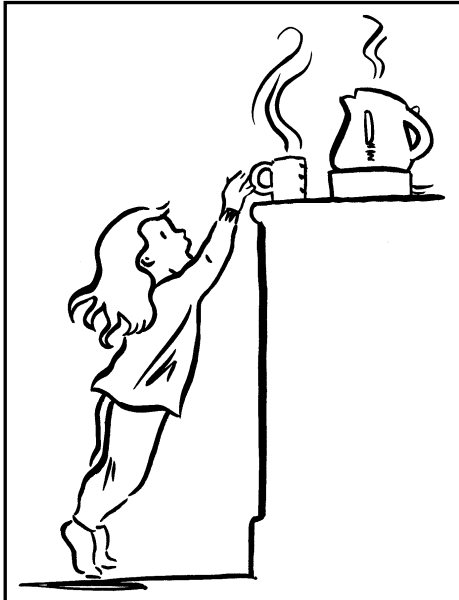


Hot drink scalds in children aged 0 to 4

There were 134 admissions to hospital related to hot drink scalds in children aged four or younger in Victoria over the two year period January 2004 – December 2005. In addition at least 232 cases presented to Victorian emergency departments over the same period did not



require hospitalisation. On average, this represents over 180 child hot drink scald cases a year. Overall, hot drink scalds account for over one-quarter of all hospital admissions for burns and scalds in 0-4 year olds.

Age: As figure 1 shows, hot drink scalds were most common in children aged up to 24 months.

Of any one age, one year olds were the most involved, representing 72% of hospital admissions and 60% of emergency department presentations. Children under one were the next most affected group (17% of admissions and 20% of presentations), followed by those aged two years old (8% admissions, 11% presentations). Only 3% of hospital admissions and 10% of emergency department presentations were aged either three or four years old.

Gender: Male children were involved in hot drink injuries more frequently than females, accounting for 55% of both hospital admissions and emergency department presentations.

Place of occurrence: Most hot drink related scalds in young children occurred in the home. In cases where a location was specified, 93% of emergency department presentations and 97% of hospitalisations were due to injuries sustained in the home.

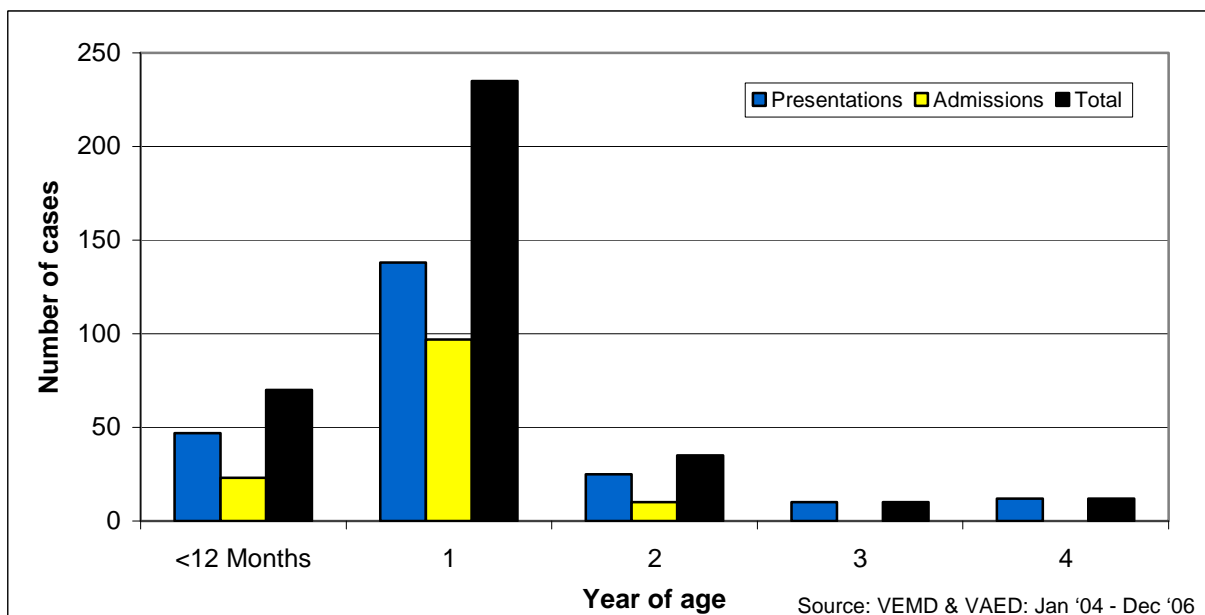


Figure 1: Hot drink related scalds among children aged 0 to 4

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Body region: Injuries to the trunk were the most frequent in both emergency presentations and hospitalisations. The upper limb (the hands, wrists, elbows and arms) and the head & neck were also commonly affected.

