

Burn Education Day

Statewide Burn Injury Service & Transfer

ACI Statewide Burn Injury Service

<http://www.aci.health.nsw.gov.au/networks/burn-injury>

Agency for Clinical Innovation

aci.health.nsw.gov.au

Agency for Clinical Innovation Clinical Networks

Aboriginal Chronic Conditions	Frailty Taskforce	Pain Management
Aged Health	Gastroenterology	Primary Integrated and Community Health
Alcohol and other Drug	Gynaecological Oncology	Rehabilitation
Anaesthesia Perioperative Care	Intellectual Disability	Renal
Blood and Marrow Transplant + Cellular Therapies	Intensive Care NSW	Respiratory
Brain Injury Rehabilitation	Maternity and Neonatal	Rural Health
Burn Injury	Medical Imaging	Spinal Cord Injury Service
Cardiac	Menopause Initiative	Stroke
Chronic Wound	Mental Health	Surgical Care
Clinical Genetics	Musculoskeletal	Transition Care
Diabetes and Endocrine	Nutrition	Trauma and Injury Management
Emergency Care Institute	Ophthalmology	Urology
End of Life and Palliative Care	Paediatric	Violence, Abuse and Neglect

Statewide Burn Injury Service – Network

Vision: Long-term quality survival for burn-injured patients

Purpose: To ensure all people in NSW & ACT receive timely, equitable, person-centred, and culturally safe burn care, delivered by a connected, skilled, and responsive burn care system. The right care at the right time in the right place.

Statewide Burn Injury Service – What is our Network and who are the members?

- NSW Health clinicians who work in the three Severe Burn Units, RNSH, CRGH, CHW, and designated rehab at Graythwaite Rehabilitation Centre
- NSW Health & ACT clinicians who work with burn-injured people along their journey of care, e.g., Ambulance/Retrieval, emergency departments, trauma nurses, NSW Skin Bank, etc.
- Other non-health workers, including researchers, Fire & Rescue NSW, educators, interstate colleagues, and clinicians in the private sector

NSW Statewide Burn Service

Three tertiary referral burn units

Adults

- Concord Repatriation General Hospital
- Royal North Shore Hospital

Paediatrics

- The Children's Hospital at Westmead

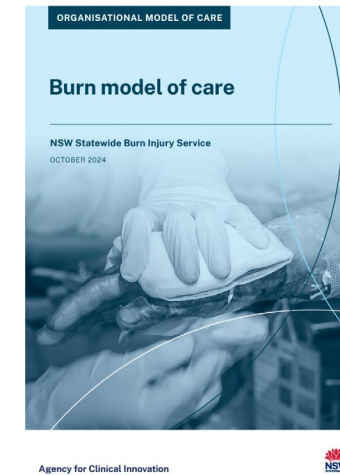
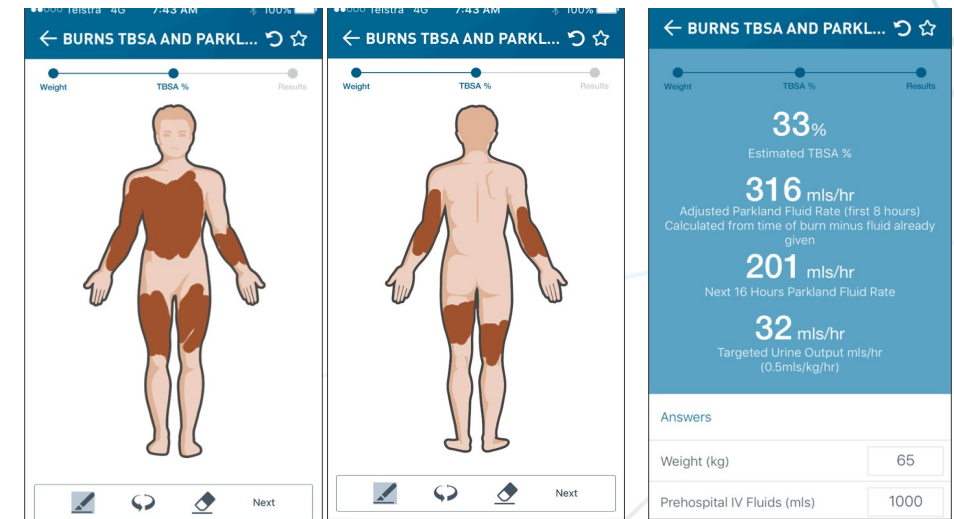
Burn Unit activity

Annual Averages

- 3000 burn cases treated at the 3 units
- 650 acute admissions (includes 400 day only)
- 2400 treated in Burn Ambulatory Care (includes post and pre admissions)
- 10,000 OOS in Ambulatory Care units
- 60 per year >20%TBSA

ACI Statewide Burn Injury Service

- Guidelines and Model of Care
- Burn education to clinicians
- Disaster preparedness
- Data registry both NSW and Aus & NZ+ Quality Improvement Program
- Prevention and first aid programs
- Research collaboratives
- Partnerships
- Clinical Practice Review
- Trauma App with burn calculators
- Peer Support Program S.H.A.R.E.
- PROMs - BBSIP

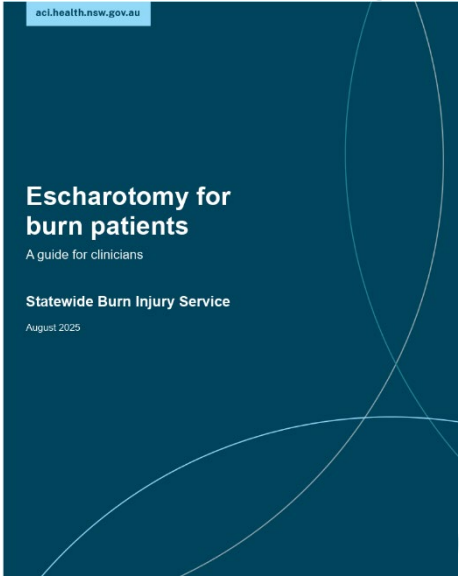
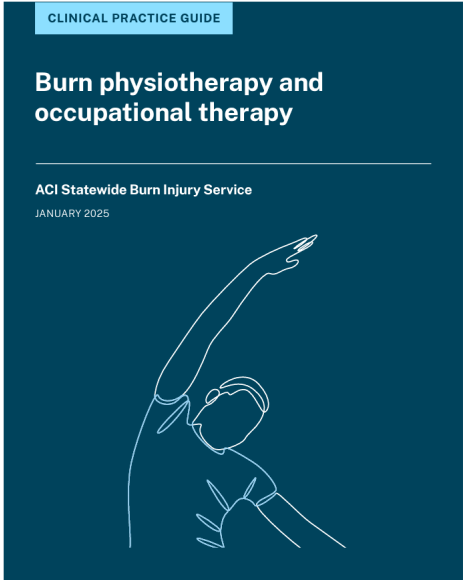
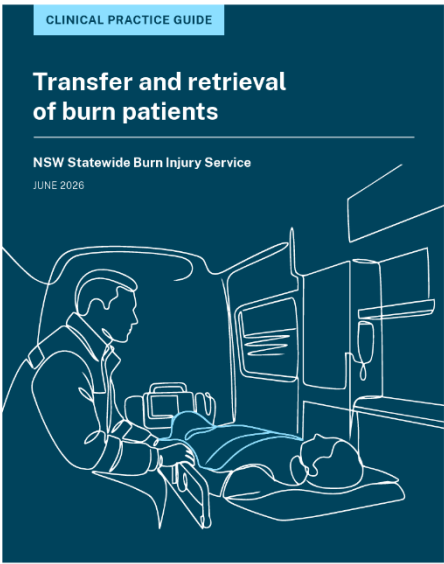



Parameter	Value
Estimated TBSA %	33%
Adjusted Parkland Fluid Rate (first 8 hours)	316 mls/hr
Next 16 Hours Parkland Fluid Rate	201 mls/hr
Targeted Urine Output (0.5mls/kg/hr)	32 mls/hr
Weight (kg)	65
Prehospital IV Fluids (mls)	1000

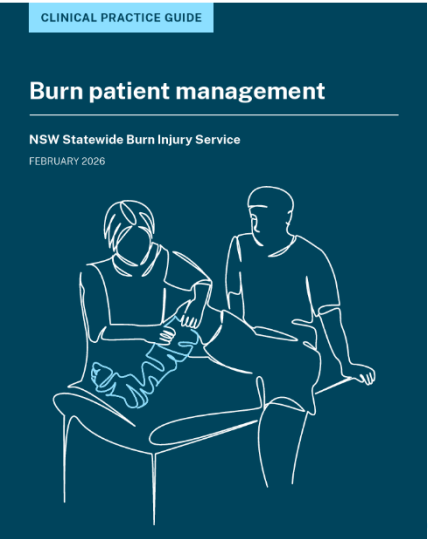
Resources online

- Transfer & retrieval
 - Allied Health
 - Burn Management
 - Minor Burn Management
 - Escharotomy
 - Community Coordinated Burn Care Toolkit
- (Aboriginal Health Services)

<https://aci.health.nsw.gov.au/networks/burn-injury>



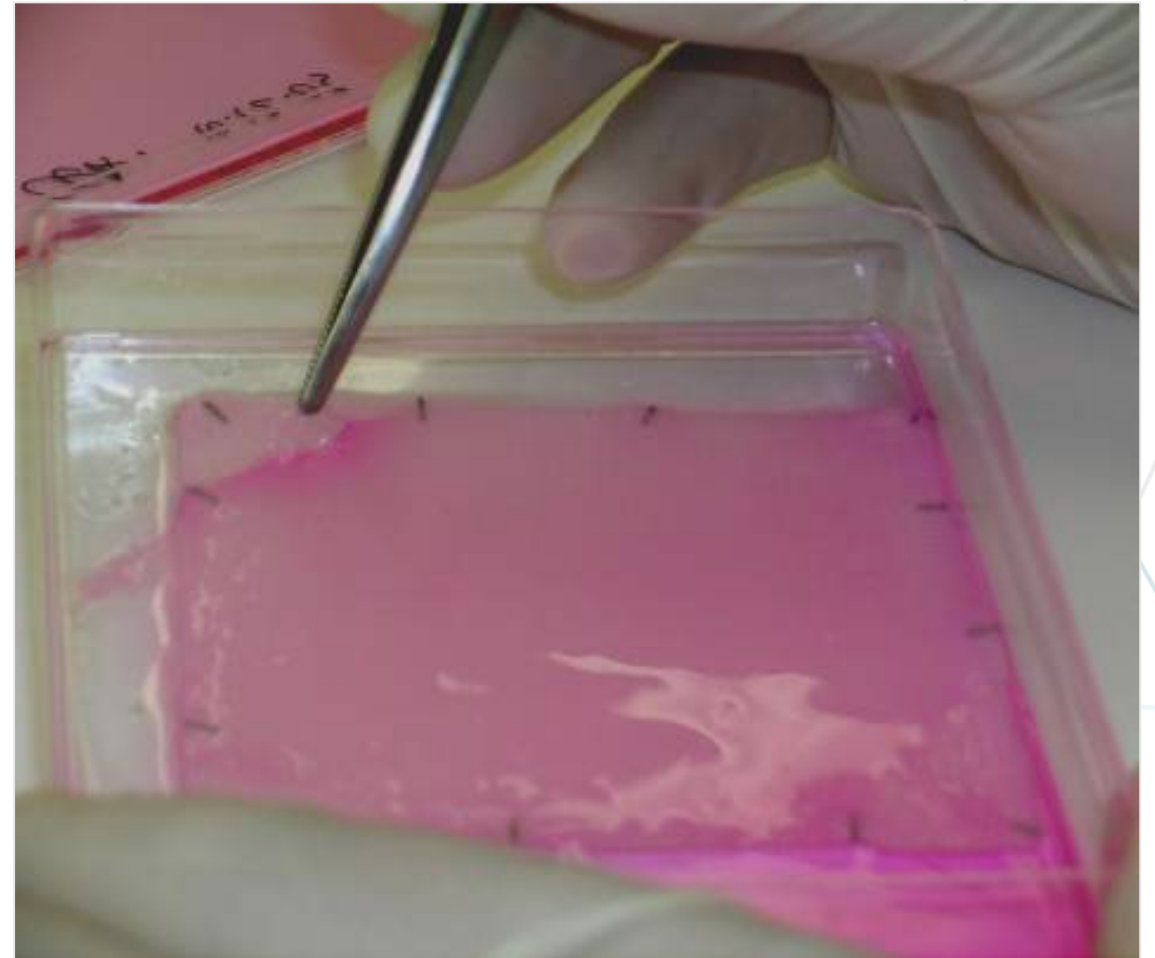
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Community Coordinated Burn Care Toolkit

A toolkit for Aboriginal health services in NSW to provide burn care to children.

Skin Laboratory



Consumer engagement in NSW Burn Services



S.H.A.R.E.
A Burns Peer Support Program
Sharing Hope, Acceptance, Resilience & Experience

Talking with someone who has been affected by a burns injury can help to reduce isolation by knowing that you are not alone.

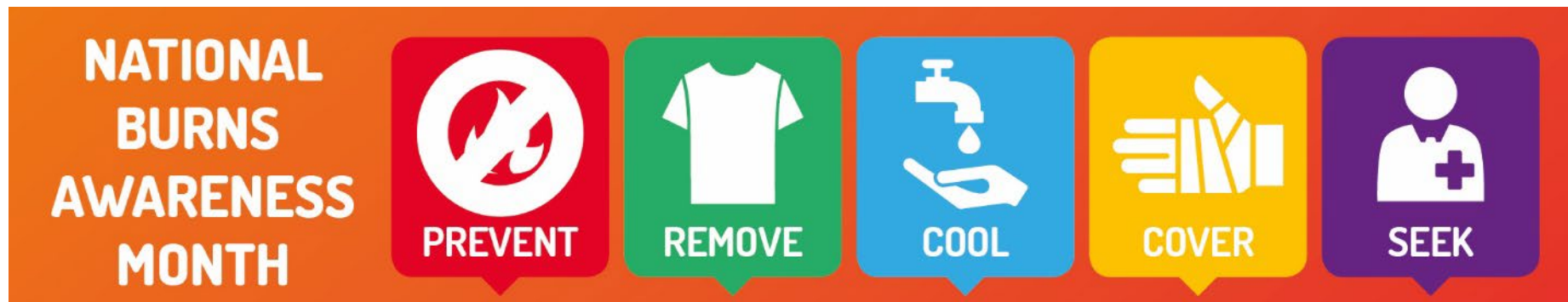


Understand your burn journey

Printable booklet for patients, families and carers to manage minor and severe burns.

Prevention

- Data drives activities
- School programs
- Media campaigns
- Prevention + first aid info on website
- Promotional stalls
- Dept of Fair Trading & ACCC
- Partnerships



Rehabilitation

- Links with Graythwaite Rehabilitation Centre and other rehab facilities
- 2 day Burn Rehabilitation Course run each year



Clinical Practice Review Committee

Reviews:

- Submissions from clinicians across NSW Burn Units
- All deaths
- Clinical issues leading to adverse outcomes
- Clinical trends
- Transfers to the Service
 - **Burn transfer feedback forms**

Transfer Feedback Form

The ACI Statewide Burn Injury Service endeavours to continually improve the clinical care and service to our burn patients and to optimise patient health outcomes.

The patient transfer process has been identified as a focus for improvement activities. To this end, the NSW Statewide Burn Injury Service Clinical Practice Committee has developed a two-way feedback form in order to provide feedback to the referring hospital/facility following a patient transfer to one of our constituent burn units i.e. Royal North Shore Hospital, Concord Repatriation General Hospital and the Children's Hospital at Westmead.

The NSW Statewide Burn Injury Service Burn Transfer Guidelines 4th Edition; can be accessed at <https://aci.health.nsw.gov.au/networks/burn-injury>

The **NSW Trauma App** is available for both android and iOS platforms. This app includes interactive Burn assessment calculators for paediatrics and adults as well as Guidelines, checklists and useful links to burn specific resources.

Each patient transfer will have a form, based on the transfer guidelines, returned to the referring hospital /facility in a timely manner.

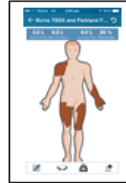
Please discuss this feedback with all relevant staff from your facility.

Please give us your feedback about the transfer process for this patient from your perspective. Could we improve the process? Could communication be improved? Could your hospital/ facility benefit from further education regarding the transfer process or other burns related issues?

email anne.darton@health.nsw.gov.au

Email Consult is available at the three burn units and digital photos can be attached to the email. CHW: kidsburns@health.nsw.gov.au RNSH: BurnsRNS@health.nsw.gov.au CRGH: slhd-ConcordBurnsUnit@health.nsw.gov.au

The NSW Statewide Burn Injury Service can arrange for staff education. We can be contacted at the Severe Burns Unit, email ACI-BurnInjury@health.nsw.gov.au or the Network Manager Anne Darton anne.darton@health.nsw.gov.au.



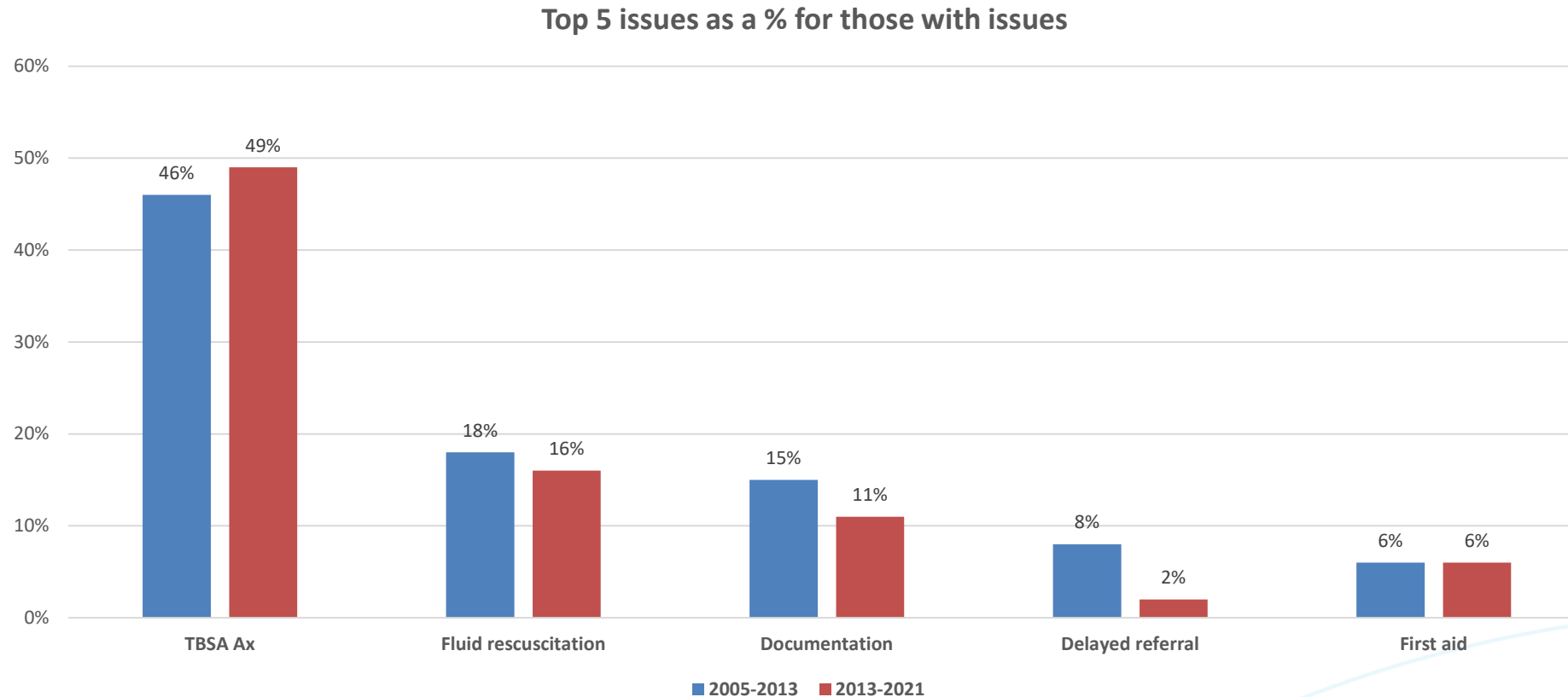
Print Name & Designation:

Signature:

NSW BURN TRANSFER FEEDBACK FORM

Date of Transfer: Click or tap to enter a date.		Date form completed Click or tap to enter a date.	
Patient Name		Referring hospital/healthcare facility:	
		Referring Doctor:	
Burn Unit MRN		Receiving hospital: Choose an item.	
Correct Catchment area (Adult services RNSH & CRGH)			
Assessment:		Referring Hospital	Burn Unit
- Percentage TBSA - Other injuries			
Referral Criteria Met			Comments:
Contacts made as per T/F guidelines	Yes ☐ No ☐ N/A ☐		
Appropriate mode of transfer?	Yes ☐ No ☐ N/A ☐		
Stabilisation			
- Respiratory care - Circulatory care - First aide/cooling the burn - Prevention of hypothermia - Gastrointestinal care - Pain management - Wound management - Tetanus prophylaxis	Yes ☐ No ☐ N/A ☐		
Fluid resuscitation			
- Modified Parkland formula - Appropriate solution used - Paediatric; maintenance fluids	Yes ☐ No ☐ N/A ☐		
Documentation			
Adequate documentation came with patient	Yes ☐ No ☐ N/A ☐		
Completed by:			
Director Burn Unit:			
General comments/Recommendations and Clinical update			

Top issues with transfers



- **Other issues included:** temp control, circ care, analgesia, dressing choice, tetanus prophylaxis, resp care, escharotomy, transfer mode

Burn depths

FEBRUARY 2026

Burn patient management fact sheet for clinicians



Epidermal (erythema)

- Damage to epidermis only – skin intact, no blisters
- Red
- Brisk capillary refill
- Heals spontaneously in 3 to 7 days with moisturiser or protective dressing



Superficial dermal

- Damage to upper layer of dermis – blisters present or absent
- Pink
- Brisk capillary refill
- Should heal 7 to 10 days with minimal dressings



Mid dermal

- Damage to mid dermis
- Dark pink
- Sluggish capillary refill
- Should heal within 14 days
- Deeper areas may need surgical intervention and referral



