|  |  |  |
| --- | --- | --- |
| Name, Vorname: | […] |  |
| geb.: | […] |
| Unfalltag: | […] |
| **Anlage zum D-Bericht Nr.:** | […] |  |
| **Ergänzungsbericht – schwere Verbrennungen -** |
| Verbrennung | 1 Jahr | 1 bis 4Jahre | 5 bis 9Jahre | 10 bis 14Jahre | 15Jahre | Erwach­sene | 2°-A\*) | 2°-B\*) | 3°\*) | 4°\*) |
| Kopf | 19 | 17 | 13 | 11 | 9 | 7 | […] | […] | […] | […] |
| Hals | 2 | 2 | 2 | 2 | 2 | 2 | […] | […] | […] | […] |
| Rumpf (vorn) | 13 | 13 | 13 | 13 | 13 | 13 | […] | […] | […] | […] |
| Rumpf (hinten) | 13 | 13 | 13 | 13 | 13 | 13 | […] | […] | […] | […] |
| Rechte Gesäßhälfte | 2 ½ | 2 ½ | 2 ½ | 2 ½ | 2 ½ | 2 ½  | […] | […] | […] | […] |
| Linke Gesäßhälfte | 2 ½ | 2 ½ | 2 ½ | 2 ½ | 2 ½ | 2 ½  | […] | […] | […] | […] |
| Genitalien | 1 | 1 | 1 | 1 | 1 | 1 | […] | […] | […] | […] |
| Rechter Oberarm | 4 | 4 | 4 | 4 | 4 | 4 | […] | […] | […] | […] |
| Linker Oberarm | 4 | 4 | 4 | 4 | 4 | 4 | […] | […] | […] | […] |
| Rechter Unterarm | 3 | 3 | 3 | 3 | 3 | 3 | […] | […] | […] | […] |
| Linker Unterarm | 3 | 3 | 3 | 3 | 3 | 3 | […] | […] | […] | […] |
| Rechte Hand | 2 ½ | 2 ½ | 2 ½ | 2 ½ | 2 ½ | 2 ½  | […] | […] | […] | […] |
| Linke Hand | 2 ½ | 2 ½ | 2 ½ | 2 ½ | 2 ½ | 2 ½  | […] | […] | […] | […] |
| Rechter Oberschenkel | 5 ½ | 6 ½ | 8 | 8 ½ | 9 | 9 ½  | […] | […] | […] | […] |
| Linker Oberschenkel | 5 ½ | 6 ½ | 8 | 8 ½ | 9 | 9 ½  | […] | […] | […] | […] |
| Rechter Unterschenkel | 5 | 5 | 5 ½ | 6 | 6 ½ | 7 | […] | […] | […] | […] |
| Linker Unterschenkel | 5 | 5 | 5 ½ | 6 | 6 ½ | 7 | […] | […] | […] | […] |
| Rechter Fuß | 3 ½ | 3 ½ | 3 ½ | 3 ½ | 3 ½ | 3 ½  | […] | […] | […] | […] |
| Linker Fuß | 3 ½ | 3 ½ | 3 ½ | 3 ½ | 3 ½ | 3 ½  | […] | […] | […] | […] |
| Summe: |  |  |  |  |  |  | […] | […] | […] | […] |
| **Gesamtverbrennung:** | […] |
|  | \*) Ausmaß und Schweregrad der Verbrennungen in entsprechende Spalte eintragen. |

# ABSI-Score

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parameter** | **Punkte** | **Summe Punkte** | **% verbrannte KOF** | **Punkte** | **Summe Punkte** |
|  |  |  |  |  | **Übertrag:** | […] |
| Mann | 0 | […] |  1- 10 | 1 | […] |
| Frau | 1 | […] | 11- 20 | 2 | […] |
| Alter: |  | […] | 21- 30 | 3 | […] |
|  0-20 | 1 | […] | 31- 40 | 4 | […] |
| 21-40 | 2 | […] | 41- 50 | 5 | […] |
| 41-60 | 3 | […] | 51- 60 | 6 | […] |
| 61-80 | 4 | […] | 61- 70 | 7 | […] |
|  > 80 | 5 | […] | 71- 80 | 8 | […] |
| Inhal. Trauma | 1 | […] | 81- 90 | 9 | […] |
| Drittgradige | 1 | […] | 91-100 | 10 | […] |
| **Übertrag:** | […] | **Gesamtpunktzahl:** | […] |

|  |  |
| --- | --- |
| **Gesamtpunktzahl** | **Sterbewahrscheinlichkeit** |
|  2 - 3 |  < 1 % |
|  4 - 5 |  2 % |
|  6 - 7 |  10-20 % |
|  8 - 9 |  30-50 % |
|  10 -11 |  60-80 % |

|  |
| --- |
| **Datenschutz:**Ich habe die Hinweise nach § 201 SGB VII gegeben. |
|  |
| Datum | Name und Anschrift der Durchgangsärztin/des Durchgangsarztes |
| […] | […] |

Sie erhalten eine Gebühr nach Nr. 139 UV-GOÄ

|  |  |
| --- | --- |
| Name, Vorname: | […] |

**Beiblatt schwere Verbrennungen am** […]



Farbschema

2°-A = blau\*)

2°-B = blau-rot-gestreift

3° = rot\*)

4° = schwarz\*)

\*) in Skizze eintragen