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## 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 border="1"> <thead> <tr> <th>White</th> <th>Asian</th> <th>Other</th> </tr> </thead> <tbody> <tr><td>British</td><td>Indian</td><td>Irish</td></tr> <tr><td>White</td><td>Pakistani</td><td>Chinese/Indo-Asian</td></tr> <tr><td>White or Irish/Scandinavian</td><td>Bangladeshi</td><td></td></tr> <tr><td>Any other white background</td><td>Chinese</td><td></td></tr> <tr><td>White</td><td>Any other Asian/Indo-Asian</td><td></td></tr> <tr><td>White &amp; Black Caribbean</td><td>Black</td><td></td></tr> <tr><td>White &amp; Black African</td><td>African</td><td></td></tr> <tr><td>White &amp; Asian</td><td>Caribbean</td><td></td></tr> <tr><td>Any other mixed/black ground</td><td>Any other Mixed/black ground</td><td></td></tr> </tbody> </table>		White	Asian	Other	British	Indian	Irish	White	Pakistani	Chinese/Indo-Asian	White or Irish/Scandinavian	Bangladeshi		Any other white background	Chinese		White	Any other Asian/Indo-Asian		White & Black Caribbean	Black		White & Black African	African		White & Asian	Caribbean		Any other mixed/black ground	Any other Mixed/black ground	
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Version 3 02/03/2016

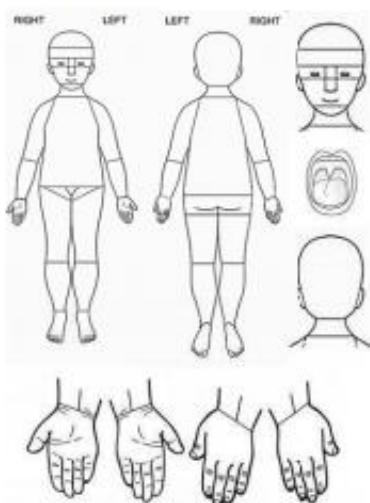
Name:	Centre:
Hospital No.:	ID No.:
Clinician completing form:	
Person completing this form:	<input type="checkbox"/> Research Nurse <input type="checkbox"/> Nurse <input type="checkbox"/> SHO <input type="checkbox"/> SMO <input type="checkbox"/> CCRN <input type="checkbox"/> CCRN <input type="checkbox"/> ANP
Who is accompanying the child:	<input type="checkbox"/> Mum <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Unaccompanied <input type="checkbox"/> Other
Assessment undertaken: Date:	/ / (dd/mm/yy) Time: (hh/mm)
Injury occurred: Date:	/ / (dd/mm/yy) Time: (hh/mm)
Details of child: Gender:	*Age (Please in months if child < 2)
Section 1: History of Injury	
1.1 Type of injury	
<input type="checkbox"/> Scald <input type="checkbox"/> Sunburn <input type="checkbox"/> Chemical <input type="checkbox"/> Radiation <input type="checkbox"/> BBQ <input type="checkbox"/> Fire <input type="checkbox"/> Contact Burn <input type="checkbox"/> Flame <input type="checkbox"/> Overexposure <input type="checkbox"/> Heat/Tongue/straighteners <input type="checkbox"/> Electrical <input type="checkbox"/> Hot Water <input type="checkbox"/> Fun/Off <input type="checkbox"/> Sun <input type="checkbox"/> N/A <input type="checkbox"/> Other	
1.2 Location	
<input type="checkbox"/> Home <input type="checkbox"/> Car/Vehicle <input type="checkbox"/> Bath <input type="checkbox"/> Shower <input type="checkbox"/> School <input type="checkbox"/> Other	
1.3 Details of incident	
Was anyone in the room/vicinity at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Peer <input type="checkbox"/> Sibling <input type="checkbox"/> Other: Did they see what happened? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the explanation for the injury?	
1.4 First Aid (including inappropriate first aid)	
Was First Aid given by Parent/Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes was it? (check all that apply) <input type="checkbox"/> Cold Water <input type="checkbox"/> Bandage <input type="checkbox"/> Barber <input type="checkbox"/> Wet compresses <input type="checkbox"/> Calamine Powder <input type="checkbox"/> Honey <input type="checkbox"/> Ice <input type="checkbox"/> Toothpaste <input type="checkbox"/> Tomato <input type="checkbox"/> Other "Soothing" agent <input type="checkbox"/> Other creams/gel/ointment <input type="checkbox"/> N/A (If yes) When? (approx): (approx): <input type="checkbox"/> Other (specify)	
If cold water how was it applied? <input type="checkbox"/> Tap/Shower (running water) <input type="checkbox"/> Put in water (immersion) How long was water applied for? (mins) Was the burn cleaned off? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what with?	
Was Analgesia administered by the parent/carer prior to arrival at ED? <input type="checkbox"/> None <input type="checkbox"/> Paracetamol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> 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) <input type="checkbox"/> N/A		
<input type="checkbox"/> Motor <input type="checkbox"/> Neurological <input type="checkbox"/> Hearing <input type="checkbox"/> Behavioural <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Other		
2.2. Current 'best' stage of development.		
(Please complete for children < 2 years old. If pre to Q2.2) <input type="checkbox"/> N/A		
<input type="checkbox"/> No mobile baby <input type="checkbox"/> Only able to roll over <input type="checkbox"/> Sitting <input type="checkbox"/> Crawling <input type="checkbox"/> Cruising <input type="checkbox"/> Walking		

Section 3: Characteristics of injury re-examination.

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



Name:	Hosp. No.:	DOB:
Section 4: Pattern of injury		
4.1 Pattern of injury (check all that apply) N/A		
<input type="checkbox"/> Symmetrical (both sides of the body) <input type="checkbox"/> Olive/Tracking distribution <input type="checkbox"/> Clearly defined margins <input type="checkbox"/> Skin fold sparing <input type="checkbox"/> Margin in shape of an implement <input type="checkbox"/> Multiple contact burns (more than one)		
4.2 Depth of injury (check all that apply) N/A		
<input type="checkbox"/> Erythema/Induration <input type="checkbox"/> Blistered, not burnt <input type="checkbox"/> Wet, pink <input type="checkbox"/> Dry, white or charred		
4.3 Have there been any previous ED attendance for:		
<input type="checkbox"/> Burns injury <input type="checkbox"/> Other injury Details if yes:		

Section 5: Screening, Referrals & Outcomes	
5.1 Social Service (SS) involvement	
Does the Child/Family have a Social Worker (now)? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the Child/Family have a SW or any SS involvement in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there any Domestic Violence in the Home? <input type="checkbox"/> Yes <input type="checkbox"/> No (If possible try to ask this question in "Do you feel safe at home?" - only ask this question if you can talk to the patient or their carer)	

5.4 Referrals & Outcomes (check all that apply)	
Was a Child Protection referral made? <input type="checkbox"/> None <input type="checkbox"/> Social Services <input type="checkbox"/> Hospital Safeguarding Team Were any other referrals made? <input type="checkbox"/> None <input type="checkbox"/> Health Visitor <input type="checkbox"/> School Nurse <input type="checkbox"/> Other Outcome? <input type="checkbox"/> Discharged Home <input type="checkbox"/> ED review <input type="checkbox"/> GP/Practice Nurse <input type="checkbox"/> Specialist Burns Unit <input type="checkbox"/> Transfer to Acute ward <input type="checkbox"/> Other	

Overall additional comments	
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Figure 1

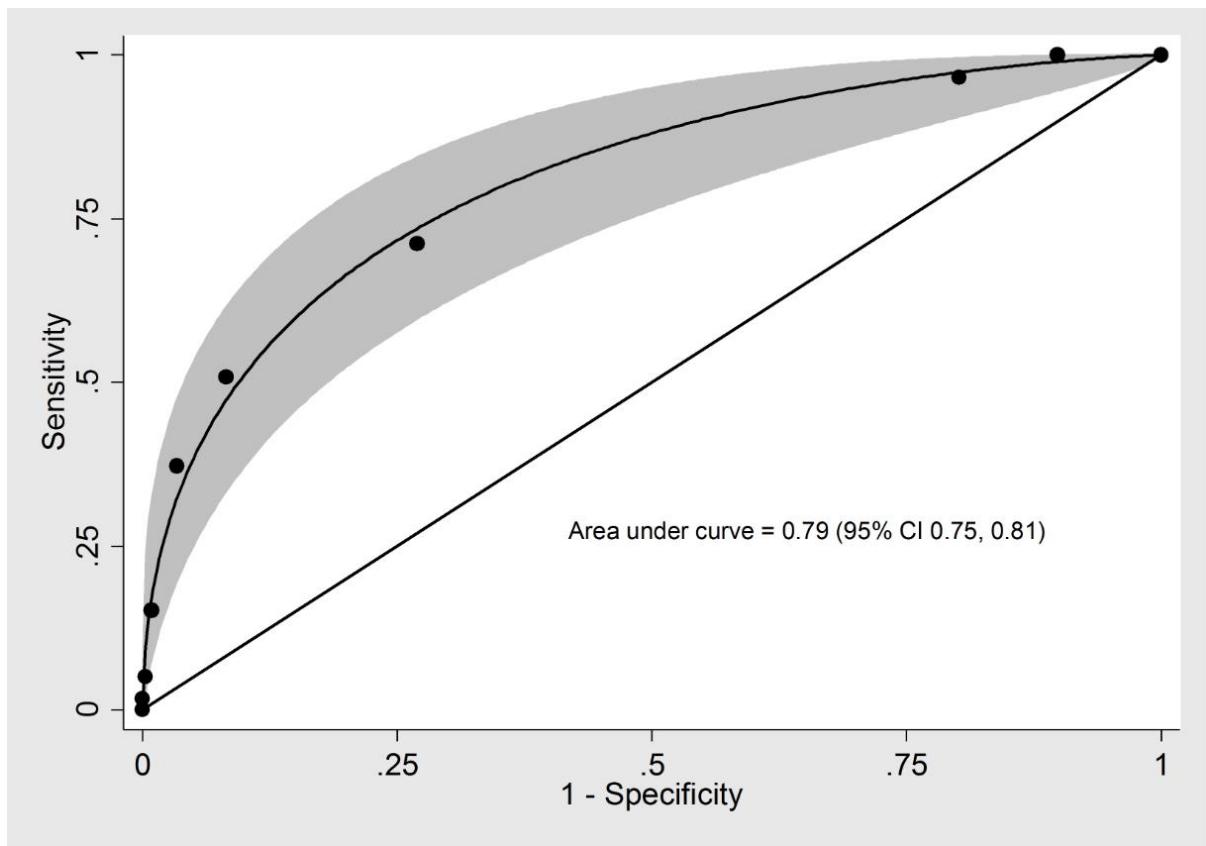


Figure 2

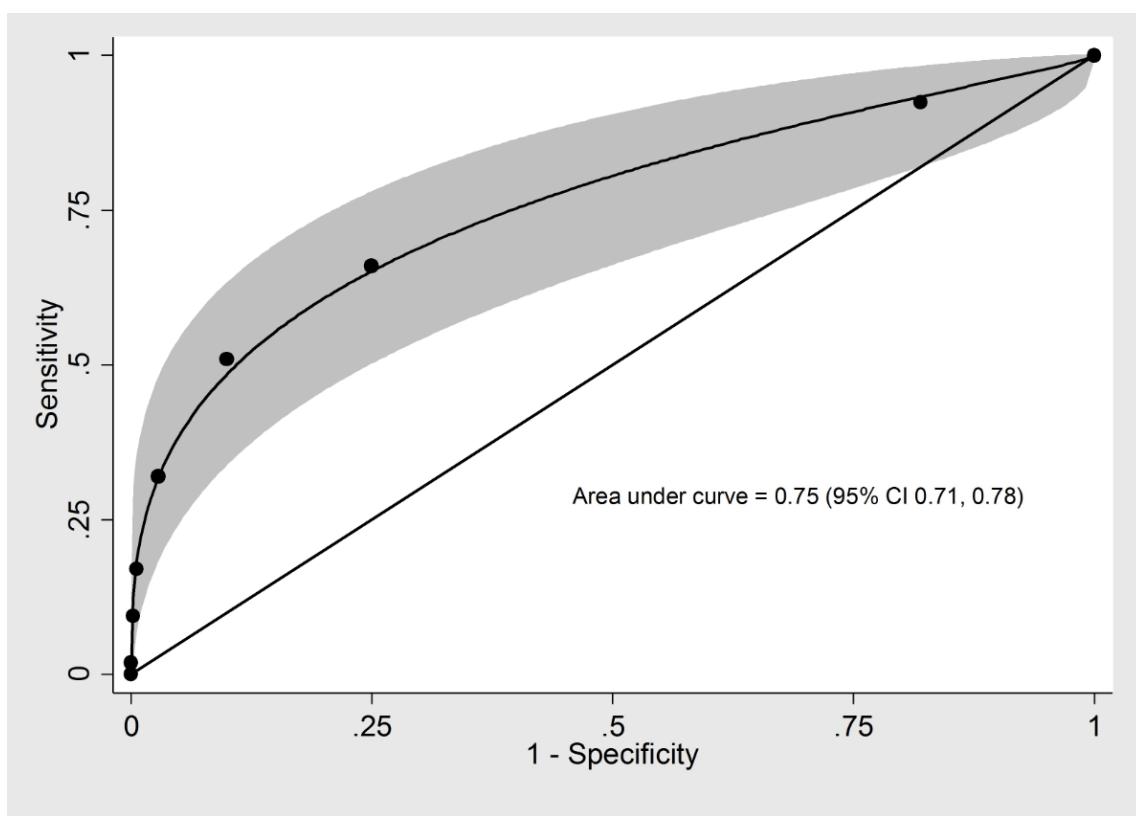


Figure 3

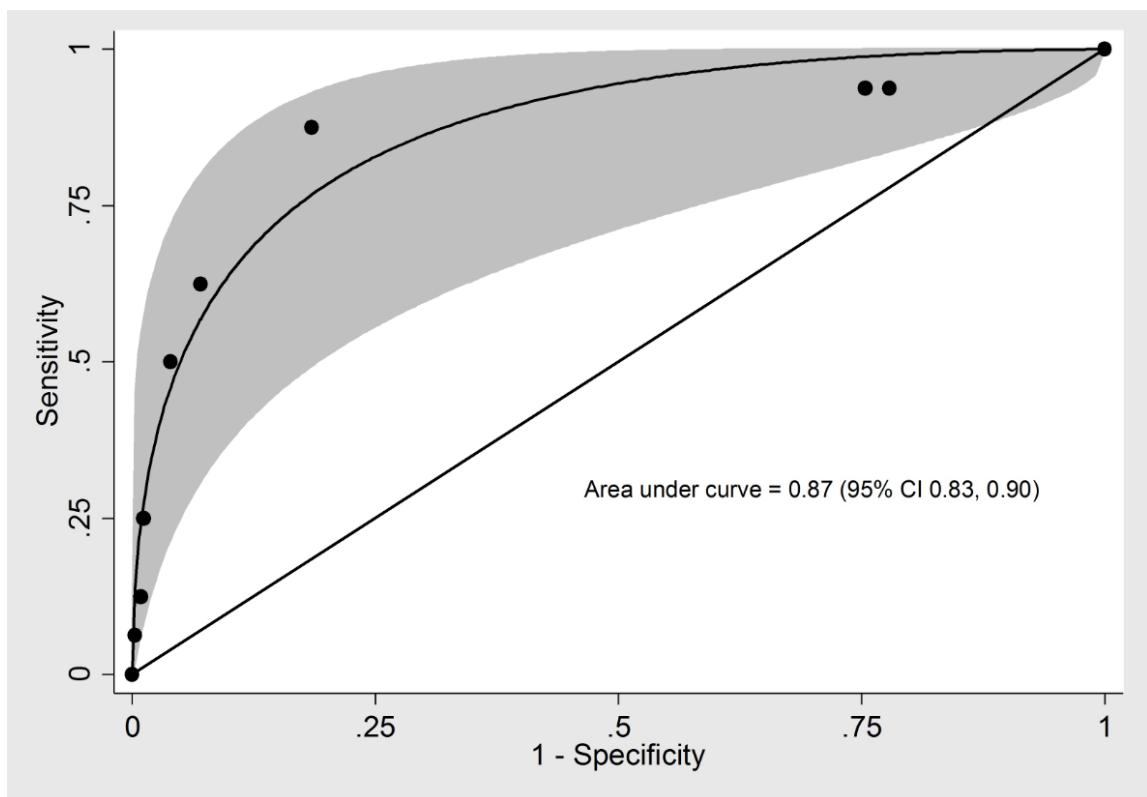


Figure 4