Deep dermal

- Extends into deeper layers of dermis, but not through entire dermis
- Blotchy red and white
- Sluggish to absent capillary refill
- Generally, needs surgical intervention
- Refer to specialist burn unit



Full thickness

- Entire destruction of dermis, sometimes underlying tissue
- White, waxy, brown or black
- No capillary refill
- Surgical intervention and long-term scar management required
- Refer to specialist burn unit



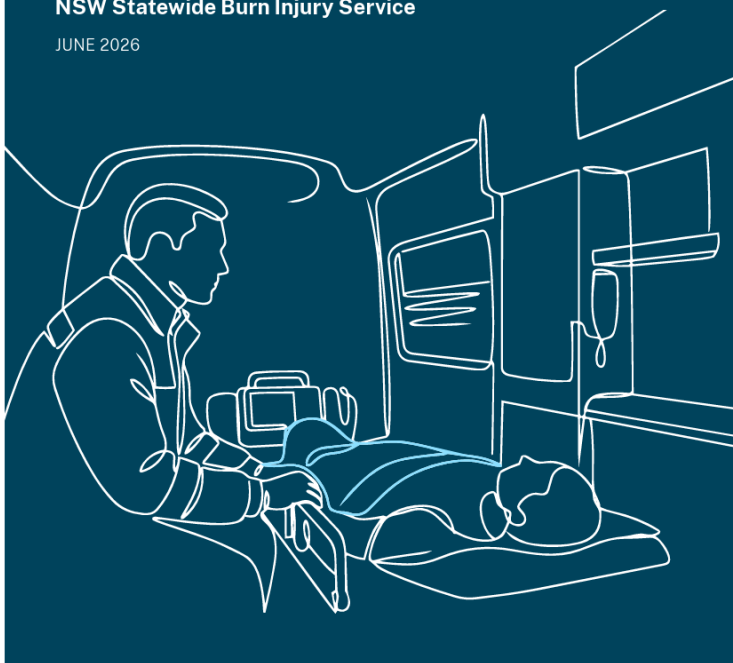
Transfer & Retrieval

CLINICAL PRACTICE GUIDE

Transfer and retrieval of burn patients

NSW Statewide Burn Injury Service

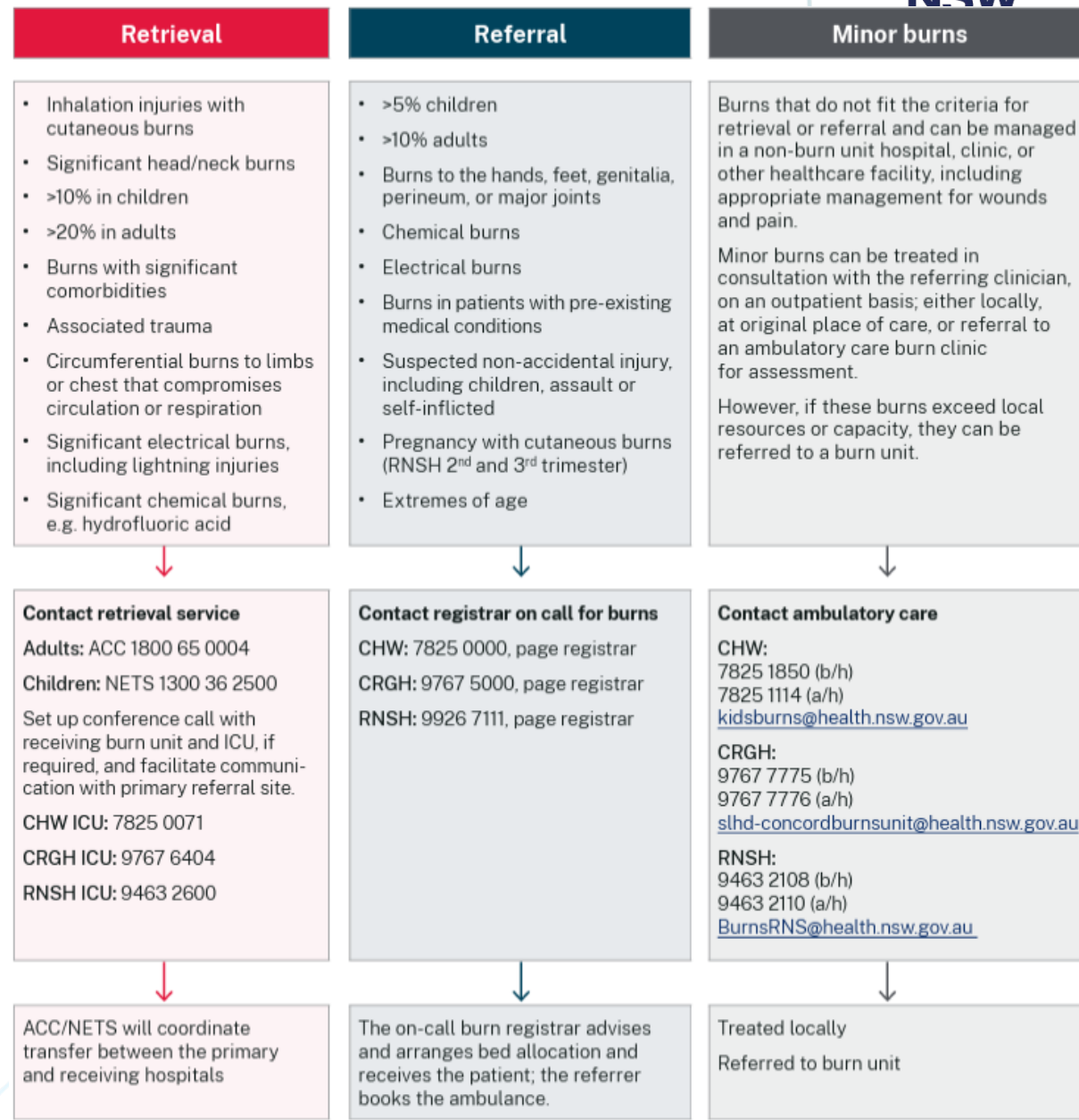
JUNE 2026



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Three streams depending on assessment and severity of burn injury

- Time critical – Retrieval
- Referral – Transfer
- Minor burns – co-management



Referral Criteria: Medical Retrieval

- inhalation injuries with cutaneous
- head/neck burns
- >10% in children
- >20% in adults
- burns with significant comorbidities
- associated trauma
- significant pre-existing medical disorder
- circumferential burn to limbs or chest that compromises circulation or respiration
- significant electrical including lightning injuries
- significant chemical, e.g. hydrofluoric acid



Referral criteria: Transfer

- >5% children, >10% adults
- burns to the hands, feet, genitalia, perineum, or major joints
- chemical burns
- electrical burns
- burns in patients with pre-existing medical conditions
- suspected non-accidental injury including children, assault or self-inflicted
- pregnancy with cutaneous burns (RNSH 2nd & 3rd trimester)
- extremes of ages



Process

Medical Retrieval

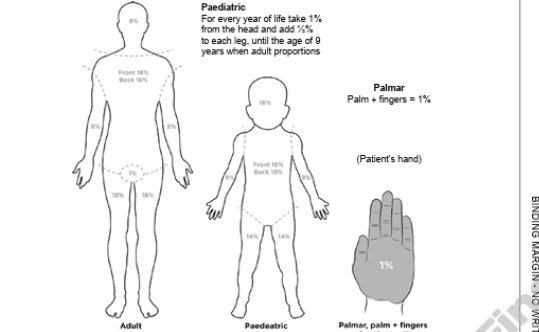
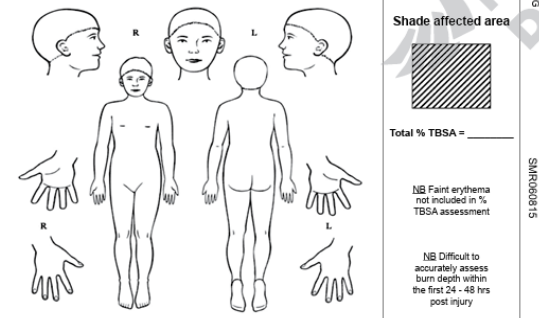
AO /NETS set up conference call with receiving ICU & Burn Unit, facilitates communications with primary referral site & coordinate transfer

