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Citation for final published version:


Publishers page: http://dx.doi.org/10.1016/j.burns.2017.08.018

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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:

<table>
<thead>
<tr>
<th>White</th>
<th>Asian</th>
<th>Any Other mixed background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat</td>
<td>Facial</td>
<td>Fat other back ground</td>
</tr>
<tr>
<td>Fat</td>
<td>Fat</td>
<td>Fat other back ground</td>
</tr>
<tr>
<td>Fat</td>
<td>Fat</td>
<td>Fat other back ground</td>
</tr>
</tbody>
</table>

**Section 1: History of injury**

1.1 Type of injury

- Scalp
- 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

1.4 Was the child doing just before the incident?

- Running/Walking
- Being Carried/herald
- Sitting
- Standing
- N/K
- Other:

1.5 Agent/Mechanism (please complete all applicable)

- Agent
- Scalp
- Food
- Electrical
- Other:

1.6 First Aid

- Successful
- Failure

1.7 Involvement

- Parent
- Grandparent
- Other:

1.8 First Aid (including inappropriate first aid)

- Yes
- No

1.9 What is the explanation for the injury?

- N/A
- Other:

**Section 2: Details of child**

2.1. Is there any developmental impairment? (please tick all that apply)

- N/A
- Motor
- Neurological
- Hearing
- Behavioural
- Learning
- Other:

2.2. Current 'best' stage of development.

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

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

**Section 3: Characteristics of injury on examination**

3.1 Date of incident

- Date:
- Time:

3.2 Agent

- Agent
- Scalp
- Hot Food
- Electrical
- Other:

3.3 Location of hot item

- Kitchen surface
- Oven
- Dish washer
- On/under counter
- On cooker
- Garden/outside
- Other:

3.4 TBSA

- N/A
- 1-4%
- 5-9%
- 10-14%
- 15%

3.5 Any other injuries on examination?

- N/A
- Other:

3.6 Depth of injury

- N/A
- N/K

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

4.1 Social Service involvement

- Yes
- No

**Section 5: Screening, Referrals & Outcomes**

5.1 Pattern of injury

- Symmetrical (both sides of the body)
- Asymmetric
- Clearly defined margins
- Skin fold sparing
- Margin in shape of an implement
- Multiple contact burns (more than one)

5.2 Depth of injury

- N/A
- N/K

**Overall Additional comments:**