

**THE ARIZONA BURN CENTER**  
 At Maricopa Medical Center  
 2601 East Roosevelt, Phoenix, Arizona 85008  
 Tel# 602-344-5726  
 Fax# 602-681-1499

**TRANSFER CHECK LIST**

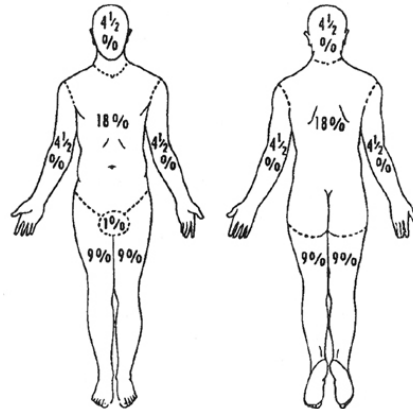
DATE \_\_\_\_\_ TIME OF CALL \_\_\_\_\_ DATE OF BURN \_\_\_\_\_  
 PATIENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ RELIGION \_\_\_\_\_ RACE \_\_\_\_\_ WT \_\_\_\_\_  
 INS. CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_ MEDICARE/AHCCCS \_\_\_\_\_  
 WORKER'S COMP # \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 CLOSEST RELATIVE \_\_\_\_\_ NOTIFIED \_\_ (y) \_\_ (n) PHONE # \_\_\_\_\_  
 REFERRING HOSPITAL \_\_\_\_\_ PHONE # \_\_\_\_\_  
 REFERRING PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

**PHYSICAL EXAMINATION**

Condition Stable	Yes	No
Closed Space	Yes	No
Alcoholic	Yes	No
Now Drunk	Yes	No
Narcotic User	Yes	No
Conscious Now	Yes	No
Diabetes	Yes	No
Heart Disease	Yes	No
Type	_____	

**BURN EVALUATION**

Total % burned \_\_\_\_\_ Total % full Thickness \_\_\_\_\_



**ASSOCIATED INJURIES**

Fractures, Abdominal, or Chest Injury, Head Trauma, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VITAL SIGNS**

Pulse \_\_\_\_\_ B/P \_\_\_\_\_ Temp \_\_\_\_\_ Resp \_\_\_\_\_

**LABORATORY RESULTS**

Na \_\_\_\_\_ K \_\_\_\_\_ Cl \_\_\_\_\_ CO<sub>2</sub> \_\_\_\_\_ BUN \_\_\_\_\_  
 Glucose \_\_\_\_\_ pH \_\_\_\_\_ PO<sub>2</sub> \_\_\_\_\_  
 X-rays \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**THERAPY**

IV's: Normal Saline \_\_\_\_\_ ml LR \_\_\_\_\_ ml  
 Site \_\_\_\_\_ Size \_\_\_\_\_  
 Urine/total \_\_\_\_\_ ml Urine/last hr \_\_\_\_\_ ml  
 O<sub>2</sub> \_\_\_\_ % Mask \_\_\_\_ Cannula \_\_\_\_ ET Tube \_\_\_\_ Trach \_\_\_\_  
 Ventilator \_\_\_\_\_ NG Tube \_\_\_\_\_ Foley \_\_\_\_\_  
 Tetanus Toxoid Yes \_\_\_\_ No \_\_\_\_

**SIGNATURE OF PHYSICIAN**

Mode of Transportation \_\_\_\_\_  
 ETA \_\_\_\_\_  
 Transfer Accepted \_\_\_\_ Yes \_\_\_\_ No