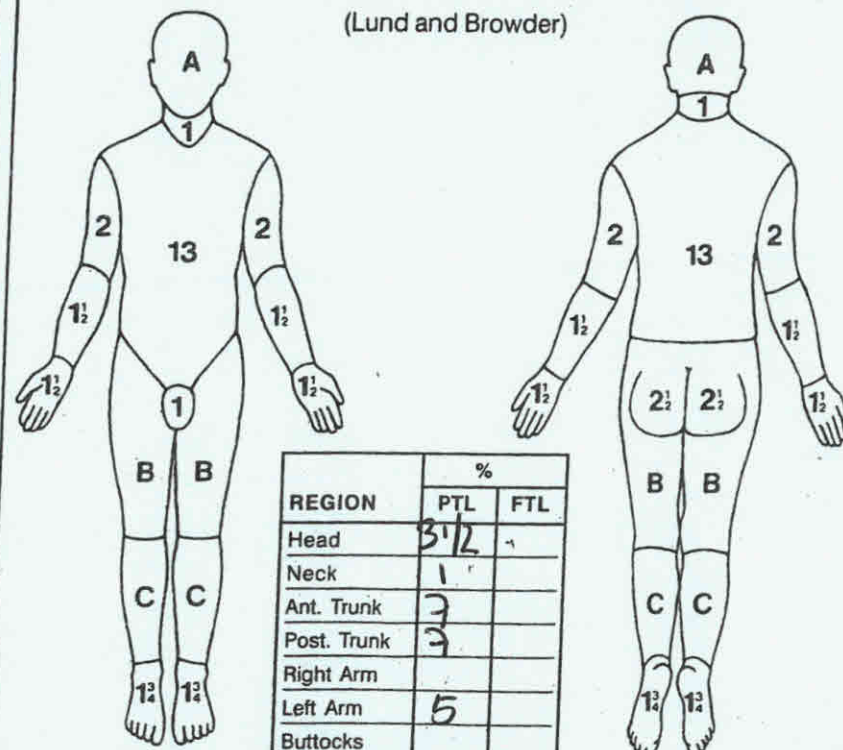
U&Es _____

Group and save (send with patient)

Tetanus _____

Limb Perfusion _____

Escharotomy Performed by _____

% Total Body Surface Area Burn (TBSA)Be clear and accurate, and do not include erythema
(Lund and Browder)

REGION	%	
	PTL	FTL
Head	3 1/2	1
Neck	1	
Ant. Trunk	3	
Post. Trunk	3	
Right Arm		
Left Arm	5	
Buttocks		
Genitalia		
Right Leg		
Left Leg		
Total Burn		

AREA	Age 0	1	5	10	15	Adult
A = 1/2 of head	9.5	8.5	6.5	5.5	4.5	3.5
B = 1/2 one thigh	2.75	3.25	4	4.5	4.5	4.75
C = 1/2 one lower leg	2.5	2.5	2.75	3	3.25	3.5

Full ATLS Secondary Survey

Performed by _____



Southern Health
and Social Care Trust

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ANAMNESIS

Dr Lodge

21/8/2021

2355 - 0015 hrs

Pt reviewed in ED (Resus) on
request of ED colleagues.

H/O being in house fire.

Inhalational injury to face?

O/R Pt sitting up, in 13 L & R via non-rebreather
mask. N/A; PNH??

GLS - 15/15

SpO₂ - 97%

BP - 116/60

HR - 90

RA - 17/min

OR VSG reviewed.

O/R with tongue depressed.

No soot seen beyond lips/ant tongue.

No oedema of Pharynx.

Pt breathing comfortably & is not having any
difficulty in breathing.

RNA 205 IV line secured.

Plan Pt for transfer to Burns unit RVT.

- Airway patent & doesn't seem to be threatened.
- Pt can stand with assistance
- I would reassess the Pt if transfer is delayed for over 1 hr or if situation changes in the meanwhile.

22/8/21 2nd Review ANALYSIS.

Pt clinically the same.

10L O₂ via non-rebreather mask SpO₂ 97%.

HR - 86
BP - 135/70
RR - 18/min.

- No laboured breathing
- Talking in full sentences
- GCS 15/15 sitting upright in bed.

O/R of oropharynx & tongue depression →

No odours
No sput
No obstruction visible

Pt accepted as RVT.

Pt can be transferred safely with assistance crew.

Airway patent & unchanged since arrival - C.D.

- Airway's PCR result.

O₂ ↓ to 10% on non-rebreather monitoring SpO₂ 97%.



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22/8/21

(0240hr)

ANAMNESIS

Pt re-assessed.

On SA or vic non-invasive mask,

SpO₂ - 96%

HR = 82

BP - 125/88

RR - 17/min

GS - 15/15

Given him a trial of 'breathing' on room air,
SpO₂ drop to 88-90%, but when asked to
breathe deeply, he is able to without any
distress, improving SpO₂ to 94-95%.

Put back on SA or.

Dr Deegan (consultant on call) over phone
and asked for his review as second opinion.
He has advised no change of plan & does
not feel the need to personally assess the
patient.

- Pt is awaiting PCR result & is accepted
to RVH (ward level).

- The patient's airway is intact, strong
& can be transferred

without succubus input.

- I am happy to review the Patient if situation demands before he leaves the hospital.
- He is very stable at this time.

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ADULT

Personal information redacted by the USI

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Surname
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Health and Care

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Recent Weight _____ kg

Weighed ☐ / /Estimated ☐

(2)

Yesterday's Date	Grand total in	Grand total out	Balance

Solution	Composition of common intravenous solutions (mmol/L)				
	[Na ⁺]	[Cl ⁻]	[Glucose]	[Lactate]	[K ⁺]
5% Glucose (Dextrose)	0	0	278	-	-
0.45% Sodium Chloride	77	77	0	-	-
0.45% Sodium Chloride + 5% Glucose (Dextrose)	77	77	278	-	-
0.9% Sodium Chloride	154	154	0	-	-
Compound Sodium Lactate - Hartmann's solution	131	111	0	29	5
Plasma substitutes: gelatins, etherified starches	140 - 154	118 - 154	0	0 - 30	0 - 5
Plasma	135 - 145	95 - 108	3.5 - 7.0	0.4 - 2.2	3.5 - 5.0

FLUID PRESCRIPTION ADVICE FOR ADULTS*

Fluid therapy should involve the consideration of:-

- **RESUSCITATION** = $\frac{1}{2}$ Fluid bolus volume for hypovolaemic shock.
- **ROUTINE MAINTENANCE** = $\frac{1}{2}$ Varies with clinical state.
- **REPLACEMENT** - Correction of any obvious fluid deficit = $\frac{1}{2}$ and ongoing losses = $\frac{1}{2}$ (e.g. vomiting, drainage, insensible, diarrhoea).

- **REDISTRIBUTION** - Patients with sepsis, severe renal, liver or cardiac disease, malnutrition, refeeding issues or post-operative.
- **REASSESSMENT** - include clinical assessments & glucose and U&E at least 24 hourly.
- Use the oral or enteral route whenever possible for giving fluids.
- Daily insensible loss = 500 - 800 ml.

Types of Fluid

Sodium chloride 0.9% provides the most important extracellular ions. It is indicated when **RESUSCITATION** by a fluid bolus is needed for shock and in sodium depletion. The administration of large volumes may give rise to sodium accumulation, oedema, and hyperchloraemic acidosis. *Compound sodium lactate (Hartmann's solution)* contains 5 mmol/L of potassium can be used instead of isotonic sodium chloride solution during or after surgery, or in the initial management of the injured or wounded; it may reduce the risk of hyperchloraemic acidosis. 5% glucose (dextrose) is an important source of free water for maintenance, but should be used with caution as excessive amounts may cause dangerous hyponatraemia, especially in the elderly.

ROUTINE MAINTENANCE fluids replace the normal fluid content of oral food intake, insensible loss & urinary output and are prescribed to provide optimal hydration in patients unable to fully use the oral or enteral route. Maintenance fluids should take into account the volume of fluid to deliver IV medications (antibiotics, analgesics). The total (oral, IV drugs and prescribed fluids) volume prescribed in healthy adults (without excess fluid losses) should be of the order of 30 ml/kg/day up to a maximum of 2.5L. Consider prescribing less fluid (e.g. 20-25 ml/kg/day) for patients who are older, frail, have renal impairment or cardiac failure. Consider using ideal body weight for obese patients.

