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 addressograph)

- **Hospital or NHS number:**
- **Name:** [Name]
- **Date of Birth:** [DOB]
- **Gender:** [Gender]
- **Post code:** [Post code]

### Ethnicity:

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<tr>
<th>White</th>
<th>Mixed</th>
<th>Other</th>
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<td>Black &amp; Asian</td>
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<td>Gypsy or Irish Traveller</td>
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<td>White &amp; Black Caribbean</td>
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### Version 3: 07/08/2006

#### Section 1: History of Injury

**1.1 Type of Injury**

- [ ] Scalp
- [ ] Sunburn
- [ ] Contact Burn
- [ ] Name
- [ ] Electrical
- [ ] Other:

**1.2 Location**

- [ ] Home
- [ ] Cafe/Restaurant
- [ ] Other:

**1.3 Details of Incident**

- [ ] N/A

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

- [ ] Sitting
- [ ] Standing
- [ ] Running/Walking
- [ ] Being Carried/hold

**1.5 Agent/Mechanism (please completely fill all applicable)**

- [ ] Agent
- [ ] Hot Drink
- [ ] Oven Hob
- [ ] Radiator
- [ ] BBQ
- [ ] Sun
- [ ] Other:

- [ ] Source if scald
- [ ] Mag/loc
- [ ] Axel
- [ ] Tap
- [ ] Bath/Show
- [ ] Other:

- [ ] Location of hot item
- [ ] Kitchen surface
- [ ] Low table
- [ ] Floor
- [ ] On cooker hob
- [ ] Garden/outside
- [ ] Other:

- [ ] N/K

- [ ] Mechanism
- [ ] Touch
- [ ] Full
- [ ] Immersion
- [ ] Other:

**1.6 First Aid** (including inappropriate first aid)

- [ ] Was First Aid given by Parent/Carer? [ ] Yes [ ] No

**If yes, who?**

- [ ] Parent
- [ ] Grandparent
- [ ] Other:

**Was anyone in the room/vicinity at the time?**

- [ ] Yes
- [ ] No

**Did they see what happened?** [ ] Yes [ ] No

**What is the explanation for the injury?**

- [ ] N/A

### Version 3: 07/08/2006

#### Section 2: Details of Child

**2.1. Is there any developmental impairment?**

- [ ] N/A

**2.2. Current 'best' stage of development.**

(please tick all that apply)

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

**2.3 Paer of injury**

- [ ] Wet, pink
- [ ] Dry, white or charred
- [ ] Erythema/redness
- [ ] Blisters, not burnt
- [ ] Wet, pink
- [ ] Dry, white or charred

**2.4 What was the child doing just before the incident?**

- [ ] Sitting
- [ ] Standing
- [ ] Running/Walking
- [ ] Being Carried/hold

**2.5 Pattern of injury (tick all that apply)**

- [ ] Symmetrical (both sides of the body)
- [ ] Asymmetric/distribution
- [ ] Clear evidence of margined
- [ ] Skin fold sparing
- [ ] Margins in shape of an implement
- [ ] Multiple contact burns (more than one)

**2.6 Depth of injury (tick all that apply)**

- [ ] N/A

- [ ] Slight
- [ ] Moderate
- [ ] Severe
- [ ] N/K
- [ ] Other:

- [ ] N/A

#### Section 3: Characteristics of Injury on Examination

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

- [ ] RIGHT
- [ ] LEFT

**3.2 Depth of injury**

- [ ] N/A

**3.3 Percentage of body injured:**

- [ ] 1% - 5%
- [ ] 6% - 10%
- [ ] 11% - 15%
- [ ] 16% - 20%
- [ ] 21% - 25%
- [ ] 26% - 30%
- [ ] 31% - 35%
- [ ] 36% - 40%
- [ ] 41% - 45%
- [ ] 46% - 50%
- [ ] 51% - 55%
- [ ] 56% - 60%
- [ ] 61% - 65%
- [ ] 66% - 70%
- [ ] 71% - 75%
- [ ] 76% - 80%
- [ ] 81% - 85%
- [ ] 86% - 90%
- [ ] 91% - 95%
- [ ] 96% - 100%

- [ ] N/A

**3.4 TBSA**

- [ ] N/A

**3.5 Any other injuries on examination?**

- [ ] Yes
- [ ] No

**Details if yes:**

#### Section 4: Screening, Referrals & Outcomes

**4.1 Social Service (SS) Involvement**

**4.2 Referrals & Outcomes** (not as many as in policy)

- [ ] None
- [ ] Discharged Home
- [ ] Social Services
- [ ] Health Visitor
- [ ] Review
- [ ] School Nurse
- [ ] Practice Nurse
- [ ] Other
- [ ] Specialist Burns Unit
- [ ] Transfer to Acute ward
- [ ] Other

**Overall Additional Comments:**

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**Notes:**

- Version 3: 07/08/2006