Burns & Scalds Assessment Template (BASAT)

Please complete for ALL children 0-16th birthday presenting with a BURN or SCALD injury.

Please complete ALL sections, ticking ALL answers that apply.

Section 1: History of Injury

1.1 Type of Injury

☐ Scalp 
☐ Seaburn
☐ Contact Burn 
☐ Scald & Seaburn
☐ Electrical

1.2 Location

☐ Home 
☐ Cafe/Restaurant 
☐ School

1.3 Details of Incident

Was anyone in the room/vicinity at the time? 

☐ Yes ☐ No

Who is accompanying the child? 

☐ Mum 
☐ Dad 
☐ Grandparent 
☐ Unaccompanied

1.4 What was the child doing just before the incident?

☐ Lying Down 
☐ Sitting 
☐ Standing 
☐ Other:

1.5 Agent/Mechanism

What is the explanation for the injury?

☐ Hot Drink 
☐ Oven Hob 
☐ Radiation 
☐ Gas

1.6 First Aid

Was First Aid given by Parent/carer? 

☐ Yes ☐ No

Was Analgesia administered by the Parent/carer prior to arrival at ED? 

☐ Yes ☐ No

Was the burn covered? 

☐ Yes ☐ No

If yes, what with?

Was Analgesia administered by the child’s guardian/relative prior to arrival at ED? 

☐ Yes ☐ No

1.7 Date of Injury

Date: / / (dd/mm/yy)

Section 2: Details of child

2.1.  Is there any developmental impairment? 

☐ Yes ☐ No

2.2.  Current ‘best’ stage of development. 

(Please list all that apply) 

☐ N/A

2.3 Depth of Injury

☐ %

Section 3: Characteristics of injury on examination.

3.1 Body map—please shade distribution of injury. ☐ N/A—no visible injury

3.2 Pattern of injury

☐ Symmetrical/both sides of the body

☐ Obvious/uniform distribution

☐ Clearly defined margins

☐ Skin fold sparing

☐ Margin in shape of an implement

☐ Multiple contact burns (more than one)

Section 4: Screening, Referrals & Outcomes

4.1 Social Service (SS) involvement

Does the child/family have a Social Worker (SW) now? 

☐ Yes ☐ No

Did the child/family have a SW or any SS involvement in the past? 

☐ Yes ☐ No

In the home at the time of injury? 

☐ Yes ☐ No

(A proposed way to ask this question is “Do you feel safe at home?”—only ask this question if you can talk to the parent on their own)

4.2 TBSA

Percentage of body injured: 

☐ >1% ☐ 1%-5% ☐ 5%-10% ☐ 10%-15% ☐ >15%

4.3 Any other injuries on examination?

☐ Yes ☐ No

Details if yes.

4.4 Referrals & Outcomes

Was the child referred to a Child Protection Agency? 

☐ Yes ☐ No

Was any other referrals made? 

☐ Yes ☐ No

Outcome

☐ Discharged home ☐ Home visit ☐ Specialist Burns Unit

Overall Additional comments:

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