

## Reporting Format of Burn Units

Name of Medical College/District Hospital: \_\_\_\_\_

### A. Details of the Hospital:-

1. Total number of beds in the hospital :
2. Total number of ICU beds in the hospital :
3. Total number of OTs in the hospital :
4. Details of the specialties in the hospital :

### B. Burn Injury Data:-

Sl. No	Number of Burn Injury Cases	During the Reporting Quarter	Cumulative total (Till quarter ending) 1 <sup>st</sup> Jan. to 31 <sup>st</sup> Dec.)
<b>1.</b>	<b>OPD Cases</b>		
1.1	Male- <ul style="list-style-type: none"> <li>• above 14 yrs.</li> <li>• below 14 yrs.</li> </ul>		
1.2	Female- <ul style="list-style-type: none"> <li>• above 14 yrs.</li> <li>• below 14 yrs.</li> </ul>		
1.3	Total (1.1 +1.2)		
<b>2.</b>	<b>IPD Cases/Admission</b>		
2.1	Male- <ul style="list-style-type: none"> <li>• above 14 yrs.</li> <li>• below 14 yrs.</li> </ul>		
2.2	Female- <ul style="list-style-type: none"> <li>• above 14 yrs.</li> <li>• below 14 yrs.</li> </ul>		
2.3	Total (2.1 +2.2)		
<b>3.</b>	<b>Discharged after treatment</b>		
<b>4.</b>	<b>Died</b>		
<b>5.</b>	<b>Corrective Surgeries conducted</b>		

### C. Status of progress of establishment of Burn's Unit:-

Sl.	Component	Progress	Reasons for delay (if any)
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<b>No</b>			
1.	Construction		

<b>Sl. No</b>	<b>Component</b>	<b>List of Manpower Recruited</b>	<b>Time</b>	<b>Salary</b>	<b>Reasons for delay (if any)</b>
2.	Manpower				

<b>Sl. No</b>	<b>Component</b>	<b>List of Equipment</b>	<b>Cost</b>	<b>Reasons for delay (if any)</b>
3.	Equipment			

**D. Financial Status:-**

<b>Sl. No</b>	<b>Components</b>	<b>Funds Received</b>	<b>Expenditure incurred</b>	<b>Balance</b>	<b>SOE/UC Submitted Y/N</b>
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		<b>from GOI</b>			
1.	Construction				
2.	Manpower				
3.	Equipment				

**E. Remarks**

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**Dated:**

**Principal/**

**Signature of  
Medical  
Superintendent of Medical College/District Hospital**