

BURN DIAGRAM

AGES 15 yrs - Adult



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%)				
	15 yrs	Adult	2°		3°	2°		3°			
			SD	MD	DD	SD	MD	DD	FT		
Head	9	7									
Neck	2	2									
Ant. Trunk	13	13									
Post. Trunk	13	13									
R. Buttock	2.5	2.5									
L. Buttock	2.5	2.5									
Genitalia	1	1									
R.U. Arm	4	4									
L.U. Arm	4	4									
R.L. Arm	3	3									
L.L. Arm	3	3									
R. Hand	2.5	2.5									
L. Hand	2.5	2.5									
R. Thigh	9	9.5									
L. Thigh	9	9.5									
R. Leg	6.5	7									
L. Leg	6.5	7									
R. Foot	3.5	3.5									
L. Foot	3.5	3.5									
Total											
			Preliminary TBSA				Final TBSA				

