KANSAS BURN INJURY REPORTING SYSTEM

This form must be completed for 2nd and 3rd degree burns involving 20% or more of the patient's body

2015

(1) Name of Facility:

(2) Address of Facility	County:	State: Kansas	Zip Code:
(3) Patients Name (First, M, Last)		(4) Patient's Social Security #	
(5) Patient's Address (Number, Street)		(6) Patient's Sex: Male ☐ Female ☐	
City/Town:	County:	State: Kansas	Zip Code:

(7) Patient's Date of Birth:

(8) Patients Race: (Check one)

☐ White, Non-Hispanic ☐ Black, Non-Hispanic
☐ Hispanic/Latino ☐ Native American/American Indian
☐ Asian, Pacific Islander ☐ Other
☐ Unknown

(9) Date of Burn Injury:	(10)Time of Burn Injury (24hr):	(11) Was Burn Sustained at Work? Yes ☐ No ☐

(12) Incident Location/Address:	County:	State:	Zip Code:

(13) Location of Injury: (check one)

☐ Home ☐ Public Building ☐ Recreational Place
☐ Farm ☐ Street/Highway ☐ Residential Institution
☐ Mine/Quarry ☐ Industrial Place ☐ Unknown
☐ Other (Specify)_____

(14) Cause of burn (E-Code): E_____

(15) Describe Cause:

(16) Body Areas Burned: (Check all that apply)

☐ Face, Head, Neck ☐ Upper Limb(s)
☐ Wrist, Hand ☐ Lower Limb(s)
☐ Trunk ☐ Internal Organs
☐ Unspecified

(17) Percent of Body Burned:

☐ Unspecified
☐ 2nd Degree _____%
☐ 3rd Degree _____%
Total Surface Area Burned _____%

(18) Inhalation Injury?	(19) Ventilator Support Used?	(20) Skin Grafting Done?	(21) Total days in Hospital _____
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Emergency Room Only ☐

(22) Disposition

☐ Left AMA ☐ D/C, extended care facility
☐ Transfer, to acute care facility ☐ D/C, home, w/follow-up care
☐ Transfer, to burn center ☐ D/C, home, no follow-up care
☐ Transfer, burn center to burn center ☐ Died
☐ Unknown ☐ Other (specify) _____

(23) Date of report (24) Name of Person making report Title of person making report

PLEASE MAIL THIS FORM TO:
KANSAS STATE FIRE MARSHAL
800 SW JACKSON ST, SUITE 104
TOPEKA, KS 66612
For more information call, 785-296-3401

KAR 22-5-6 Reporting of burn wounds. Hospitals which treat burn patients and doctors or other health care providers who treat burn patients at any location other than a hospital shall report all second-and third-degree burn wounds involving 20% or more of the victim's body and requiring hospitalization of the victim to the state fire marshal on forms provided by the state fire marshal. Each report shall be mailed no later than the Monday following the date of the first treatment of any wound. (Authorized by and implementing L. 1988, Ch. 127, Sec. 1(7); effective May 1, 1986; amended Aug. 28, 1989.)