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		Asian		Other	
	British		Indian		Arab
	Irish		Pakistani		Any other back ground
	Gypsy or Irish Traveller		Bangladeshi		
	Any other white back ground		Chinese		
Mixed			Any other Asian back ground		
	White & Black Caribbean	Black			
	White & Black African		African		
	White & Asian		Caribbean		
	Any other mixed back ground		Any other Black back ground		

Name: **Hospital No.** **DOB:**

Centre	
ID. No.	

Clinician completing form:

Person completing this form: ☐ Research Nurse ☐ Nurse ☐ SHO ☐ REG ☐ ENP ☐ CONS ☐ ANP

Who is accompanying the child? ☐ Mum ☐ Dad ☐ Grandparent ☐ Unaccompanied ☐ Other:

Assessment undertaken: Date: / / *(dd/mm/yy)* Time: : *(24hr)*

Injury Occurred: Date: / / *(dd/mm/yy)* Time: : *(24hr)*

Details of child: Gender: *Age *(record in mths if child < 2)*

Section 1: History of Injury

1.1 Type of Injury

☐ Scald ☐ Sunburn
☐ Contact Burn ☐ Flame
☐ Electrical ☐ Other:

1.2 Location

☐ Home ☐ Café/Restaurant
☐ School ☐ Other:

1.3 Details of Incident

Was anyone in the room/vicinity at the time?

☐ Yes ☐ No

If yes, who?

☐ Parent ☐ Grandparent ☐ Peer
☐ Sibling ☐ Other:

Did they see what happened? ☐ Yes ☐ No

What is the explanation for the injury?

1.4 What was the child doing just before the incident?

☐ Running/Walking ☐ Being Carried/ held
☐ Lying Down ☐ Sitting ☐ Standing
☐ N/K ☐ Other:

1.5 Agent/Mechanism *(please complete all applicable)*

***Agent**

☐ Hot Drink ☐ Oven Hob ☐ Radiator ☐ BBQ ☐ Iron
☐ Hot Food ☐ Oven Door ☐ Hair Tongs/ Straighteners
☐ Water ☐ Fat/Oil ☐ Sun ☐ N/K
☐ Other:

Source if scald

☐ Mug/cup ☐ Bowl ☐ Tap ☐ Bath ☐ Shower
☐ Kettle ☐ Pan ☐ N/K ☐ Other:

Location of hot item

☐ Kitchen surface ☐ Low table ☐ Floor ☐ On cooker hob
☐ Dining table ☐ Oven ☐ Garden/outside
☐ N/K ☐ Other:

Mechanism

☐ Touch ☐ Pull down ☐ Immersion ☐ Spill
☐ Fell/ran into ☐ Splash ☐ Exposure to sun
☐ N/K ☐ Other:

1.6 First Aid *(including inappropriate first aid)*

Was First Aid given by Parent/carer? ☐ Yes ☐ No

If yes was it? *(tick all that apply)*

☐ Cold Water ☐ Sudocrem ☐ Butter
☐ Wet compress ☐ Talcum Powder ☐ Honey
☐ Ice ☐ Toothpaste ☐ Tumeric
☐ Other "cooling" agent ☐ Other cream/gel/ointment ☐ Egg
(e.g frozen peas) *(specify)* ☐ Other *(specify)*

If cold water how was it applied?

☐ Tap/shower *(running water)* ☐ Put into water *(immersion)*

How long was water applied for? *(mins)*

Was the burn covered? ☐ Yes ☐ No

If yes, what with?

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

☐ None ☐ Paracetamol ☐ Ibuprofen ☐ Other (specify)

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Name: **Hosp. No.** **DOB:**

Section 2: Details of child

2.1. Is there any developmental impairment?

(Please tick all that apply) ☐ **N/A**

☐ Motor ☐ Neurological ☐ Hearing ☐ Behavioural ☐ Learning ☐ Vision ☐ Other:

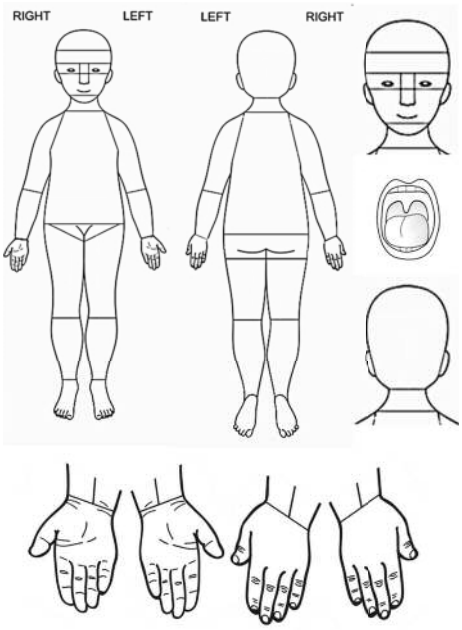
2.2. Current 'best' stage of development.

(please complete for children < 3 years & if yes to Q 2,1) ☐ N/A

☐ Non mobile Baby ☐ Baby able to roll over ☐ Sitting ☐ Crawling ☐ Cruising ☐ Walking

Section 3: Characteristics of injury on examination.

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



Name: **Hosp. No.** **DOB:**

***3.2 Pattern of injury** *(tick all that apply)*

N/A

☐ **Symmetrical** ***(both sides of the body)***
☐ **Glove/stocking distribution**
☐ **Clearly defined margins**
☐ **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**

☐ **Erythema/redness** ☐ **Blisters, not burst**
☐ **Wet, pink** ☐ **Dry, white or charred**

3.4 TBSA **N/A**

(if /TBSA > 1% consider referral to specialist Burns Unit, School Nurse, Health Visitor)

Percentage of body injured:

☐ ≤ 1% ☐ 2-9% ☐ 10-14% ☐ ≥ 15%

3.5 Any other injuries on examination?

☐ **Yes** ☐ **No**

Details if yes:

3.6 Have there been any previous ED attendance for:

☐ **Burn Injury** ☐ **Other Injury**

Details if yes

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**

Is there 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** *(tick as many as apply)*

Was a Child Protection referral made?	Were any other referrals made?	Outcome?
☐ None	☐ None	☐ Discharged Home
☐ Social Services	☐ Health Visitor	☐ ED review
☐ Hospital Safeguarding Team	☐ School Nurse	☐ GP/Practice Nurse
	☐ Other	☐ Specialist Burns Unit
		☐ Transfer to Acute ward
		☐ Other

Overall Additional comments:

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