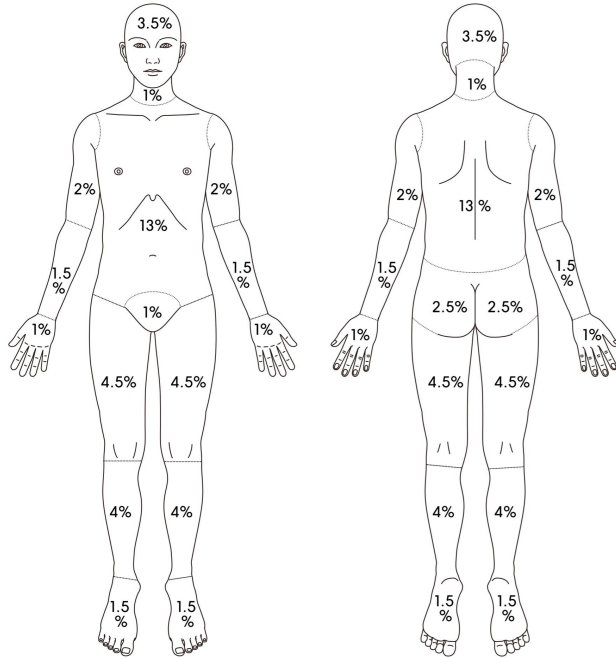


Patient Identification

Adult Burn Wound Assessment Sheet



Date of Injury: _____

Fluids prior to admission: _____

Burn type: _____

Weight: _____

Height: _____

Estimated % Total Burn Surface Area:



Superficial Partial Thickness
(2nd-degree)



Deep Partial Thickness (3rd-degree)

Do not include 1st-degree burns on the diagram

Region	Percentage
Head/Face	
Neck	
Anterior trunk	
Posterior trunk	
Right arm	
Left arm	
Genitalia	
Right leg	
Left leg	
Total:	

Fluid Resuscitation Guidelines:

Total Burn Surface Area x 10 = Rate of fluid/hour

Notes:

Signature: _____

Date: _____