Sodium requirement - 1 to 2 mmol/kg/day, so it is rarely necessary to give more than 1 litre of sodium chloride 0.9% or Hartmann's solution per day for maintenance IV fluids. Antibiotic and analgesic infusions may already provide some of this.
Potassium requirement - 1 mmol/kg/day, adjusted according to the serum potassium.
Phosphate, Magnesium - monitor & correct.

Many patients have specific needs to cover **REPLACEMENT** and/or **REDISTRIBUTION** of fluid and electrolytes.

REPLACEMENT of deficits & on-going losses - prescription should reflect the electrolyte composition of the fluid being lost.
Gastric losses - replace volume for volume with sodium chloride 0.9% with added potassium as required.
Lower Gastrointestinal losses - replace with Hartmann's solution or, if extra potassium is needed, sodium chloride 0.9% with added potassium.

Some patients have problems of internal **REDISTRIBUTION** and may develop sodium and water excess (leading to oedema and weight gain) which frequently can occur in the context of a low intravascular volume (and associated low urine output). Prescribing appropriate IV fluids for patients with redistributive type problems is particularly difficult since too little leads to intravascular hypovolaemia, low blood pressure, poor urine output and poor tissue perfusion, whilst too much may promote more oedema. In these patient groups, formulae-based equations should be used with caution. Fluid restriction may be needed and should be guided by senior input and regular **REASSESSMENT**.

Senior help should always be sought for complex on-going fluid losses, when the balance between fluid overload and deficit is unclear, for complex redistribution issues and especially when patients have diminished organ reserve.

*Based on NICE CG174

Infusion Rates		
mls	hrs	ml/hr
500	4	125
500	6	83
1000	4	250
1000	6	167
1000	8	125
1000	12	83
1000	24	42
2000	24	83

Indications - all that apply: Fluid Bolus volume, Deficit, On-going loss volume, Maintenance, Drug Prescription

* Medicines must be recorded in Drug Kardex

** Model name, Serial number.

↓	Date	Time	Volume	Infusion Fluid/Type	Additives *	Rate ml/hour Range	Prescriber's Signature	Administered By	Checked By	Batch/Lot No. & Expiry Date	Pump Details **	Start Time	Finish Time	Volume given
	22/8/21	6:50	650 ml	Hartmann's	—	10	Personal information redacted by the USI	Personal information redacted by the USI	Personal information redacted by the USI	2082013E 04/27		0835		
	22/8/21	6:50	650 ml	Hartmann's	—	1 hour	Personal information redacted by the USI	Personal information redacted by the USI	Personal information redacted by the USI					
	22/8/21	6:50	650 ml	Hartmann's	—	1 hour	Personal information redacted by the USI	Personal information redacted by the USI	Personal information redacted by the USI					
	22/8/21	6:50	650 ml	Hartmann's	—	1 hour	Personal information redacted by the USI	Personal information redacted by the USI	Personal information redacted by the USI					
				(e)										
				(f)										
				(g)										
				(h)										
				(i)										
				(j)										

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Writograph

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Daily Fluid Balance & Prescription Chart

WIT-03843

Adult



From their 16th birthday

Hospital DPH

Ward ED

Date 22/08/21

June 2014

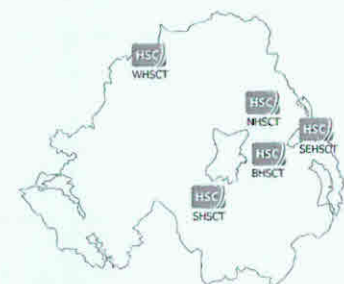
Special Instructions:

For Hourly, Cumulative fluid recording today ☐ Yes

FLUID INPUT (ml)

FLUID OUTPUT (ml)

