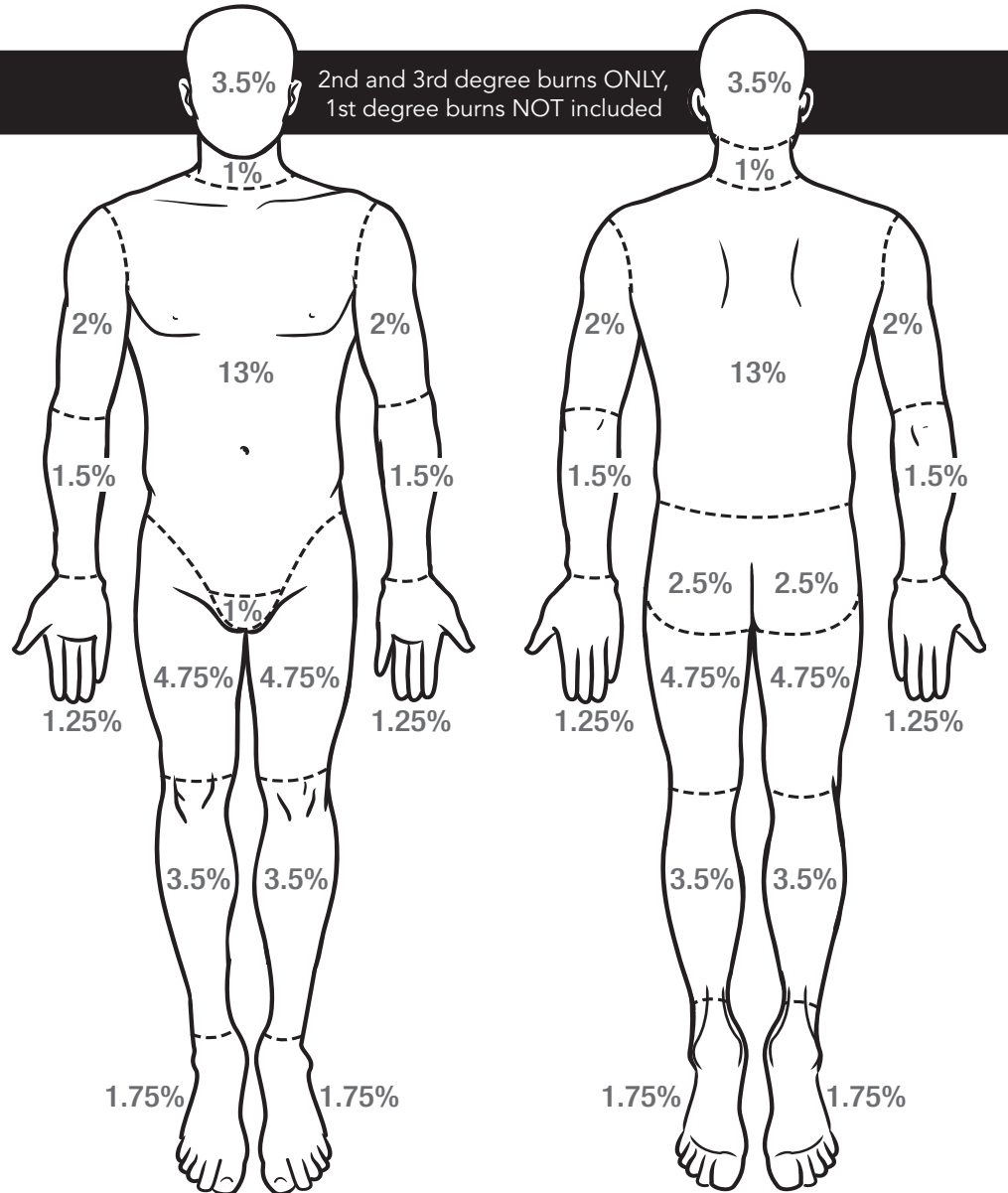


Patient Label

TBSA Burn Estimation Chart

Adult Major Burn Clinical Practice Guideline

| Anatomical Subunit | Percent Total | Percent One Side | | Injury Subtotal |
|--------------------|---------------|------------------|------------|-----------------|
| | | Anterior | Posterior | |
| Head | 7 | 3.5 | 3.5 | |
| Neck | 2 | 1 | 1 | |
| Anterior Trunk | 13 | 13 | 0 | |
| Posterior Trunk | 13 | 0 | 13 | |
| Right Buttock | 2.5 | 0 | 2.5 | |
| Left Buttock | 2.5 | 0 | 2.5 | |
| Genitalia | 1 | 1 | 0 | |
| Right Upper Arm | 4 | 2 | 2 | |
| Left Upper Arm | 4 | 2 | 2 | |
| Right Lower Arm | 3 | 1.5 | 1.5 | |
| Left Lower Arm | 3 | 1.5 | 1.5 | |
| Right Hand | 2.5 | 1.25 | 1.25 | |
| Left Hand | 2.5 | 1.25 | 1.25 | |
| Right Thigh | 9.5 | 4.75 | 4.75 | |
| Left Thigh | 9.5 | 4.75 | 4.75 | |
| Right Leg | 7 | 3.5 | 3.5 | |
| Left Leg | 7 | 3.5 | 3.5 | |
| Right Foot | 3.5 | 1.75 | 1.75 | |
| Left Foot | 3.5 | 1.75 | 1.75 | |
| Total | 100% | 48% | 52% | |



Physician/Paramedic Name _____ Physician/Paramedic Signature _____

FLUID CALCULATION (May underestimate fluid requirement if resuscitation is delayed)

Patient weight: _____ kg [A] 3ml x [A] x [B] = _____ [C]

% TBSA burned: _____ % [B] [C] ÷ 16 = _____ ml/h starting RL infusion rate

Complete this form and fax to: (604) 875-5829