



KANSAS BURN INJURY REPORTING SYSTEM

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

2023

Name of Facility:

Address of Facility

County:

State:

Zip Code:

Patients Name (First, M, Last)

Patient's Sex:

Patient's Address (Number, Street)

Male

Female

City/Town:

County:

State:

Zip Code:

Patient's Date of Birth:

Patients Race:
(Check one)

White, Non-Hispanic

Black, Non-Hispanic

Hispanic/Latino

Native American/American Indian

Asian, Pacific Islander

Other

Unknown

Date of Burn Injury:

Time of Burn Injury (24hr):

Was Burn Sustained at Work?

Yes

No

Incident Location/Address:

County:

State:

Zip Code:

Location of Injury:

(check one)

Home

Public Building

Recreational Place

Farm

Street/Highway

Residential Institution

Mine/Quarry

Industrial Place

Unknown

Cause of burn (E-Code):

Other (Specify)

E

Describe Cause:

Body Areas Burned: (Check all that apply)

Percent of Body Burned:

Face, Head, Neck

Upper Limb(s)

Unspecified

Wrist, Hand

Lower Limb(s)

2nd Degree

%

Trunk

Internal Organs

3rd Degree

%

Unspecified

Total Surface Area Burned:

%

Inhalation Injury?

Ventilator Support Used?

Skin Grafting Done?

Total days in Hospital:

Yes

No

Yes

No

Yes

No

Emergency Room Only

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)

Date of report

Name of person making report

Title of person making report

PLEASE FILL OUT FORM, EMAIL TO: KFIRS@ks.gov OR MAIL 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 percent 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.)