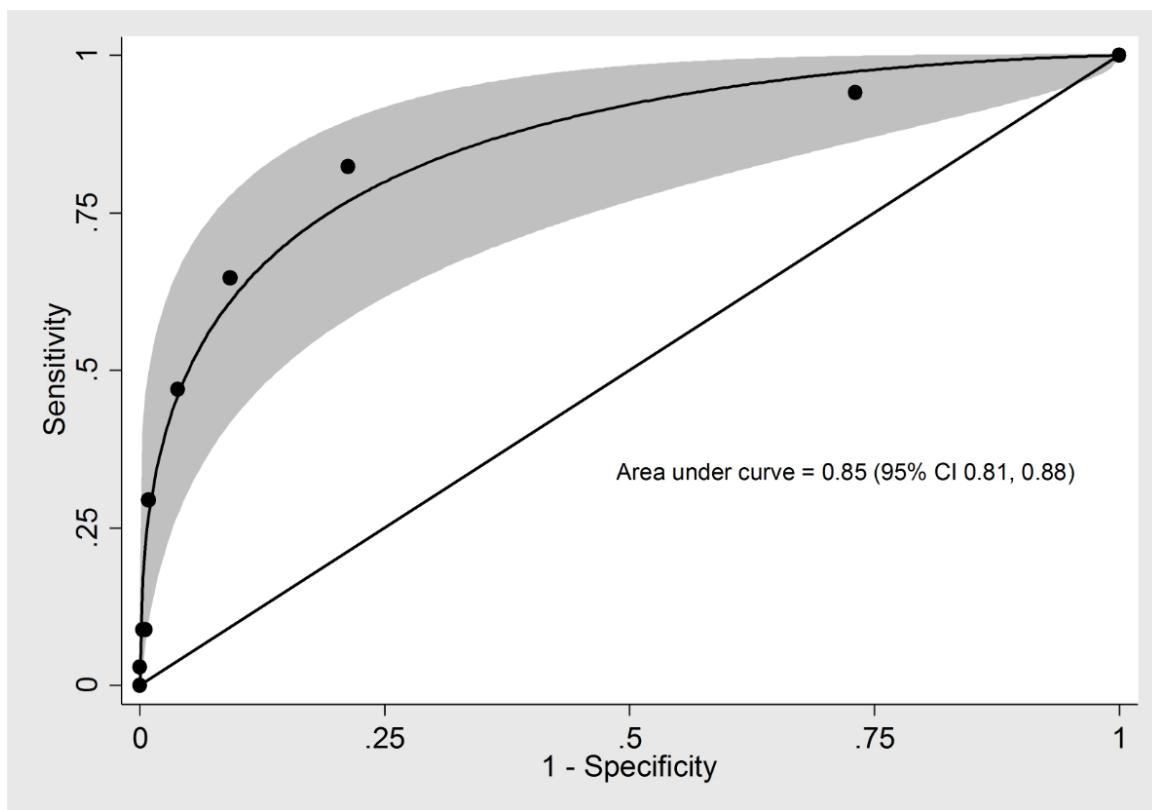


Figure 5

**Supplementary Table 1.** Body site distribution of scalds (N=765; 3 cases with missing data) and burns (N=559) in the *derivation* data set. Uncommon distributions are marked in bold and include body sites represented by <5% of all cases (scalds = uppermost site; burns = sites with deepest burn)

