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

Patient Details (or addressesograph)

<table>
<thead>
<tr>
<th>Hospital or NHS number:</th>
<th>Name:</th>
<th>Date of Birth:</th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Gender:</th>
<th>Post code:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Other Asian back ground</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Arab</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
</tr>
<tr>
<td></td>
<td>Any other Asian back ground</td>
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<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th>Other Back ground</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pakistani</td>
</tr>
<tr>
<td></td>
<td>Bangladeshi</td>
</tr>
<tr>
<td></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>White &amp; Asian</td>
</tr>
<tr>
<td></td>
<td>White &amp; Black Caribbean</td>
</tr>
<tr>
<td></td>
<td>Irish</td>
</tr>
<tr>
<td></td>
<td>Any other Black back ground</td>
</tr>
<tr>
<td></td>
<td>Caribbean</td>
</tr>
</tbody>
</table>

Section 1: History of Injury

### 1.1 Type of Injury

- Scalp
- 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

- Parent
- Grandparent
- Other:

- Did they see what happened?
  - Yes
  - No

What is the explanation for the injury?

### 1.4 What was the child doing just before the incident?

- Lying Down
- Sitting
- Standing
- Other:

### 1.5 Agent/Mechanism (please complete all applicable)

- Hot
- Cold
- Electrical
- Other:

- Hot Water
- Fat/Oil
- Sun
- Other:

- Contact Burn
- Flame
- Electrical
- Other:

- Home
- Cafe/Restaurant
- School
- Other:

- Scald
- Sunburn
- Other:

- Water
- Fat/Oil
- Sun
- Other:

- Was First Aid given by Parent/carer?
  - Yes
  - No

If yes, what with?

Was Avanogal administered by the parent/carer prior to arrival at ED?

Was a Child Protection referral made?

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

Is there any Domestic Violence in the Home?

Does the child/family have social services involvement?

Is the child/family receiving any IB?

Overall Additional comments:

Section 2: Details of child

### 2.1. Is there any developmental impairment?

(please tick all that apply)

- Motor
- Neurological
- Hearing
- Behavioural
- Learning
- Vision
- Other:

### 2.2. Current ‘best’ stage of development.

(Please check all that apply)

- Non mobile Baby
- Baby able to roll over
- Sitting
- Crawling
- Cruising
- Walking

- Motor
- Neurological
- Hearing
- Behavioural
- Learning
- Vision
- Other:

### 2.3. Details of child

- Gender:
- Age:
- Post code:

- N/A—no visible injury

Section 3: Characteristics of injury on examination

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

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
<th>Left</th>
<th>Right</th>
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<tbody>
<tr>
<td>Body</td>
<td>Body</td>
<td>Body</td>
<td>Body</td>
</tr>
</tbody>
</table>

### 3.2 Pattern of injury (tick all that apply)

- Symmetrical (both sides of the body)
- Asymmetric
- Involving the whole body
- Involving part of the body
- Involving one limb only

### 3.3 Depth of injury (tick all that apply)

- Erythema/redness
- Blister, not burst
- Wet, pink
- Dry, white or charred
- Burn Injury
- Other Injury

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

### 4.2 Referrals & Outcomes (tick as many as apply)

- None
- Social Services
- Hospital Liaison
- Discharged Home
- Health Visitor
- Review
- School Nurse
- Practice Nurse
- Other

Overall Additional comments: