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:**
  - White
  - Black
  - Mixed
  - Other
  - Asian
  - Pakistani
  - Arab
  - Bangladeshi
  - Indian
  - Chinese
  - Any other background

**Section 1: History of Injury**

1.1 **Type of Injury**
- Scalp
- Contact Burn
- Electrical
- Other

1.2 **Location**
- Home
- Indoor/Restaurant
- School
- Other:

1.3 **Details of Incident**
- Was anyone in the room/vicinity at the time?
- Yes
- No

1.4 **What was the child doing just before the incident?**
- Non mobile Baby
- Baby able to roll over
- Sitting
- Standing
- Running/Walking
- Being Carried/held
- Lying Down
- Comfortless
- Dressed

**Section 2: Details of child**

2.1. **Is there any developmental impairment?**
- ✔️ N/A

2.2. **Current 'best' stage of development.**
- ✔️ N/K

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

3.1 **Body map**—please shade distribution of injury.
- ✔️ N/A

3.2 **Pattern of injury** (tick all that apply)
- Symmetrical (both sides of the body)
- Fingers/stocking distribution
- Clear edges
- Skin-fold sparing
- Margin in shape of an implement
- Multiple contact burns (more than one)

3.3 **Depth of injury** (tick all that apply)
- ✔️ N/A

3.5 **Any other injuries on examination?**
- ✔️ N/A

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

4.1 **Social Service (SS) Involvement**
- ✔️ N/A

4.2 **Referrals & Outcomes** (tick as many as apply)
- ✔️ N/A

4.3 **Other**

*Overall Additional comments:*