Transfer & referral

Burns Registrar/fellow or Surgical Registrar (CHW) on call
(first registrar contacted is responsible to find a bed at the other burns unit if unavailable at theirs)

Burn Patient Emergency Assessment & Management Chart (SMR060.815) Product Code: NH700241

	Health	FAMILY NAME	MRN
Facility:		GIVEN NAME	☐ MALE ☐ FEMALE
		D.O.B. / /	M.O.
		ADDRESS	
BURN PATIENT EMERGENCY ASSESSMENT & MANAGEMENT CHART			
LOCATION / WARD			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
Presentation Date: / /		Time: :	Trauma Call: ☐ YES ☐ NO
Burn Date: / /		Burn Time: :	Triage Category:
Weight (Kg):		Doctor:	
Burn Mechanism:			
First Aid given: ☐ NO ☐ YES Specify			
Airway Intubation required? ☐ Yes ☐ No Size of tube mm		Breathing - O ₂ RR Air Entry	
Cervical Spine Normal ☐ At Risk ☐ Immobilised		Burn circumferential around chest / neck? ☐ Yes ☐ No	
Circulation HR BP 2 x IV lines Size and location		Circumferential burns? ☐ Yes ☐ No specify	
Capillary refill centrally ☐ 1-2 seconds ☐ > 2 seconds ☐ Absent		Capillary refill peripherally ☐ 1-2 seconds ☐ > 2 seconds ☐ Absent	
Disability Level of consciousness (AVPU): AVPU = A - Alert, V - Response to Vocal stimuli, P - Responds to Painful stimuli, U - Unresponsive		Environment Patient Temp °C Temp route Temp date / / Time Remove clothing and jewellery Keep unburnt areas warm	
Pupils: (L) mm (R) mm		Warm IV fluids ☐ No ☐ Yes ☐ N/A Warm blankets ☐ No ☐ Yes ☐ N/A	
Assess % Total Body Surface Area (TBSA) burnt using Rule of Nines (see page 2)			
TBSA body chart completed? ☐ No ☐ Yes By whom? (Print name) (Designation)			
Fluid Resuscitation (see page 3 for specific fluid calculations)			
☐ Not required ☐ Large bore IVs (2 for >20%, 1 for >10%) or CVL inserted? ☐ Yes ☐ No			
Bloods taken: ☐ FBC ☐ EUC ☐ BSL ☐ Coags ☐ OOHb ☐ Drug screen			
IDC inserted? (if > 10% TBSA or perineum) ☐ Yes ☐ No			
Nasogastric tube inserted? (if > 10% children; >20% adult) ☐ Yes ☐ No			
Co-existing injuries? ☐ Yes ☐ Possible (e.g. blast / electrical injury) ☐ No			
Specify			
Pain Management Morphine (alternative if allergic) Adults Stat IV 2mg, repeat every 5mins as required Max. 0.2mg/Kg Children Stat IV 0.1mg/Kg, repeat every 15mins as required Max. 0.3mg/Kg		Immunisation Immunisations up to date? ☐ No ☐ Yes Specify Tetanus status: ☐ Primary course given ☐ Last dose of booster / / ☐ Give immunoglobulin if < 3 doses ☐ Give booster if last booster > 5yrs ago	
Minor burn oral analgesia (e.g. paracetamol +/- codeine / oxycodone, etc.) may be adequate			
NO WRITING			

	Health	FAMILY NAME	MRN
Facility:		GIVEN NAME	☐ MALE ☐ FEMALE
		D.O.B. / /	M.O.
		ADDRESS	
BURN PATIENT EMERGENCY ASSESSMENT & MANAGEMENT CHART			
LOCATION / WARD			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
BURN DISTRIBUTION (shade affected areas on diagram below)			
			
Shade affected area			
			
Total % TBSA =			
NB Paint erythema not included in % TBSA assessment			
NB Difficult to accurately assess burn depth within the first 24 - 48 hrs post injury			
NO WRITING			

	Health	FAMILY NAME	MRN
Facility:		GIVEN NAME	☐ MALE ☐ FEMALE
		D.O.B. / /	M.O.
		ADDRESS	
BURN PATIENT EMERGENCY ASSESSMENT & MANAGEMENT CHART			
LOCATION / WARD			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
RESUSCITATION FLUIDS (if >10% TBSA for children, >20% for adults)			
Weight Kg			
Modified Parkland Formula = 3 mLs x weight (Kg) x % TBSA burn			
to be given as Hartmann's solution in 24 hrs following the injury (see Transfer Guidelines)			
3 mLs x Kg x % TBSA = total fluids for first 24 hrs			
NB This is a guide only - Titrate fluids to urine output			
Total resuscitation fluids in 24 hrs		mLs	Start time
50% Replacement in first 8 hrs following injury		mLs	Finish time
Total fluid given prior to admission		mLs	
Subtract fluid already given = fluid to be given to complete first 8hrs		mLs	
Hourly rate for replacement (within first 8 hrs)		mLs/hr	Start time
Remaining 50% of replacement in next 16 hrs		mLs	Finish time
Hourly rate for replacement (in subsequent 16 hrs)		mLs/hr	Start time
Maintenance fluids (for children < 30 Kg only)		mLs/hr	Finish time
MAINTENANCE FLUIDS (Not applicable for adults)			
Children require maintenance fluids (0.9% sodium chloride and 5% Glucose) in addition to resuscitation fluids			
4 mL/Kg/hr		For first 10 Kg weight	
2 mL/Kg/hr		For next 10 Kg weight	
1 mL/Kg/hr		For any additional Kg weight	
URINE OUTPUT			
Children 1 mL/Kg/hr			
Adults 0.5 mL/Kg/hr			
2 mL/Kg/hr required for pigmented urine such as myoglobinuria / haemoglobinuria			
REFERRAL CRITERIA			
Refer to Transfer Guidelines ("Referral" meaning contact with not necessarily transfer to Burn Unit)			
- Mid-dermal, deep dermal or full thickness burns in children >5% TBSA, in adults >10% TBSA. - Any priority areas are involved, i.e. face/neck, hands, feet, perineum, genitalia and major joints. - Caused by chemical or electricity, including lightning. - Any circumferential burn. - Burns with concomitant trauma or pre-existing medical condition. - Burns with associated inhalation injury. - Suspected non-accidental injury. - Pregnancy with cutaneous burns.			
DRESSING			
For transfer to specialist unit within 8 hrs apply cling film to burnt areas (Vaseline gauze/white paraffin for face). Do not wrap circumferentially.			
For delayed transfer > 8 hrs apply antimicrobial dressing such as silver dressing or Vaseline gauze, after discussion with burn unit.			
For burns not requiring transfer to specialist unit			
- Give pre-med analgesia 30mins prior to procedure (e.g. paracetamol +/- codeine / oxycodone, etc.) - Clean wound with chlorhexidine 0.1%, saline or clean water - Apply appropriate dressing such as silver dressing or Vaseline gauze (see Minor Burn Management) - Make follow-up appointment and advise on care and analgesia for home use and pre-dressing			
NO WRITING			

	Health	FAMILY NAME	MRN
Facility:		GIVEN NAME	☐ MALE ☐ FEMALE
		D.O.B. / /	M.O.
		ADDRESS	
BURN PATIENT EMERGENCY ASSESSMENT & MANAGEMENT CHART			
LOCATION / WARD			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
HISTORY OF INJURY			
How did the burn happen? (see page 1)			
Who saw it / who else was there?			
What was done?			
MEDICAL HISTORY			
Past Medical History			
Co-morbidities			
Allergies? ☐ No ☐ Yes			
If YES specify?			
Medications? ☐ No ☐ Yes			
If YES specify?			
Last oral intake?			
Social History			
SOCIAL ISSUES			
Any features of concern? E.g. non-accidental injury/self-harm/abuse? ☐ No ☐ Yes			
If YES specify?			
Child Protection Service notified? ☐ No ☐ Yes Reference Number			
Action taken			
Signature: Date: Time:			
Print name: Designation:			
CONTACT NUMBERS			
Retrieval (refer to Transfer Guidelines for Retrieval Criteria)		Transfer and consultations (Burns Registrar via Hospital Switch)	
ACC (adult retrieval) 1800 650 004 NETS (paediatric retrieval) 1300 362 500		RNSH 02 9928 7111 (adult) CRGH 02 9787 5000 (adult) CHW 02 9845 0000 (paediatric)	
Digital Image Referral NB Digital images can be emailed to Burn Units only after consent and contact has been made RNSH - NSLHD-BurnsConsult@health.nsw.gov.au CRGH - SLHD-concordburnsunit@health.nsw.gov.au CHW - kidsburns@chw.edu.au		RNSH 02 9483 2108 CRGH 02 9787 7775 CHW 02 9845 1850	
RNSH: NSLHD, CGLHD, HNELHD, NSWLHD & MGLHD		CRGH: SLHD, NBLHD, SESLHD, SWSLHD, SLHD, WSLHD, FWLHD, MLHD, NSWLHD & ACT	
CHW: all children <16 yrs in NSW & ACT			
NO WRITING			

Digital Photo Referral/Advice

- Children's Hospital at Westmead

kidsburns@health.nsw.gov.au

7825 1114

- Royal North Shore Hospital

BurnsRNSH@health.nsw.gov.au

9463 2111

- Concord Repatriation General Hospital

SLHD-concordburnsunit@health.nsw.gov.au

9767 7776

Concord Outpatient specific referral process

All electronic burn referrals must be submitted using the following web link or QR code:

[CRGH Burns Unit Referral Form](#)



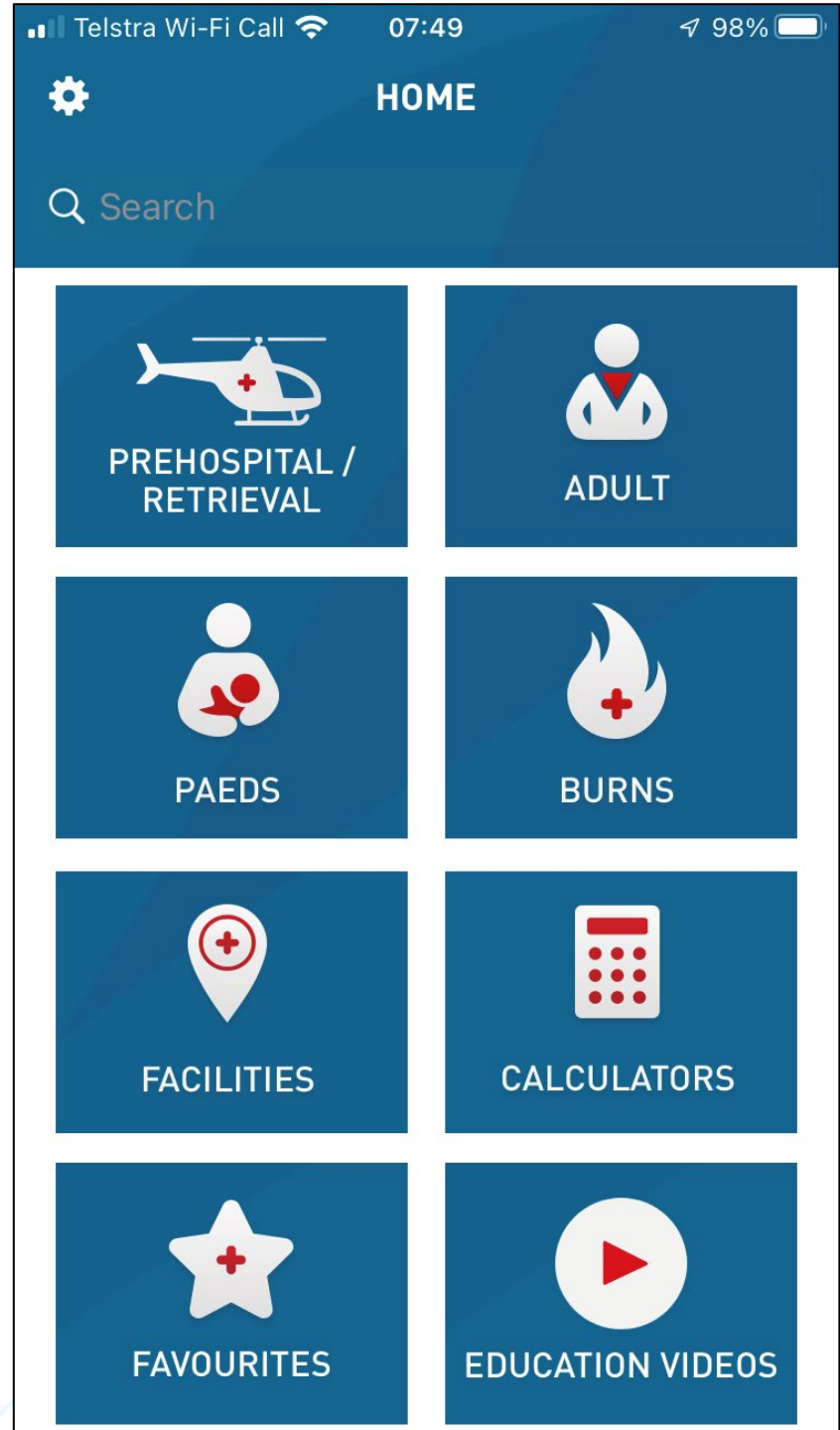
Referring team please refer the patient for a local wound care appointment as this referral may not guarantee an appointment.

Once received, we will contact the patient within 2 business days to advise the outcome and arrange an appointment or recommend local management options.

Trauma App



NSW TRAUMA ITIM





BURNS



Algorithms



Calculators



Checklist



Contact Details



Facilities



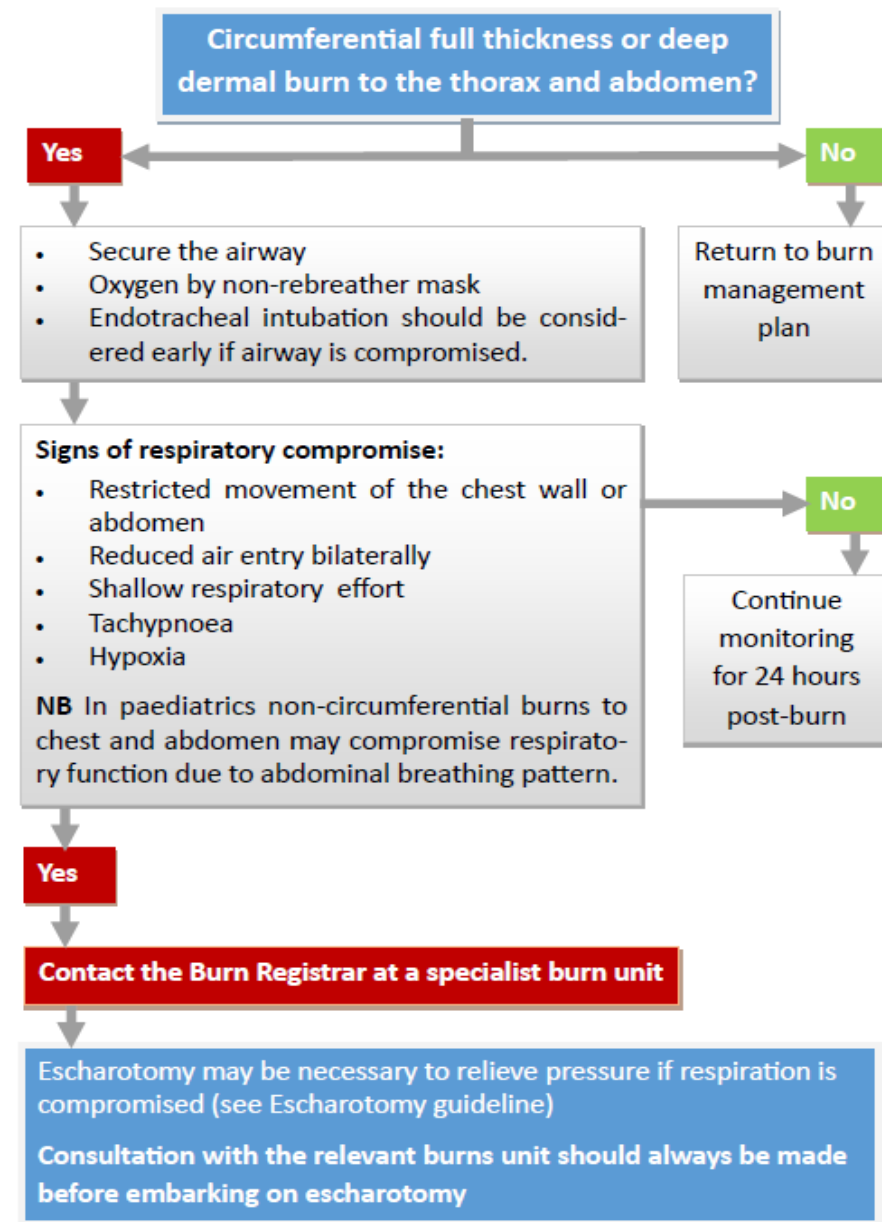
Guidelines



New Zealand specific content



Resources





CALCULATORS



BMI and BSA



Burns TBSA (Adult)



Burns TBSA (Paediatric)



Burns TBSA and Parkland Formula (Adult)



Burns TBSA and Parkland Formula (Paediatric)



Paediatric Ins and Outs (Maintenance Fluid)



← Paediatric Ins and Outs (Ma... ↻

1600

Maintenance Fluid 24 hrs

65

Maintenance Fluid mls/hr (1ml / kg / hr)

250

10 ml / kg Fluid Bolus

500

20 ml / kg / Fluid Bolus

25

Urine Output mls / hr (1ml / kg / hr)

50

Urine Output mls / hr (2 mg / kg / hr)

600

Urine Output 24 hrs

Weight (kg)

25

← BURNS TBSA AND PARKL... ↻ ☆

● ——— ● ——— ●
Weight TBSA % Results

Weight

Weight (kg) 65

Prehospital IV Fluids (mls) 1000

Time since burn 1hr

Next >

← BURNS TBSA AND PARKL... ↻ ☆

Confirm Weight (kg)

If less than 16 years use the Paediatric Burn Calculator.

65

Cancel

Confirm

Time since burn 1hr

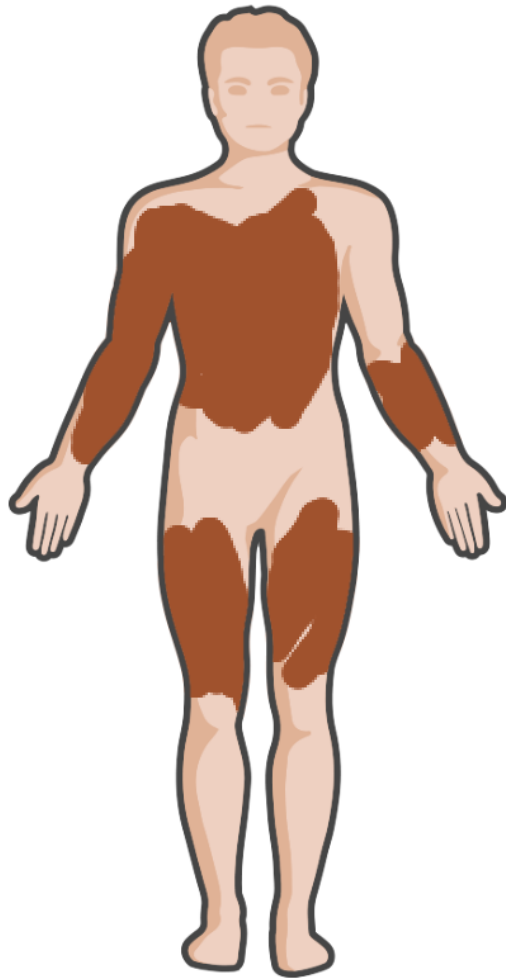
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1	2 ABC	3 DEF
4 GHI	5 JKL	6 MNO
7 PQRS	8 TUV	9 WXYZ
	0	⌫



BURNS TBSA AND PARKL...

Weight TBSA % Results



Next

BURNS TBSA AND PARKL...

Weight TBSA % Results



Next

Telstra 4G 7:44 AM 100%

← BURNS TBSA AND PARKL... ↻ ☆

● Weight ● TBSA % ● Results

33%
Estimated TBSA %

316 mls/hr
Adjusted Parkland Fluid Rate (first 8 hours)
Calculated from time of burn minus fluid already given

201 mls/hr
Next 16 Hours Parkland Fluid Rate

32 mls/hr
Targeted Urine Output mls/hr
(0.5mls/kg/hr)

Answers

Weight (kg)	65
Prehospital IV Fluids (mls)	1000

Telstra 4G 7:47 AM 100%

← BURNS TBSA AND PARKL... ↻ ☆

● — ● — ●
Age/Weight TBSA % Results

Age/Weight

Age (years)	2
Weight (kg)	18
Prehospital IV Fluids (mls)	500
Time since burn	1hr
Next	>

Telstra 4G 7:47 AM 100%

← BURNS TBSA AND PARKL... ↻ ☆

Confirm Weight (kg) and Age (years)

If 16 years or over use the Adult Burn Calculator.

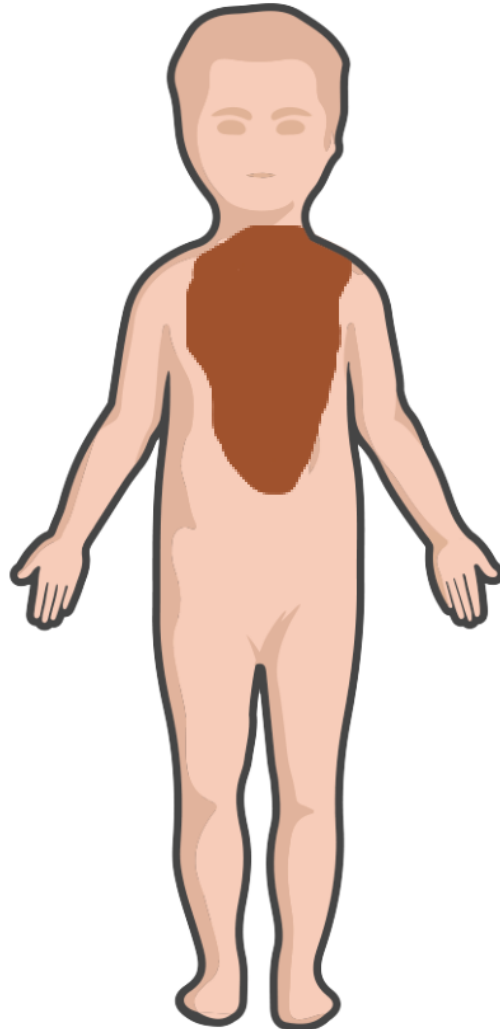
2
18

Cancel Confirm

1	2 ABC	3 DEF
4 GHI	5 JKL	6 MNO
7 PQRS	8 TUV	9 WXYZ
	0	⌫



Weight TBSA % Results



Next

Age/Weight TBSA % Results

8%

Estimated TBSA %

0 mls/hr

Fluid resuscitation not required with < 10% estimated TBSA burns

0 mls/hr

Next 16 Hours Parkland Fluid Rate

18 mls/hr

Urine Output mls/hr
(1 mls/kg/hr)

56 mls/hr

Maintenance Fluid mls/hr
(1 mls/kg/hr)

Answers

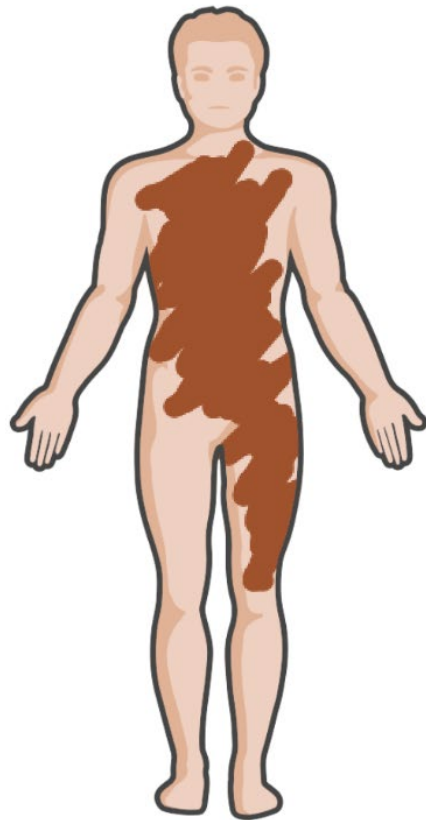
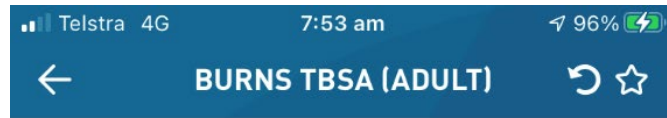
Age (years)

2

Weight (kg)

18

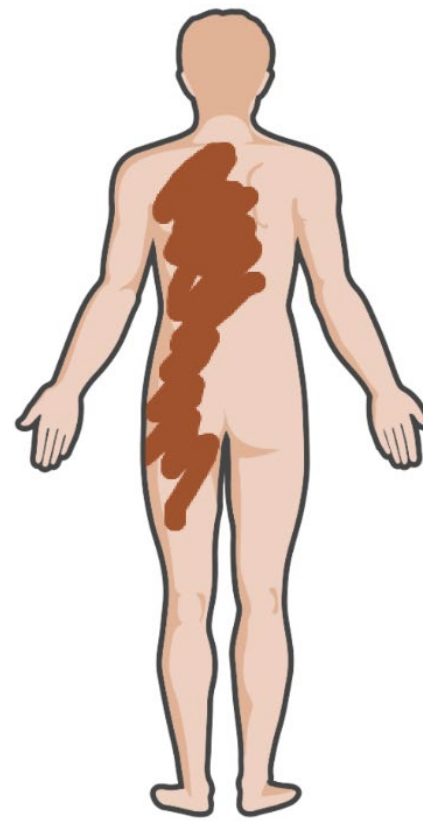
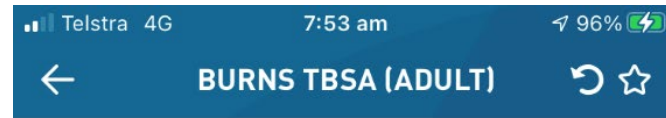
Or just %TBSA – no fluid



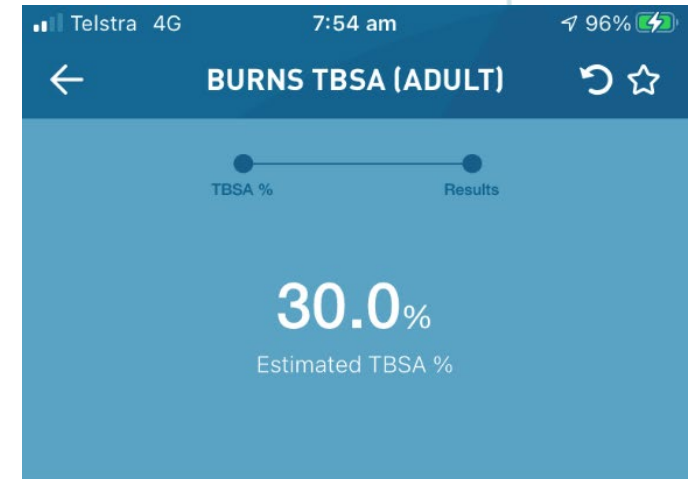
Age



Next



Next



Publications

Sritharan T, Haines M, Darton A. et.al. Feb 2023 Burns

Temporal trends in burn size estimation and the impact of the NSW Trauma App on estimation accuracy DOI: [10.1016/j.burns.2023.02.002](https://doi.org/10.1016/j.burns.2023.02.002)

Cumulative, longitudinal study of nearly 1500 adult burn-injured patients over 13 years demonstrates improvements in burn size estimation by referring clinicians over time. It is the largest cohort of patients analysed with respect to burn size estimation and is the first to demonstrate improvements in accuracy of TBSA in association with a smartphone-based app. Adopting this simple strategy into burn retrieval systems will augment early assessment of these injuries and improve outcomes.

Haines M., Sritharan T., Darton A. et al June 2022 Burns

The burn injury transfer feedback form: A 16 year Australian statewide review of burn inter-hospital transfer DOI: [10.1016/j.burns.2022.05.022](https://doi.org/10.1016/j.burns.2022.05.022)

Our analysis indicates that the early care of burn-injured patients undergoing inter-hospital transfer is associated with clinical, technical, and logistical challenges. However, introduction of the burn injury Transfer Feedback Form has been associated with improvements in early burn care by referring centres both temporally and geographically.

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Published on 26/06/2026ShareEdit

Working to improve the delivery and experience of healthcare for burn injured patients from admission through to hospital discharge, rehabilitation and ongoing.

Welcome to the Statewide Burn Injury Service (SBIS) Network SharePoint

On this site, you will find useful links, and SBIS resources



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ANZBA (Australian & New Zealand Burn Assoc.)

ISBI

International Society for Burn Injuries

ISBI (International Society for Burn Injuries)

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ACI Statewide Burn Injury Service

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<https://aci.health.nsw.gov.au/networks/join?group=Burn+Injury>