	Scalds		Burns	
	N	%	N	%
Abdomen	<b>45</b>	<b>5.9</b>	<b>2</b>	<b>0.4</b>
Arm	141	18.4	65	11.6
Back	<b>11</b>	<b>1.4</b>	<b>7</b>	<b>1.3</b>
Buttock	<b>16</b>	<b>2.1</b>	<b>5</b>	<b>0.9</b>
Chest	116	15.2	<b>14</b>	<b>2.5</b>
Face	113	14.8	62	11.1
Foot	53	6.9	<b>25</b>	<b>2.5</b>
Groin	<b>6</b>	<b>0.8</b>	<b>0</b>	<b>0</b>
Hand	71	9.3	323	57.8
Head*	<b>21</b>	<b>2.8</b>	<b>2</b>	<b>0.4</b>
Leg	93	12.2	45	8.1
Neck/shoulder	<b>79</b>	<b>10.3</b>	<b>9</b>	<b>1.6</b>

\* Within the hairline.

Table 1

**Supplementary Table 2.** Contributions of variables to the total scores in the derivation sample (scalds and non-scalds combined). Shown are N (%).

	Score = 0-2	Score = 3	Score = 4	Score = 5	Score = 6	Score = 7-8
Previously known to Social Care (yes)	NA	1 (0.4)	3 (3.4)	24 (48.0)	6 (37.5)	6 (54.5)
Severity (full thickness)	2 (0.4)	8 (3.5)	35 (39.8)	8 (16.0)	1 (6.3)	6 (54.5)
Concerning explanation (yes)	0 (0)	8 (3.5)	28 (31.8)	18 (36.0)	12 (75.0)	9 (81.8)
Age (<5 years)	756 (81.2)	210 (92.1)	70 (79.5)	45 (90.0)	14 (87.5)	7 (63.6)
Uncommon body site (yes)*	13 (2.4)	27 (18.8)	5 (11.9)	4 (12.9)	3 (30.0)	2 (40.0)
Pattern (bilateral)*	23 (4.3)	63 (43.8)	22 (52.4)	10 (32.3)	10 (100)	3 (60.0)
Supervision concern (yes)	117 (12.6)	123 (53.9)	33 (37.5)	17 (34.0)	9 (56.3)	8 (72.7)
Total**	931	228	88	50	16	11

\* Scalds only (N=533 score 0-2, N=144 score = 3, N = 42 score = 4, N = 31 score = 5, N = 10 score = 6, N = 5 score 7-8).

\*\* Proportions are calculated with the total number in each score category as denominator, hence does not add up to 100% as several combinations of variables will contribute.

Table 2

**Supplementary Table 3.** Proportion of false positive cases (the BuRN-Tool gave score >=3 but children were not referred to children's social care teams) across all the predictor variables in the validation data.

	< 5 years (N total = 113) N (%)	≥ 5 years (N total = 25) N (%)	OR (95% CI)†
Scalds	53 (47)	13 (52)	1.22 (0.52, 2.92)
Previously known to Social Care	15 (13)	16 (64)	11.61 (4.36, 30.98)
Full thickness depth	23 (20)	7 (28)	1.52 (0.57, 4.08)
Concerning explanation	13 (12)	4 (16)	1.47 (0.43, 4.94)
Supervision concern	59 (52)	2 (8)	0.08 (0.02, 0.35)
Bilateral scald pattern*	9 (17)	2 (14)	0.81 (0.16, 4.28)
Uncommon body site**	10 (19)	4 (31)	1.91 (0.49, 7.48)

\* Only relevant to scalds, n=53 for <5 year olds, n=14 for ≥5 year olds.

\*\* Only predictive for scalds, n=53 for <5 year olds, n=13 for ≥5 year olds.

† The method used to calculate a confidence interval for the difference between two proportions is the Newcombe-Wilson method without continuity correction.<sup>30</sup>

Table 3