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:

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<tr>
<th>Asian</th>
<th>Other Asian background</th>
<th>Chinese</th>
<th>Bangladeshi</th>
<th>Any other background</th>
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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

If yes, who?

- Parent
- Grandparent
- Other:

1.4 What was the child doing just before the incident?

- Running/Walking
- Being Carried/held
- Sitting
- Standing
- N/A
- Other:

1.5 Agent/Mechanism (please complete all applicable)

- Water
- Fat/Oil
- Sun
- Other:

1.6 First Aid (including inappropriate first aid)

- Contact Burn
- Flame
- Electrical
- Other:

2.1. Is there any developmental impairment?

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

2.2. Current 'best' stage of development.

- (Please complete for children < 3 years & yes to 2.1)

- N/A

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

Section 3: Characteristics of injury on examination.

3.1 Body map—please shade distribution of injury.

- N/A—no visible injury

3.2 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)

3.3 Any other injuries on examination?

- Yes
- No

3.4 TBSA

- Percentage of body injured:
  - 0-5%
  - 6-10%
  - 11-15%

3.5 Other injuries on examination?

- Yes
- No

Details if yes:

- Throat/nasal/nose
- Oesophagus
- Other:

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

(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)

- 4.2 Referrals & Outcomes (not as many as you)

- Was a Child Protection referral made?

- Yes
- No

- Were any other referrals made?

- Yes
- No

- Outcome:
  - Discharged Home
  - Review
  - Other:

Overall Additional comments: