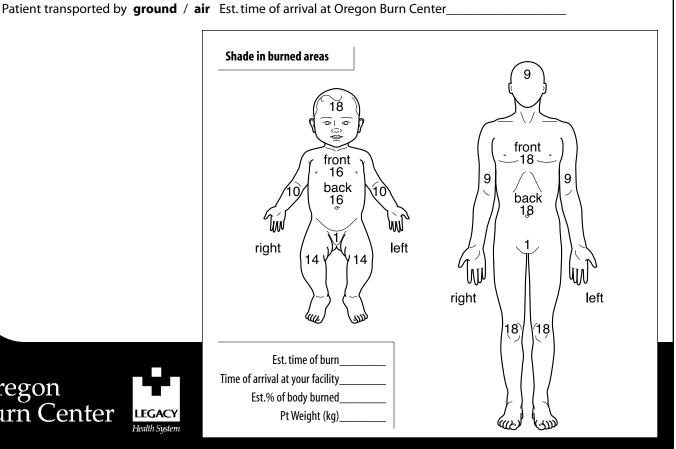


OREGON BURN CENTER TRANSFER SHEET

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

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



Oregon Burn Center

