



TR-006  
Rev. 11/02

**BURN ASSESSMENT**

PG 1 of 2

NAME \_\_\_\_\_

MRN: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ACCOUNT# \_\_\_\_\_

(PATIENT PLATE IMPRINT)

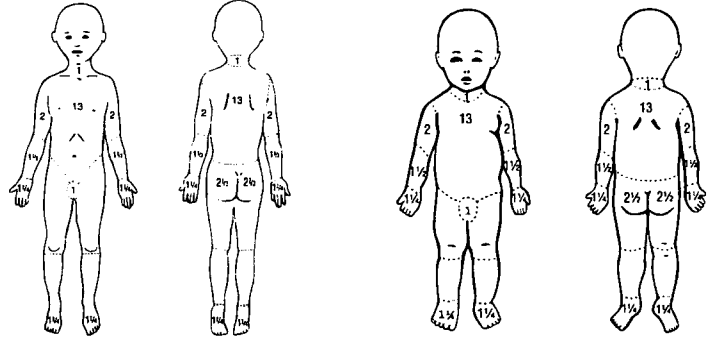
CAUSE OF BURN: \_\_\_\_\_

DATE OF BURN: \_\_\_\_\_ TIME OF BURN: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

5+ Years

1-5 Years



Lund & Browder Chart

Area: *For all body parts except trunk, buttocks and genitalia, the number in the table represents only the anterior or posterior surface of the body. Need to double number if both anterior and posterior are burned.	Age / Years					% of Body Surface Area Burned: _____		
	0-1	1-4	5-9	10-15	ADULT	PARTIAL THICKNESS	FULL THICKNESS	TOTAL
*Head	9.5%	8.5%	6.5%	5%	3.5%			
*Neck	1%	1%	1%	1%	1%			
Anterior Trunk	13%	13%	13%	13%	13%			
Posterior Trunk	13%	13%	13%	13%	13%			
Right Buttock	2.5%	2.5%	2.5%	2.5%	2.5%			
Left Buttock	2.5%	2.5%	2.5%	2.5%	2.5%			
Genitalia	1%	1%	1%	1%	1%			
*Right Upper Arm	2%	2%	2%	2%	2%			
*Left Upper Arm	2%	2%	2%	2%	2%			
*Right Lower Arm	1.5%	1.5%	1.5%	1.5%	1.5%			
*Left Lower Arm	1.5%	1.5%	1.5%	1.5%	1.5%			
*Right Hand	1.25%	1.25%	1.25%	1.25%	1.25%			
*Left Hand	1.25%	1.25%	1.25%	1.25%	1.25%			
*Right Thigh	2.25%	3.25%	4.25%	4.25%	4.75%			
*Left Thigh	2.25%	3.25%	4.25%	4.25%	4.75%			
*Right Leg	2.5%	2.5%	2.75%	3%	3.5%			
*Left Leg	2.5%	2.5%	2.75%	3%	3.5%			
*Right Foot	1.75%	1.75%	1.75%	1.75%	1.75%			
*Left Foot	1.75%	1.75%	1.75%	1.75%	1.75%			
	Total							

Signature: \_\_\_\_\_

Date: \_\_\_\_\_