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.

Name: Hosp. No. DOB:

Hospital or NHS number:

Name: Date of Birth:

Gender: Post code:

Ethnicity:

Asian Chinese Arab Any other back ground Pakistani Indian Other Bangladeshi

Version 3: 07/03/2016

Section 1: History of Injury

1.1 Type of Injury

- Scalp
- Chest
- Backburn
- Contact Burn
- Name
- 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
- Other:

Section 2: Details of child

2.1. Is there any developmental impairment?

- N/A

2.2 Current stage of development:

(please complete for children < 3 years & if yes to Q 2.1

- N/A

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

Section 3: Characteristics of injury on examination

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

3.3 Depth of injury

- N/K
- Other:

3.4 TBSA

- £ 1%
- Other:

3.5 Any other injuries on examination?

- Yes
- No

Details if yes:

3.6 Have there been any previous ED attendance for:

- N/A
- Other:

Section 4: Screening, Referrals & Outcomes

4.1 Social Service

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

- Was the child referred as part of the SW?
- Yes
- No

- Was the referral made by the SW?
- Yes
- No

Section 5: Referrals & Outcomes (tick as many as apply)

- N/A
- Other:

Section 6: Overall Additional comments:

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