	ORAL FLUID				INTRAVENOUS FLUID & MEDICINES*																COMMENTS					
	ORAL		ENTERAL										Hourly Amount IN	Grand Total IN												
	Fluid Type		Fluid Type												Fluid Type		Fluid Type		Fluid Type		Hourly Amount IN	Grand Total IN				
	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total			Hourly Amount OUT	Grand Total OUT	Overall Balance	Initials
08.00																										
09.00																										
10.00																										
11.00																										
12.00																										
13.00																										
14.00																										
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05.00																										
06.00																										
07.00																										



INTAKE	8am	Day	8pm	Night	8am	Total
Oral						
Enteral						
Intravenous						
Grand Total IN						

OUTPUT	8am	Day	8pm	Night	8am	Total
Urine						
Bowel						
Other						
Other						
Grand Total OUT						

24 hour Fluid Balance (ml)

Balance

ADULT

Write in CAPITALS

Surname: _____

First names: _____

Consultant: _____

Hospital no: _____

Health and Care r

Personal information redacted by the UoI

dressograph

Ward: _____

DOB: _____

Recent Weight _____ kg

Weighed ☐ / /Estimated ☐

①.

Yesterday's Date	Grand total in	Grand total out	Balance

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	[Na ⁺]	[Cl ⁻]	[Glucose]	[Lactate]	[K ⁺]
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*Based on NICE CG174

Infusion Rates		
mls	hrs	ml/hr
500	4	125
500	6	83
1000	4	250
1000	6	167
1000	8	125
1000	12	83
1000	24	42
2000	24	83

Indications - all that apply: Fluid **B**olus volume, **D**eficit, **O**n-going loss volume, **M**aintenance, Drug **P**rescription

* Medicines must be recorded in Drug Kardex

** Model name, Serial number.

↓	Date	Time	Volume	Infusion Fluid/Type	Additives *	Rate ml/hour Range	Prescriber's Signature	Administered By	Checked By	Batch/Lot No. & Expiry Date	Pump Details **	Start Time	Finish Time	Volume given
		2340	654ml	(a) 1st Hour Hartmann's	FRESH 10 hr	654ml / hr				20E20T3E 04/23		23:45	01:40	
				(b) (Total 3536)										
		2340		(c) Hartmann's		650 ml / hr x 5 hours				20E20T3E 04/23		01:40		
				(d)										
		2340		(e) Hartmann's		221 ml / hr x 16 hrs for								
				(f) (Total 3536)										
				(g)										
				(h)										
				(i)										
				(j)										

Daily Fluid Balance & Prescription Chart

WIT-03845

Adult



From their 16th birthday

Write in
Surname: [redacted]
First name: [redacted]
Consultant: [redacted]
Hospital no: [redacted]
Health and Ca: [redacted]
Personal Information redacted by the USI
addressograph
Ward: [redacted]
DOB: [redacted]

Hospital DHH
Ward ED
Date 21/08/21

June 2014

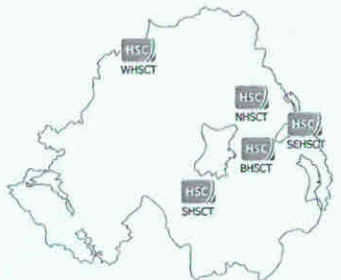
Special Instructions:
For Hourly, Cumulative fluid recording today ☐ Yes

FLUID INPUT (ml)

FLUID OUTPUT (ml)

	ORAL FLUID				INTRAVENOUS FLUID & MEDICINES*										URINE		BOWEL				COMMENTS					
	ORAL		ENTERAL		No 1 Site		No 2 Site		No 3 Site		No 4 Site		Hourly Amount IN	Grand Total IN									Hourly Amount OUT	Grand Total OUT	Overall Balance	Initials
					Fluid Type	Fluid Type	Fluid Type	Fluid Type	Fluid Type	Fluid Type																
	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total			Amount	Total	Amount	Total	Amount	Total	Amount	Total				
08.00																										
09.00																										
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11.00																										
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02.00																										
03.00																										
04.00																										
05.00																										
06.00																										
07.00																										

654
654



INTAKE	8am	Day	8pm	Night	8am	Total
Oral						
Enteral						
Intravenous						
Grand Total IN						

OUTPUT	8am	Day	8pm	Night	8am	Total
Urine						
Bowel						
Other						
Other						
Grand Total OUT						

24 hour Fluid Balance (ml)

Balance