

Patient Details

Hospital number
NHS number

Surname
First name
DOB
Permanent address

Post code

 Mobile No

Temporary Address (if above not applicable)

Temporary 

Accompanying Adult(s)

Mother

Parental Responsibility
Y N

Name

DOB

Father

Parental Responsibility
Y N

Name

DOB

Other adults living in same household

Name

DOB

Name

DOB

Name

DOB

Name

DOB

Hospital Use

Date of initial attendance:

Time:

Date/time of injury:

Admitting consultant:

Referrer

Emergency/planned

Siblings/other children in household

Name	DOB	Same Address Y/N
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1.

2.

3.

4.

GP

Name
Surgery name/Address



Other professionals involved

(Midwife, Health Visitor, Social Worker, Police)

1

2

3

School/Nursery/Childminder

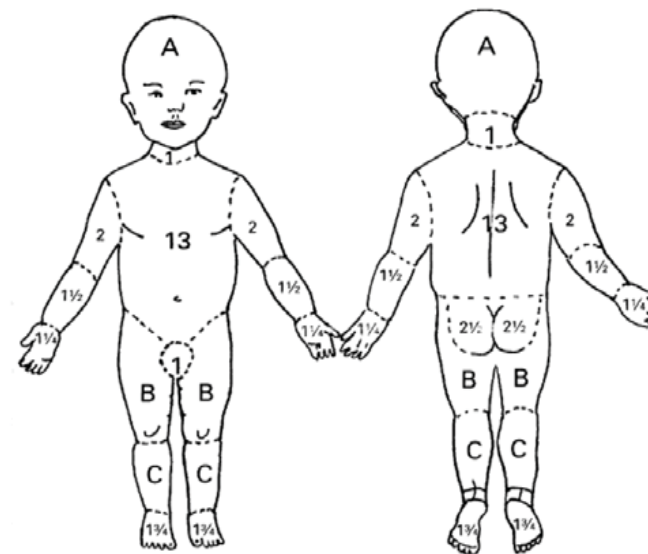
Religion

Ethnicity

Name
 Date of Birth
 Hospital Number

Date	CLINICAL NOTES (Each entry must be signed)

Name
 Date of Birth
 Hospital Number



Area	Age 0	Age 1	Age 5	Age 10	Age 15
A = 1/2 of Head	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2
B = 1/2 of Thigh	2 1/4	3 1/4	4	4 1/4	4 1/2
C = 1/2 of Leg	2 1/2	2 1/2	2 1/4	3	3 1/4

	Superficial	Superficial dermal	Deep dermal	Full thickness
Blisters	Possible	Possible	Possible but unlikely	None
Sensation	Painful	Painful	Dull	None
Appearance	Red, glistening	Dry, whiter	Cherry red	Dry, white, leathery
Blanching to pressure	Yes, brisk return	Yes, slow return	No	No

SUPERFICIAL _____% PARTIAL _____% FULL THICKNESS _____%

When an intentional scald must be excluded	When an intentional scald must be considered	When an intentional scald is unlikely
<p>Physical features</p> <p>Mechanism:</p> <ul style="list-style-type: none"> Immersion <p>Agent:</p> <ul style="list-style-type: none"> Hot tap water <p>Pattern:</p> <ul style="list-style-type: none"> Clear upper limits Scald symmetry (extremities) <p>Distribution:</p> <ul style="list-style-type: none"> Isolated scald buttock / perineum +/- lower extremities Isolated scald lower extremities <p>Classical features</p> <ul style="list-style-type: none"> Associated unrelated injury History incompatible with examination findings Co-existing fractures <p>Historical / Social features</p> <ul style="list-style-type: none"> Passive, introverted, fearful child Previous abuse Domestic violence Numerous prior accidental injuries Sibling blamed for scald 	<p>Physical features</p> <p>Pattern:</p> <ul style="list-style-type: none"> Uniform scald depth Skin fold sparing Central sparing buttocks <p>Distribution:</p> <ul style="list-style-type: none"> Glove and stocking distribution 1 limb glove / stocking <p>Clinical features</p> <ul style="list-style-type: none"> Previous burn injury Neglect / faltering growth History inconsistent with assessed development <p>Historical / social features</p> <ul style="list-style-type: none"> Trigger, such as: Soiling / enuresis / misbehaviour Differing historical accounts Lack of parental concern Unrelated adult presenting child Child known to social services 	<p>Physical features</p> <p>Mechanism:</p> <ul style="list-style-type: none"> Spill injury Flowing water injury <p>Agent:</p> <ul style="list-style-type: none"> Non tap water (hot beverage) <p>Pattern:</p> <ul style="list-style-type: none"> Irregular margin and burn depth Lack stocking distribution <p>Distribution</p> <ul style="list-style-type: none"> Asymmetric involvement lower limbs Head, neck and trunk or face and upper body

Name: _____ Signature: _____ position: _____

