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: Date of Birth:

Gender: Post code:

Ethnicity:

Name: Hosp. No. DOB:

Section 2: Details of child

2.1. Is there any developmental impairment?

(please complete for children > 3 years & if yes to Q 2.1)

Section 3: Characteristics of injury on examination.

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

Section 4: Screening, Referrals & Outcomes

* 4.1 Social Service (SS) Involvement

Does the Child/Family have a Social worker (SS) Now?

Yes No

Did the Child/Family have a SS or any IS involvement in the past?

Yes No

Does the family have any Domestic Violence in the Home?

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)

* 4.4 Referrals & Outcomes (not as many as in JDR)

Was a Child Protection referral made?

Were any other referrals made?

Outcome:

Name: Hosp. No. DOB:

Percentage of body injured:

≤ 1% 2-5% 5-10% 10-15% > 15%

Section 5: History of Injury

1.1. Type of Injury

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<th>Agent</th>
<th>Mechanism</th>
<th>Source if scald</th>
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1.3. Details of Incident

Was anyone in the room/vicinity at the time?

1.6. First Aid (including inappropriate first aid)

Was First Aid given by Parent/carer?

Yes No

If yes, what with?

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

Yes No

Other Social Services

Health Visitor

ED review

Hospital Safeguarding Team

School Nurse

Specialist Burns Unit

Transfer to Acute ward

Other

Overall Additional comments: