

# UCI Health Burn Program Variance Database

ID	MR	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	Unit	Presented at Burn PI	Case SI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Admit Date	DC Date	Pt Outcome	
<div>dd/mm/yyyy</div> <div></div>	<div>dd/mm/yyyy</div> <div></div>	<div>Select Outcome</div> <div></div>	

Hospital Course

## Variance Entry Form

MR	Occurrence Date	Source	Complication
<input type="text"/>	<div>dd/mm/yyyy</div> <div></div>	<input type="text"/>	<input type="text"/>

Info

Discussion

Action

Level	Judgment	Determination	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Omit from PI?

No

Add Variance

Save Record