Table 1: Body region affected by hot drink scalds in children aged 0 to 4

Body region	Emergency department presentations		Hospital admissions	
	number	percentage	number	percentage
trunk	85	37%	48	36%
Head/neck/face	25	11%	44	33%
upper limb	35	15%	31	23%
lower limb	14	6%	10	7%
multiple regions	27	12%	1	1%
Other/unspecified	46	20%	0	0%
Total	232	100%	134	100%

Source: VEMD & VAED: Jan 2004 - Dec 2006 (cases specifying affected body region only)

Type of drink: Analysis of narrative data indicated that among emergency department presentations, tea was the most common scalding agent (58%), followed by coffee (33%) and plain boiled water (3%). Other or unspecified beverages accounted for the remaining 6%.

Length of treatment: Of all cases, 63% of injured children were treated at the emergency department only and discharged to home. A further 27% were admitted to hospital for up to two days and 9% were hospitalised between two and seven days. Less than 1% required a stay in hospital of eight days or longer.

Prevention: Carers should always place hot drinks out of the reach of young children in a location where they could not pull or tip the drink onto themselves. Never hold a hot drink and a child at the same time. A promising intervention that has the potential to prevent a significant proportion of childhood hot drink scalds is the use of spill-resistant tea and coffee mugs by parents and carers of young children.

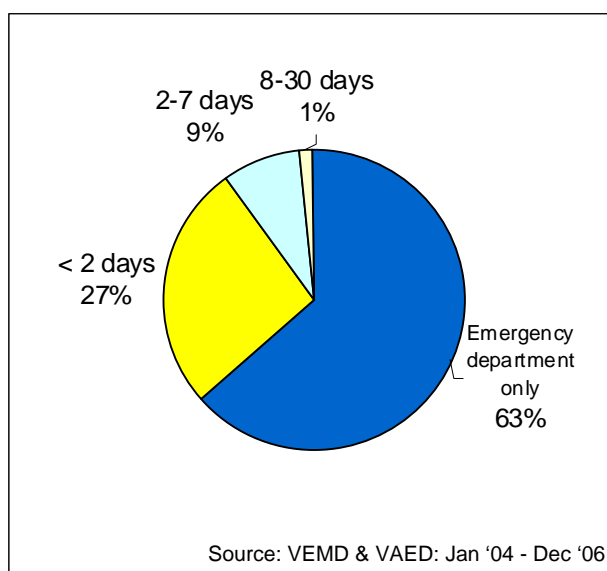


Figure 2: Length of treatment for hot drink scalds in children aged 0 to 4

Further information: 'Hazard' edition 25 contains tips regarding the prevention of hot drink scalds and discussion on spill resistant mugs:

<http://www.monash.edu.au/muarc/VISU/hazard/haz25.pdf>

Hazard 57 contains further information on various types of burns and scalds among the very young, including hot beverage and food related injuries.

<http://www.monash.edu.au/muarc/VISU/hazard/haz57.pdf>

Data source: Victorian Emergency Minimum Dataset (VEMD) non-admissions and Victorian Admitted Episodes Dataset (VAED) January 2004 to December 2005 (2 years).

Search Strategy: [VEMD presentations]: Cases were initially identified from the 250-word free text narratives using the search terms: 'tea', 'coffee', 'milo', 'hot chocolate', 'milk', 'hot drink', and 'cup'. Narratives were manually checked and irrelevant cases excluded. Cases subsequently admitted to hospital were excluded as they are included in the VAED.

[VAED admissions]: Cases in the VAED were selected if the activity code was 'X10.0: Contact with hot drink'. Re-admissions within 30 days are excluded.