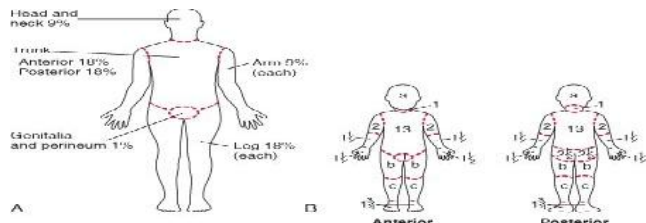


Burn Data Capture Format

1	Name of Hospital		
2	Burn Registration No.		
3	Name of Injured		
4	Respondant	1.Patient 2. Husband 3. Wife 4.Parent 5. Sibling 6.Other (Specify).....	<input type="text"/>
5	Date of Birth		
6	Age (Completed Years)		
7	If under 5 years of age was the patient: Who was with patients	1. Alone, 2. With an adult but unsupervised, 3. With an adult but supervised 4. with other children (<18 yrs) 5. Unknown	<input type="text"/>
8	Gender	1. Male 2. Female 3.Transgender	<input type="text"/>
9	Religion	1.Hindu 2.Muslim 3.Sikh 4.Christian 5.Other (Specify).....	<input type="text"/>
10	Nationality	1. Indian 2. Other (Specify).....	<input type="text"/>
11	Complete Address with Phone no. and PIN Code		
12	C.R./ I.P. No :-		
13	M.L.C	1. Yes 2. No	<input type="text"/>
14	Date of admission (DD/MM/YYYY)		
15	Time of admission (Hrs:Min) 24Hrs clock		
16	Date of Burn (DD/MM/YYYY)		
17	Time of Burn (Hrs:Min) 24Hrs clock		
18	Marital Status	1.Never Married 2. Currently Married 3.Widow/widower 4.Divorced 5. Seperated 6. Unkown 7. NA	<input type="text"/>
19	Occupation	1.Profession 2.Semi Profession 3.Clerical/Shop owner/Farmer 4.Skilled worker 5.Semi-skilled worker 6. Unskilled worker 7.Unemployed 8.Unknown 9. N.A.	<input type="text"/>
20a	Family Size (No. of Person)		
20b	Adults		
20c	Children		
21	Family Income per month (Rs.)		
22	Educational status of Injured	1. Profession 2. Graduate and post graduate 3.Intermediate or post high school Diploma 4.High school 5.Middle school 6.Primary school 7.Illiterate 8.Unknown 9.N.A.	<input type="text"/>
23	House Location	1. Urban Area 2. Rural Area 3. Semiurban	<input type="text"/>
24	Type of Residence	1.City House(Brick) 2.City Apartment(Brick) 3.Rural House(Thatched) 4. Rural (Brick) 5.Tent 6.Slum 7.Homeless 8.Other (Specify)..... 9.Unknown	<input type="text"/>
25	Family Type	1. Nuclear 2. Joint	<input type="text"/>
26a	Equipment Used in Kitchen	1.Std LPG 2.5KG LPG 3.PNG 4.Pressure Stove 5.Wick Stove 6.Angeethi 7.Chullha 8.Open Fire 9.Others (Specify).....	<input type="text"/>
26b	Cooking level	1. Standing 2. Sitting	<input type="text"/>
26c	Window/Exhaust/Chimney in Kitchen	1. Present 2. Absent 3. N.A.	<input type="text"/>
26d	Cooking and living area separate	1. Yes 2. No	<input type="text"/>
27	Type of Burn	1.Flame 2.Hot Surface 3.Hot Liquid,Steam or Gas 4.Electrical 5.Chemical 6.Friction 7.Inhalation 8.Cooling 9.Radiation 10. Others.....	<input type="text"/>
27a	If Flame	1.Household a.Cooking b.Heating c. Lighting d.Housefire(single)/(Multiple) e. Intentional burn	<input type="text"/>
		2.Occupational a.Food prepration b.Petrochemical c.Textiles d.Construction e.Agriculture f.Fireworks/related g. General Industries h.Others	<input type="text"/>
		3.Public a.Road Traffic Crash b.Bonfires C.Fireworls d.Spilled Liquid e. Plaing with Fire f.Assault g.Terrorism or War h.Other	<input type="text"/>
27b	If Hot Surface	a. Cooking b.House hold Heating c.House hold Appliance d. House hold lighting e.Occupational Activites f.Other	<input type="text"/>
27c	If Hot Liquid,Steam or Gas	a.Cooking b.Bathing/Washing c. Occupational Activites d.Other	<input type="text"/>
27d	If Electrical	a.Household b.Occupational C.public	<input type="text"/>
27e	If Chemical	a.Household b.Occupational C.public	<input type="text"/>

