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:

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

1.2 Location
- Home
- 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?
- Running/Walking
- Being Carried/hold
- Sitting
- Standing

1.5 Agent/Mechanism
- Agent
- Hot Drink
- Scald
- Hot Oil
- Electrical
- Other:

1.6 First Aid
- Yes
- No
- If yes, who?

2.1. Is there any developmental impairment?
- Motor
- Neurological
- Hearing
- Behavioural
- Learning
- Vision
- Other:

2.2. Current ‘best’ stage of development.
- Non mobile Baby
- Baby able to roll over
- Sitting
- Crawling
- Cruising
- Walking

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)
- Clearly defined margins
- Margin in shape of an implement
- Multiple contact burns (more than one)

3.3 Depth of Injury
- N/A
- Thromb/oedema, blister, not burnt
- Wet, pink
- Dry, white or charred

3.4 TBSA
- N/A

3.5 Any other injuries on examination?
- Yes
- No

4.1 Social Services
- Yes (ask if you can talk to the parent on their own)

4.2 Child Protection
- Yes
- No

4.3 Referrals & Outcomes
- Outcome: