

BURN DIAGRAM

AGE 0-1 yr



PATIENT LABEL

Date of Burn ___ / ___ 20___

Time of Burn _____

Date of Admission ___ / ___ 20___

Date of TBSA Estimation ___ / ___ 20___ (Preliminary) by Dr _____

Date of TBSA Estimation ___ / ___ 20___ (Final) by Dr _____

Area	Age	Preliminary TBSA (0.0%)				Final TBSA (0.0%)			
		2°		3°	FT	2°		3°	FT
0-1 yr	SD	MD	DD			SD	MD		
Head	19								
Neck	2								
Ant. Trunk	13								
Post. Trunk	13								
R. Buttock	2.5								
L. Buttock	2.5								
Genitalia	1								
R.U. Arm	4								
L.U. Arm	4								
R.L. Arm	3								
L.L. Arm	3								
R. Hand	2.5								
L. Hand	2.5								
R. Thigh	5.5								
L. Thigh	5.5								
R. Leg	5								
L. Leg	5								
R. Foot	3.5								
L. Foot	3.5								
Total									
		Preliminary TBSA				Final TBSA			