28. For Burn Involving Cooking/Food preparation					
i	Burn caused by contact with	1.Cook stove 2.Cooking tool/Vessel(pot etc) 3.Burning Fuel (wood,kerosine etc) 4.Cooked food or Liquid 5.Other(Specify).....			<input type="text"/>
ii	Activity during Burn injury in Kitchen	1.Deliberate movement (e.g. deliberate touch) 2.Accidental movement (e.g. fall/spill etc.) 3.Explosion 4.Fire in cooking area 5.Other(Specify).....			<input type="text"/>
iii	Fuel used for cooking	1.Ethanol 2.Kerosine 3.LPG 4.Solar power 5.Electricity 6.Wood 7.Charcoal 8.Dung 9.Coal			<input type="text"/>
29. For Burns involving Household lighting					
i	Activity during household lighting	1.Lamp/lantern igniting surrounding material 2.Deliberate movement touching lamp/lantern 3.Accidental movement touching lamp/lantern 4.Other(Specify).....			<input type="text"/>
ii	Type of lamp/ lantern	1. Candle 2. Kerosine 3. Electric 4. Other(Specify).....			<input type="text"/>
30. For Burns involving Household heating					
i	Activity during household heating	1.Heating source igniting surrounding material 2.Deliberate movement touching heating source 3.Accidental movement touching heating source 4.Other(Specify).....			<input type="text"/>
ii	Energy source during heating	1.Traditional biomass (wood, charcoal, dung) 2.Coal 3.Kerosine 4. LPG 5. Natural gas 6. Electricity 7.Other(Specify).....			<input type="text"/>
31	Clothing's Texture	1.Cotton 2.Synthetic 3.Woolen 4. Other (Specify).....			<input type="text"/>
32a	Clothing's Nature	1. Flowing 2. Non Flowing			<input type="text"/>
32b	Clothing's Type	1.Shirt &Pant 2.Salwar&Kurta 3.Saree 4.Frock 5.Coat- Pant 6.Kurta Pajama 7.Others (Specify).....			<input type="text"/>
33	Putting Out the Flames	1.Water 2. Sand 3.Blanket or Quilt 4.Drop & Roll 5.Hands 6.Fire Extinguishers 7.Not Flame Burn 8.Unknown			<input type="text"/>
34	First Aid	1.Water 2.Ice 3.Ointment 4.Nothing 5.Unknown 6.Others (Specify)			<input type="text"/>
	If water used (How long water is poured)				
35	Smoke Inhalation*	1.Yes 2.No			
	If smoke/toxic gases inhaled Patient moved to open area from the enclosed or restricted area	1.Yes 2.No 3.Don't Know			<input type="text"/>
36	Intent of Burn	1. Suicidal 2. Homicidal 3. Accidental 4. Undetermined intent			<input type="text"/>
	If Undetermined intent then what is the degree of clinical suspicion that the burn was caused intentionally?	1.None 2.Low 3.Medium 4.High			
37	Contributing Morbidity (Multiple choice)	1.Epileptic 2.Alcoholic 3.Drug Addict 4.Smoker 5.Psychiatric Illness 6.Physical or mental disability 7.Diabetes 8. Tuberculosis 9. Other (Specify)..... 10.None			
38	Number of people burned in this incident				
39	Associated Injuries	1.No associated injuries 2.Abdominal trauma 3.Chest trauma 4.Eye injury 5.Long bone fracture 6.Spinal cord injury 7.Traumatic brain injury 8.Other (Specify)			
40	Anatomical Part Involved [%]	Superficial burn	Deep burn	Total	
	Head & Neck [%]				
	Right Upper Limb [%]				
	Left Upper Limb [%]				
	Chest Front [%]				
	Abdomen Front [%]				
	Back of Trunk [%]				
	Genital Area [%]				
	Right Lower Limb (Front & Back) [%]				
	Left Lower Limb (Front & Back) [%]				
	Total Body Surface Area (TBSA%)				
41	Surgical Procedure	1. Yes 2. No			
42	Date of Discharge/ Death (DD/MM/YYYY)				
43	Time of Discharge/ Death (Hrs:Min) 24Hrs clock				
44	Outcome	1.Discharged without Impairment 2.Discharged with Impairment 3.Transferred to another facility 4. Left against Medical advice 5. Dead 6.Unknown			
45	Anatomical Part Involved				
45a	Head & Neck	1. None, 2. Scalp 3. Face 4. Eye 5. Neck			
45b	Trunk	1. None, 2. Chest, Abdomen, back or buttocks			
45c	Arms	1. None 2. Shoulder and or axilla 3. Upper arm and/ or forearm 3. Elbow			
45d	Hands & Wrists	1. None 2. Wrist 3. Back of hand 3. Palm 4. Fingers and/ or thumb			
45e	Legs	1. None 2. Thigh and/or lower leg 3. Knee 4. Ankle 5. Foot			



Relative percentage of body surface area (% BSA) affected by growth:

Body Part	Age				
	0 yr	1 yr	5 yr	10 yr	15 yr
a - 1/2 of head	9 1/2	9 1/2	9 1/2	9 1/2	9 1/2
b - 1/2 of 1 thigh	2 3/4	3 1/4	4	4 1/4	4 1/2
c - 1/2 of 1 lower leg	2 1/2	2 1/2	2 3/4	3	3 1/4