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:

Section 1: History of Injury
1.1 Type of Injury
☐ Scalp
☐ Backburn
☐ Contact Burn
☐ Electrical
☐ Other:

Section 2: Details of child

2.1. Is there any developmental impairment?
☐ N/A
☐ Motor
☐ Neurological
☐ Hearing
☐ Other:

2.2. Current ‘best’ stage of development.
(Please check all that apply)
☐ 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

Section 4: Screening, Referrals & Outcomes

4.1 Social Service Involvement

Does the Child/Family have a Social worker (SW) Now? Yes ☐ No ☐

Did the Child/Family have a SW or any IS 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 (not as many as in BASAT)

Was a Child Protection referral made? Yes ☐ No ☐

Were any other referrals made? Yes ☐ No ☐

Outcome:
☐ None
☐ Discharged Home
☐ Health Visitor review
☐ School Nurse
☐ Other:

Overall Additional comments: