Children’s Burns Research Centre: Burns & Scalds Assessment Template

For ALL children 0-16th birthday, presenting with a burn or scald injury, the WHOLE form MUST be completed ticking ALL answers which apply in EACH section.

**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/yyyy)  Time: ____:____ (24 hrs)

**Injury occurred:** Date: ____/____/______ (dd/mm/yyyy)  Time: ____:____ (24 hrs)

**Details of child:** Gender: ______________  *Age: ______________ (please record age in months if child ≤ 2 years)

### 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  ☐ Sibling  ☐ Grandparent  ☐ Peer  ☐ Other: ______________

**If yes, did they see what happened?** ☐ Yes  ☐ No

**What is the explanation for the injury?**

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

#### 1.4. In which position was the child just before the incident?

☐ Running/walking  ☐ Lying down  ☐ Standing  ☐ Being carried/held  ☐ Sitting  ☐ Other: ______________

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

**Agent**

☐ Hot drink: ______________  ☐ Oven hob  ☐ Iron  ☐ Hot water  ☐ Oven door  ☐ Radiator  ☐ Hot food: ______________  ☐ Hair tongs/straightener  ☐ BBQ grill  ☐ Fat/oil  ☐ Sun  ☐ N/K

**Source if scald**

☐ Mug/cup  ☐ Bowl  ☐ Tap  ☐ Kettle  ☐ Pan  ☐ Bath  ☐ Other: ______________

**Location of hot item**

☐ Kitchen surface  ☐ Low table  ☐ Floor  ☐ On cooker hob  ☐ Dining table  ☐ Oven  ☐ Other: ______________

**Mechanism**

☐ Touch  ☐ Spill  ☐ Immersion  ☐ Pull down  ☐ Splash  ☐ Child fell/ran into  ☐ Other: ______________

#### 1.6. First aid *(including inappropriate first aid)*

**Was first aid given by parent/carer?** ☐ Yes  ☐ No

**If yes, was it:**

☐ Cold water  ☐ Other: ______________

**If cold water:**

**a) How was the water applied?**

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

**b) How long was water applied for?** ______________ (min)

**Was the burn covered?** ☐ Yes  ☐ No

**If yes, what with:** ______________
Section 2: Details of child

2.1. Is there any developmental impairment?
(please tick as many as apply)  □ N/A

□ Motor □ Neurological □ Hearing
□ Behavioural □ Learning □ Vision
□ Other: ____________________________

2.2. Current ‘best’ stage of motor development
(please complete for children <3 years and if answered yes to Q 2.1) □ N/A

□ Non-mobile baby □ Crawling
□ Baby able to roll over □ Cruising
□ Sitting □ Walking

Section 3: Characteristics of injury on examination

*3.1. Body map

Please shade the distribution of the burn: □ N/A - no visible injury
Section 4: Screening, Referrals & Outcomes

4.1. Social Services (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 one of the parents independently.)

4.2. Do you have any concerns about...

Appropriate adult supervision?
☐ Yes ☐ No

Late presentation?
☐ Yes ☐ No

If yes, is there a valid reason for delay?
(Previous GP/ED attendance, etc.)

☐ Yes ☐ No

4.3. If an explanation was given...

Was it consistent with the stage of development?
☐ Yes ☐ No

Did it fit with the burn pattern seen?
☐ Yes ☐ No

4.4. Referrals and outcomes (please tick as many as apply)

*Was a Child Protection referral made?
☐ None
☐ Social Services
☐ Hospital safeguarding team

Were any other referrals made?
☐ None
☐ School Nurse
☐ Health Visitor
☐ Other:

Outcome
☐ Discharged home
☐ GP/Practice Nurse
☐ ED review
☐ Specialist burns unit
☐ Transfer to acute ward
☐ Other:

Overall additional comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________