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
- Scald
- Contact Burn
- Electrical
- Other:

1.2 Location
- Home
- Cafe/Restaurant
- School
- Other:

1.3 Details of Incident
Was anyone in the room/vicinity at the time?
- Yes
- No

1.4 What was the child doing just before the incident?
- Running/Walking
- Being Carried/held
- Sitting
- Standing
- N/K
- Other:

1.5 Agent/Mechanism
Was the burn covered?  
- Yes
- No

1.6 First Aid
Was the burn covered with anything?  
- Yes
- No

Section 2: Details of child

2.1 Is there any developmental impairment?
(please tick all that apply)
- Motor
- Neurological
- Hearing
- Learning
- Vision
- Other:

2.2 Current 'best' stage of development:
(please complete for children < 3 years & if yes to 2.1)
- N/K
- Non mobile Baby
- Baby able to roll over
- Sitting
- Crawling
- Cruising
- Walking

Section 3: Characteristics of injury on examination.

3.1 Body map—please shade distribution of injury, N/K—no visible injury

Section 4: Screening, Referrals & Outcomes

* 4.1 Social Service (SS) Involvement
Was the child protected by Social Services?
- Yes
- No

* 4.2 Referrals & Outcomes
(select as many as apply)
- Burn Injury
- Other Injury

Overall Additional comments: