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:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Asian</th>
<th>Chinese</th>
<th>Pakistani</th>
<th>Bangladeshi</th>
<th>Other</th>
<th>Any other Asian background</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Arab</th>
<th>Mixed</th>
<th>White</th>
<th>White &amp; Black African</th>
<th>White &amp; Black Caribbean</th>
<th>Gypsy or Irish Traveller</th>
<th>Irish</th>
<th>British</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 1: History of Injury

1.1 Type of Injury

- Scald
- Burns
- 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
g- Grandparent
g- Other:

1.4 What was the child doing just before the incident?

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

1.5 Agent/Mechanism (please check all applicable)

- Agent
- Hot
- Not Hot
- Electrical
- Water
- Other

- Mechanism
- Touch
- Pull down
- 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, what was?

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

Yes  No

- What is the explanation for the injury?

1.7 Date of First attend

** Version 3: 07/06/2006

Section 2: Details of child

2.1. Is there any developmental impairment?

(Please tick all that apply)

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

2.2. Current 'best' stage of development.

(please complete for children 2 years & 9 months to 2 years 11 months)

- N/A

- Non mobile Baby
- Baby able to roll over
- Sit
- Crawl
- Cruise
- Walking

Section 3: Characteristics of injury on examination.

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

- N/A

Section 4: Screening, Referrals & Outcomes

1. Is the child a Social Service (SS) Involvement?

- Yes
- No

2. Have there been any previous ED attendances for:

- Rhymen/redness
- Blister, not burst
- Wet, pink
- Dry, white or charred

- Burn Injury
- Other Injury

- Details if yes:

1.4 Referrals & Outcomes (tick as many as apply)

- Name
- Hospital
- DOB:

- N/A

- £1% 2% 10-15% 15%

- Percentage of body injured

- Yes
- No

- 3.1 Pattern of injury (tick all that apply)

- Symmetrical (both sides of the body)
- Asymmetric distribution
- Clearly defined margins

- Skin fold sparing
- Margin in shape of an implement
- Multiple contact burns

- N/A

- 3.2 Depth of injury (tick all that apply)

- N/A

- 3.3 Depth of injury (please specify)

- N/A

- 3.6 Have there been any previous ED attendances for:

- Rhymen/redness
- Blister, not burst
- Wet, pink
- Dry, white or charred

- Burn Injury
- Other Injury

- Details if yes:

- Overall Additional comments:

- N/A

** Version 3: 07/06/2006

** Version 3: 07/06/2006